

Overview and Scrutiny Committee

AGENDA

DATE: Wednesday 14 November 2012

TIME: 7.30 pm

VENUE: Committee Rooms 1&2
Harrow Civic Centre

MEMBERSHIP (Quorum 4)

Chairman: Councillor Jerry Miles

Councillors:

Sue Anderson
Ann Gate
Krishna James
Zarina Khalid

Kam Chana
Barry Macleod-Cullinane
Paul Osborn (VC)
Stephen Wright

Representatives of Voluntary Aided Sector: Mrs J Rammelt/Reverend P Reece
Representatives of Parent Governors: Mrs A Khan/1 Vacancy

(Note: Where there is a matter relating to the Council's education functions, the "church" and parent governor representatives have attendance, speaking and voting rights. They are entitled to speak but not vote on any other matter.)

Reserve Members:

1. Nana Asante
2. Ben Wealthy
3. Victoria Silver
4. Sasi Suresh
5. Krishna Suresh

1. Chris Mote
2. Tony Ferrari
3. Christine Bednell
4. Susan Hall

Contact: Alison Atherton, Senior Professional - Democratic Services
Tel: 020 8424 1266 E-mail: alison.atherton@harrow.gov.uk

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Committee;
- (b) all other Members present.

3. MINUTES (To Follow)

That the minutes of the meeting held on 24 October 2012 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS

To receive questions (if any) from local residents/organisations under the provisions of Committee Procedure Rule 17 (Part 4B of the Constitution).

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

6. REFERENCES FROM COUNCIL/CABINET

(if any).

7. POST-OFSTED IMPROVEMENT PLAN (Pages 1 - 28)

Report of the Corporate Director of Children and Families

8. SCRUTINY WORK PROGRAMME PROPOSALS (Pages 29 - 32)

Report of the Divisional Director of Strategic Commissioning

9. STANDING SCRUTINY REVIEW OF THE BUDGET - REPORT ON PROGRESS
(To Follow)

Report of the Divisional Director of Strategic Commissioning

10. ANY OTHER BUSINESS

Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II

Nil

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**REPORT FOR: OVERVIEW AND
SCRUTINY COMMITTEE**

Date of Meeting:	14 th November 2012
Subject:	Post-Ofsted Improvement Plan
Responsible Officer:	Catherine Doran Corporate Director of Children and Families
Scrutiny Lead Member area:	Councillor Christine Bednell Children and Families - Policy Lead Councillor Zarina Khalid Children and Families - Performance Lead
Exempt:	No
Enclosures:	Appendix A: Post-Ofsted Improvement Plan

Section 1 – Summary and Recommendations

This report sets out the key issues arising from the Ofsted Inspection of Safeguarding and Looked After Children's Services carried out in May 2012. The Corporate Director Children and Families, has convened an Improvement Board to secure rapid improvements through an Improvement Plan agreed by all partners. The Improvement Plan is included at Annex A.

Recommendations:

Committee is asked to note the actions in the Improvement Plan to secure rapid improvements against all 22 recommendations in the Ofsted report.

Section 2 – Report

Introduction

Ofsted inspected Harrow's children's services between 8th and 18th May 2012 and subsequently published a report on 27th June 2012 [<http://www.ofsted.gov.uk/local-authorities/harrow>]. The purpose of the inspection was to "evaluate the contribution made by relevant services in the local area towards ensuring children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers and care leavers" (London Borough of Harrow Ofsted inspection report 2012, p.2)

At the same time, the Care Quality Commission (CQC) carried out an integrated inspection of health services. The Ofsted inspection report includes recommendations for the Council, NHS Harrow and North West London Hospital NHS Trust. CQC also publish a separate report containing recommendations from the Ofsted report and some additional recommendations.

Background

The inspection came at the end of a four-year cycle of all Local Authorities in England under the framework for inspections of safeguarding and Looked After Children's Services. It is widely recognised that the criteria for evaluating services have been raised considerably in this period due in part to the tragic death of Peter Connelly in 2007 and the subsequent publication of Lord Laming's report "The Protection of Children in England: A Progress Report" in 2009.

Current situation

Inspectors judged that in Harrow the overall effectiveness and capacity for improvement for safeguarding is adequate. The overall effectiveness for Looked After Children Services is adequate, however the capacity to improve is good.

The inspection report acknowledges:

"The local authority has a clear vision of how it aims to improve the safety of Harrow's children which is shared by staff and partners. This vision is being delivered through its new operating model (NOM) which is based on a thorough analysis and understanding of the key issues for children's services, and implemented with careful and considered change management. It is, however, too early to evaluate the impact of these changes for children."
(London Borough of Harrow Ofsted inspection report 2012, p.5)

The New Operating Model was launched in February 2012, just three months before the inspection.

The Corporate Director Children and Families, with partners and the independent Chair of the Local Safeguarding Children Board (LSCB), has

convened an Improvement Board to secure rapid improvements through an improvement plan which addresses all 22 recommendations in the Ofsted inspection report. The improvement board, which is a multi-agency partnership board with representation at the most senior level, has met four times to set the strategic direction and hold all partners to account. An officer group at service manager level has also met to do the detailed action planning so that actions are owned at the appropriate level. There is strong partnership commitment to the improvement plan – all partner agencies have worked together to develop the actions and agree the plan.

The Improvement Board signed off the post-Ofsted Improvement Plan on 10th September 2012 and Cabinet ratified the Plan on 11th October 2012. We are currently on track to deliver the actions that will secure the improvements required.

Why a change is needed

The Ofsted inspection gave a clear impetus for change. Recruitment has taken place for a new divisional director of targeted services, who will take up the post in February 2013. There are new service managers for quality assurance and commissioning, two new service managers in targeted services, three new team managers in post and a new Child Protection Chair. These appointments enhance our management capacity and capability and bring new skills and experiences to the organisation.

We are implementing a more robust quality assurance model that includes a full programme of audits as well as ‘deep-dive’ internal reviews of teams on a rolling programme.

We are also refreshing our approach to workforce development. A new ‘systemic support service’ has been commissioned to work alongside front-line social workers to support and strengthen practice.

We are looking with the police and other agencies at how we deal with demand at the ‘front door’ of children’s services - the Children’s Access Team (CAT) and Multi-Agency Safeguarding Hub (MASH). Our aim is to strengthen practice, increase the capacity and capability of the workforce and children reach their destination point quickly and effectively.

The recent stability in NHS Harrow Management Team and the Clinical Commissioning Group (CCG) taking an active role in commissioning and more robust oversight of safeguarding, has meant that relationships in the partnership have significantly improved. The Corporate Director and Borough Director for NHS Harrow meet three weekly and the Local Authority and NHS teams meet on a more regular basis.

The independent chair has brought a sharper focus to the work of the Local Safeguarding Children Board (LSCB). The LSCB’s terms of reference, sub-groups and work programme have all been reviewed.

We are starting preparations for the next inspection which will be a two-week unannounced inspection following the entire child's journey. As a partnership, we are committed to developing a collective understanding of what good and outstanding look like.

Financial Implications

To deliver a successful inspection requires sufficient resources in early intervention and targeted service budgets.

Currently the cost of securing the immediate improvements to Children's Services is being born by the directorate however this is creating a pressure in respect of staffing at the front door. Consideration needs to be given as to how to fund service improvement in the medium term, especially given the pressure on Council budgets and the need to reduce budgets. Additional investment in qualified social workers will be required to strengthen practice and to increase the capacity and capability of the workforce. Funding the improvement plan in the medium term will need to be considered as part of Medium Term Financial Strategy.

It should be noted that in terms of reaching a judgement that our overall effectiveness is 'adequate,' Ofsted judged staffing resources overall to be just sufficient. Costs associated with inspection failure are significantly higher than investment to secure service improvements now.

Performance Issues

Harrow continues to perform strongly in a number of key social care indicators including:

- reviews of children subject to a child protection plan
- adoptions of CLA
- long term stability of CLA
- reviews of CLA

Our performance on initial and core assessments completed within appropriate timescales has dropped due to increased demand and more robust assessments. A review of the Children's Access Team is underway. In common with all London Authorities, it is difficult to recruit experienced social workers to the front door due to the challenging nature of the work. We are reviewing the skills and experience needed and are recommending advanced practitioner posts in line with the Munro Review of Child Protection. Many local authorities have begun to introduce these posts as recommended by Munro.

Work to reduce the duration that children remain subject to a child protection plan is ongoing. Targeted work is focusing on long term cases and a protocol

is now in place to ensure action is taken at the third review, which is at 15 months.

The 'Be Healthy' outcome for Looked After Children was judged to be inadequate in the Ofsted inspection. We are working with Health services to address urgently the issues around initial health checks, the quality assurance of health checks and information sharing. Key health posts are now being permanently filled. This action is central to the post-inspection action plan.

The attainment and attendance of Children Looked After is being robustly addressed by the Virtual Head teacher and the Service Manager for Looked After Children working closely with the Education Strategy and School Organisation Service and the Harrow School Improvement Partnership. Scrutiny and the Corporate Parenting Panel have helpfully been focusing on this area of performance.

Environmental Impact

There are no environmental impact considerations in this report.

Risk Management Implications

Inspection-related risks are incorporated in the Directorate risk register. There is a risk arising from new the Ofsted framework which raises that bar in relation to the criteria to achieve a good inspection outcome. As stated above, in order to manage and mitigate this risk, we are starting preparations for the next inspection. As a partnership, we are committed to developing a collective understanding of what good and outstanding look like and securing our improvement journey by self-assessing against the criteria.

Legal thresholds have been reviewed following the Ofsted inspection. As a result of the review, there has been an increase in referrals for legal planning meetings and a corresponding increase in the number of children coming into the care system.

In addition, there are risks associated with demographic growth affecting demand for services. While Harrow's rates per population of children in need, Looked After Children and children subject to child protection plans have been significantly lower than comparator averages, there is likely to be increased demand for services as Harrow's population changes, with greater numbers of young people, an incoming population and increasing deprivation. In addition, Black and mixed ethnic groups are currently over-represented in the care population. The predicated demographic trends demonstrate that there is an increase in these groups which is expected to increase the care population.

Growth is also required to deal with the projected staffing impact of increased numbers of children. A recent West London Alliance (WLA) review demonstrates that Harrow has the lowest number of social workers in the sub-region, with children's social workers per child population being half the WLA average. Social work salaries are also no longer competitive in the region. The social work recruitment and retention package is being reviewed.

These risks have been identified in the Medium Term Financial Strategy commissioning plan. Growth is being requested in the medium term.

There is also a risk in relation to workforce capacity and capability. A new workforce strategy is being implemented and a 'systemic support service' has been commissioned to work alongside front-line social workers to support and strengthen practice.

Equalities Implications

As this report sets out the actions we are taking to secure improvements, there should be a positive impact on equalities groups.

Corporate Priorities

Please identify which corporate priority the report incorporates and how:

- Supporting and protecting people who are most in need.

Section 3 - Statutory Officer Clearance

Name: Emma Stable	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 31.10.12		
Name: Sarah Wilson	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 01.11.2012		

Section 4 - Contact Details and Background Papers

Contact: Leora Cruddas, Divisional Director, Quality Assurance, Commissioning and Schools
Leora.Cruddas@harrow.gov.uk

Background Papers: Ofsted inspection report
[<http://www.ofsted.gov.uk/local-authorities/harrow>].

**Catherine Doran
Corporate Director
Children and Families**

Children and Families Improvement Plan

This document describes the planned actions to improve services to children in Harrow. The driver for the changes required is the recent Safeguarding and Looked After Children Inspection and the recommendations that have been made as a result. There are other key inspection improvement plans that are also important to progress such as the Youth Offending Service Improvement Plan that also requires a multi agency response. This plan outlines immediate as well as longer-term actions that are required irrespective of various ongoing external and internal challenges. Partners across a range of agencies including Health, Education, Police and Probation will be actively involved in its achievement.

Governance Arrangements

An Improvement Board was established in June 2012 to support rapid and sustainable improvement of services that safeguard children. Its key roles are to agree, monitor and report progress on the actions in the Improvement Plan.

The Improvement Plan will be presented to the Overview and Scrutiny Committee and regular progress reports will be provided to the LSCB.

The terms of reference for the Improvement Board are set out in Appendix 1.

Overall Context

Harrow received a Safeguarding and Looked After Children Inspection in May 2012, which found that safeguarding and looked after children arrangements were Adequate overall.

This Improvement Plan will deliver sustained improvement across all of children's services leading to improved outcomes for children and young people in Harrow.

The strategy for improvement will focus on tackling those areas of greatest risk first and laying the foundations for more effective practice.

Despite the inspection judgement of Adequate (including some significant areas of concern) there are many commendable aspects of the service currently in place to support vulnerable children.

Ofsted Recommendations - Safeguarding

The following recommendations were made for the Local Authority and its partners for Safeguarding:
Immediately:

- Ensure processes and thresholds for considering and if necessary instigating legal action are timely, efficient and clearly understood by all key staff
- The local council, NHS Harrow and North West London Hospital NHS Trust should ensure that where there are pre-birth safeguarding concerns identified and early delivery is indicated that multi-agency planning is initiated before 34 weeks.

Within three months:

- NHS Harrow to ensure there is appropriate engagement and participation of health services in the children's access service
- Ensure that assessments focus on the experience of the child and are sufficiently analytical, so that they clearly identify and analyse risk, needs and protective factors
- Ensure all child protection plans are outcome focused, clearly setting out the changes necessary and how these will be supported and evaluated and include appropriate contingency planning
- Ensure child protection reviews offer robust, constructive and effective challenge
- Ensure supervision processes provide sufficient reflection and challenge
- Agree priorities for the work of the LSCB and an associated programme of work and business plan to deliver these
- NHS Harrow should ensure that general practitioners (GPs), dentists and all appropriate health practitioners are fully engaged in safeguarding arrangements and have regular developmental opportunities for practice reflection and learning and the LSCB should monitor progress in this area
- NHS Harrow, public health and the LSCB should ensure that an effective model for the rapid response service is developed and that the child death overview panel (CDOP) communicates with frontline services to best effect.

Within six months:

- Ensure children with child protection plans have greater consistency and continuity of social worker.

Ofsted Recommendations – Looked After Children

The following recommendations were made for the Local Authority and its partners for Looked After Children:

Immediately:

- Ensure relevant local authority staff and managers have a clear understanding of care thresholds and legal planning processes and cases are effectively monitored to avoid unnecessary delays in children receiving looked after services when these are required
- The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that all looked after children have access to timely, comprehensive health assessments leading to quality assured health care
- The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that looked after children and care leavers are fully engaged in the development and delivery of the Being Healthy agenda.

Within three months:

- Ensure supervision processes provide sufficient reflection and challenge

V 3.01 (31 October)

- Ensure all social workers and managers have a clear, appropriate and evaluated individual development plan linking casework and management skills and performance to development activity
- The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that the provision of healthcare to looked after children is subject to an effective whole system approach and performance management framework
- Ensure feedback and intelligence from child protection chairs and independent review officers is collated, analysed and used to inform service delivery
- Ensure an effective strategy is in place to reduce the risk of looked after children and young people offending
- Strengthen processes for monitoring progress against the commitments in Harrow Children's Pledge.

Within six months:

- Reduce the number of changes of social worker experienced by looked after children
- Analyse the reasons for short-term placement instability and implement a plan to improve performance.

Resource Implications

Each partner agency will need consider the resource implications for implementing the improvements set out in the plan.

Our Leadership Style to Secure the Improvements

Members and Officers are determined to deliver rapid, visible and sustainable improvement to our children's services. Our approach will be steered by the following characteristics:

- **A sense of urgency** – we know that the current situation is unacceptable and we will not rest until services for children are safe
- **Connection to the Front-Line** - listening, understanding, supporting and taking action to assist front-line staff to do a good job
- **An unremitting focus on what is important** - fixing the most important things first
- **Management grip** - driven by strong performance management and tackling problems as they arise in an ongoing way
- **Intolerance of the unacceptable behaviours** - the first step of our improvement journey will be to eradicate unacceptable practice and unacceptable behaviours
- **Complete transparency** - we will produce information that allows elected members, partners, government and the public to understand our progress. Creating a culture of openness to encourage staff to raise concerns/issues

Appendix 1 Improvement Board - Terms of Reference

1.	Accountable to:	Portfolio Lead Member Leader of the Council Harrow Local Safeguarding Children Board Corporate Strategic Board NHS Harrow Board Harrow Chief Executives
2.	Governance	An Improvement Board was established in June 2012 to support rapid and sustainable improvement of services that safeguard children. Its key roles are to agree, monitor and report progress on the actions in the Safeguarding and Looked After Children Improvement Plan. This will include monitoring the targets set out in the plan and checking that improvements are embedded through quality assurance and scrutiny.
3.	Purpose of group	
	<ol style="list-style-type: none"> 1. Implement the recommendations from the Safeguarding and Looked After Children Inspection and ensure that staff and managers are aware of the overall governance, lines of accountability and specific roles of each in driving forward improvement 2. Ensure the vision for the service is implemented across children's services, and that partners and all staff have a clear understanding of the ambition and vision for the Council and how they contribute to the overall improvement 3. Establish a strong safeguarding leadership team with clear and effective line of accountabilities to ensure an effective delivery of children's services 4. Put in place scrutiny arrangements to allow Members and the Local Safeguarding Children Board, to scrutinise and challenge social care practice once the necessary improvements have been made 5. Maintain a robust database of the evidence from completed actions from the Safeguarding and Looked After Improvement Plan and other relevant inspection action plans, such as the Youth Offending Improvement Plan. 	
4.	Key Principles	
	Members and Officers are determined to deliver rapid, visible and sustainable improvement to our children's services. Our approach will be steered by the following principles: <ul style="list-style-type: none"> • A sense of urgency – we know that the current situation is unacceptable and we will not rest until services for children are safe • Connection to the front-line - listening, understanding, supporting and taking action to assist front-line staff to do a good job • An unremitting focus on what is important - fixing the most important things first • Management grip - driven by strong performance management and tackling problems as they arise in an ongoing way • Intolerance of the unacceptable behaviours - the first step of our improvement journey will be to eradicate unacceptable practice and unacceptable behaviours • Complete transparency - we will produce information that allows elected members and partners to understand our progress. Creating a culture of openness to encourage staff to 	

	raise concerns/issues	
5.	Membership	
	<p>The Board will meet monthly and its membership will include:</p> <ul style="list-style-type: none"> • Catherine Doran, Director of Children’s Services and Chair of the Board • Javina Seghal, Borough Director, NHS Harrow • Deborah Lightfoot, Independent Chair of Harrow Safeguarding Children Board • Kamini Rambellas, Interim Divisional Director Targeted Services • Catherine Knights, Associate Director of Operations • DCI Craig McKinlay, Harrow Borough Police • Marcia Whyte, Assistant Chief Officer, London Probation Trust • Genevieve Small, Harrow Clinical Commissioning Group • Paulette Lewis, Interim Assistant Director of Community Nursing, Integrated Care Organisation • Carole Flowers, Director of Nursing, North West London Hospitals NHS Trust • Jayne Adams Divisional General Manager, North West London Hospitals NHS Trust • Sarah Wilson, Principal Lawyer (Litigation and Education) Legal & Governance Services Department • Sue Dixon, Designated Nurse for Safeguarding, NHS Harrow • Rebecca Wellburn Deputy Borough Director, NHS Harrow • Leora Cruddas, Divisional Director, Quality Assurance Commissioning and Schools • <i>Schools (representative to be confirmed)</i> • David Harrington, Service Manager Performance Management – Performance support to the Board • Edward Smith, Quality Assurance Officer and Project Support to the Board <p>The Board’s work will also be reporting to:</p> <ul style="list-style-type: none"> • Harrow Chief Executives Meeting + non-standing members from other orgs. • Corporate Strategic Board • Harrow Safeguarding Children Board • Elected Members of Harrow Council • NHS Harrow Board 	
6.	Chair	Catherine Doran
7.	Key Documents	<p>Children’s Services Improvement Plan</p> <p>Inspection Evidence Tracker</p> <p>Project Plans</p>

Index

Based on the Improvement Plan actions, an index will be developed of what constitutes the following changes:

- A change in policy or a new policy
- A change in guidance or new guidance
- Quality improvements
- Changes to the workforce planning and learning and development

**Children and Families Improvement Board
Improvement Development Plan**

Key: Lead Officers

- | | | | |
|--|------------------|--|-------------|
| • Divisional Director Targeted Services | DD TS | • Youth Offending Team Manager | YOT Mgr |
| • Service Manager Performance | SM Perf. | • Director of Public Health, NHS Harrow | DPH |
| • SM Child Protection | SM CP | • Performance Manager | Perf. Mgr |
| • SM Early Intervention | SM EI | • Snr. Lawyer, Social Care | Law. |
| • SM Quality Assurance | SM QA | • Director of Children & Families Services | DCS |
| • LSCB Snr. Professional | LSCB SP | • Independent Chair LSCB | LSCB Chr. |
| • SM Placements | SM Place. | • Deputy Borough Director, NHS Harrow | NHSH (DBD) |
| • Service Manager Children Looked After | SM CLA | • Borough Director, NHS Harrow | NHSH (BD) |
| • Designated Nurse (NHS Harrow) | Des Nurse | • General Manager, Harrow (ICO Ealing) | ICO G. Mgr |
| • Division Director Children With Disabilities | DD CWD | • LSCB Operational Subgroup | LSCB Op. SG |
| • DD Early Intervention | DD EI | • LSCB Learning & Development Sub group | LSCB L&D SG |
| • Quality Assurance Manager | QA Mgr. | • Clinical Director, Harrow CCG | CCG |
| • Designated Doctor for LAC (NWLHT) | Des. Dr. (NWLHT) | • Divisional General Manager, NWLHT | NWLHT (GM) |
| • Designated Doctor (NHS Harrow) | Des. Dr. (NHSH) | • Acting Head of Midwifery, NWLH | Midwife |
| • Snr. Business Partner (Business Partnership) | HR | • Lead Nurse for LAC, Ealing ICO | LAC Nurse |

Part 1 – Inspection Recommendations

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AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT					
Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
SAFEGUARDING					

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
<p>Immediate</p> <p>(S1) Ensure processes and thresholds for considering and if necessary instigating legal action are timely, efficient and clearly understood by all key staff</p>	<p>Children at risk, where the threshold for legal intervention is met, have a robust plan in place that minimises the risk and keeps children safe</p>	<p>Law/ DD TS</p>	<p>MUST DO</p>	<p>5.10.12</p>	<p>(1) Completed: LPM legal advice memo has been redrafted to ensure advice is easy to follow and consistent. Lawyers reminded of need to critically challenge evidence and advise on additional information/steps required. Sample review of LPM memos since May 2012 indicates this is being done.</p>
		<p>Law/ DD TS</p>	<p>(1) Review Children & Families' Services (C&F) process for initiating a Legal Planning Meeting (LPM) and implement a revised LPM protocol to ensure effective and timely legal intervention.</p>	<p>5.10.12</p>	<p>Performance data from legal services indicates sustained increase in number of LPM requests from May 2012.</p>
		<p>Law/ DD TS</p>	<p>(2) Disseminate the LPM Protocol to social work staff, managers and the legal team with workshops to ensure all staff are clear about thresholds for legal intervention.</p>	<p>31.10.12</p>	<p>Meeting between legal practice and senior staff in C&F – agreed revised service level agreement, including level of monitoring of casework. Agreed changes to LPM procedures include (1) revised timetable to submit written legal advice, (2) agreement to allow external professional to attend part of LPM meetings for specific cases to allow lawyer to hear evidence first hand, (3) LPM request form to be added as episode to Framework I.</p>
		<p>Perf. Mgr / Lawyer</p>	<p>(3) Legal team has access to FWI and they are able to navigate FWI appropriately.</p>	<p>27.9.12</p>	<p>(2) On track: training delivered to social care staff 19 July covering PLO and introduction to legal proceedings, including session on threshold for legal intervention).</p>
		<p>DD TS/ SM QA</p>	<p>(3) Legal team has access to FWI and they are able to navigate FWI appropriately.</p>	<p>27.9.12</p>	<p>(3) Held: Access and training is being timetabled to coincide with legal services transfer to new case management system due in early 2013 – this has been delayed due to merger of Barnet and Harrow legal practice and IT issues associated with the transfer.</p>
		<p>DD TS/ SM QA</p>	<p>(4) Ensure the Child Protection Chairs' views on threshold are captured and considered at LPMs.</p>	<p>27.9.12</p>	<p>(4) Completed: Communication to social care and legal staff on 30 Aug reminding of need to consider CP Chair's views. CP chair's record from latest CP conference is included in information provided in advance of LPM. Audit will follow in due course.</p>
<p>DD TS / SM EI.</p>	<p>EMBEDDING</p>	<p>31.12.12</p>	<p>(5) Underway</p>		
<p>LSCB SP</p>	<p>(5) Review the current provision for specialist parenting assessments and develop a model that will include the use of PAMS assessment.</p>	<p>31.12.12</p>	<p>(6) Completed; to be circulated to partners and published 01.11.12. Green</p>		
	<p>(6) Develop multi agency threshold document that is agreed and adopted by the LSCB. The threshold will include a protocol for step up /</p>				

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		LSCB SP / LSCB Op. SG LSCB SP / LSCB L&D SG DCS DD TS/ SM Place. / SM CLA DD TS	step down approach (linked with threshold for intervention) (7) Review “Failsafe” to ensure external agencies can challenge decisions on not proceeding with legal intervention. (8) The multi agency threshold document and “Failsafe” is embedded within LSCB Level 2 Safeguarding Training (9) Write to all LSCB members to remind them of their responsibilities to ensure their organisation raises issues of concern if they are unhappy with decisions. (10) Develop an access of care service, which will include an Edge of Care policy. (11) Meeting between legal and targeted services to review training programme delivered by legal staff, including statement writing, threshold for legal proceedings, case law update and best practice examples.	20.9.12 31.3.13 30.9.12 31.12.12 31.12.12	(7) Completed: to be circulated to partners and published 01.11.12 Green (8) Awaiting completion of 6 & 7 (Children Services threshold document is in place.) (9) Completed in letter and in LSCB Board. (10) Underway (11) On track: Meeting on 25 th September to review current training plan delivered by legal services. Two dates set for training on court skills and evidence preparation.
<p>Immediate</p> <p>(S2) The local council, NHS Harrow and North West London Hospital NHS Trust should ensure that where there are pre-birth safeguarding concerns identified and early delivery is indicated that multi-agency planning is initiated before 34 weeks</p>	<p>Timely pre-birth planning.</p>	LSCB SP / Des. Nurse LSCB SP/ DD TS/ NWLHT (GM) Midwife Des. Nurse/ DD TS	<p>MUST DO</p> <p>(1) Revise multi-agency pre-birth protocol</p> <p>(2) Review hospital midwifery and social work processes relating to pre-birth planning</p> <p>(3) NWLHT to ensure all midwives are aware of policy and process and have appropriate monitoring in place.</p> <p>(4) Regular meetings to take place between social care and hospital staff to identify discuss & progress cases of concern.</p>	27.9.12. 27.9.12 30.9.12 27.9.12.	<p>(1) Completed: Final version circulated and signed off by LSCB executive Board. To be circulated to partners and published 01.11.12.</p> <p>(2) Completed</p> <p>(3): Named midwife/ specialist safeguarding midwife aware of new protocol & alerting staff at supervision sessions. Protocol to be emailed out to midwifery managers in anti-natal wards and community areas following completion of (1). Training session on 16th Oct for update. Safeguarding Midwife to monitor pre-birth conferences.</p> <p>(4) Completed: is multi-agency attendance at fortnightly maternity meetings and alternating pro-social meetings, which review and seek to support all vulnerable women identified in pregnancy.</p>

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		Midwife	(5) NWLHT to ensure midwife representation at all fortnightly liaison meetings with social care.	30.9.12	(5) Completed: Safeguarding midwife chairs this meeting and attendance of all members will be monitor by her.
		DCS	EMBEDDING (6) Establish a post of Senior Practitioner to lead this area for local authority	31.8.12	(6) Completed: Secondment is in place & a bid has been put into the Medium Term Financial Plan to secure a longer-term post/ arrangement.
<p>Within 3 months</p> <p>(S3) NHS Harrow to ensure there is appropriate engagement and participation of health services in the children's access service</p>	<p>An effective integrated front door for children in need which ensures that information is shared appropriately between professionals to inform decision-making on children.</p>	<p>LSCB Chair.</p> <p>LSCB Chair</p> <p>NHSH (BD)</p> <p>NHSH (DBD)/ Des. Nurse/ Des. Dr. (NHSH)</p> <p>LSCB Chair</p> <p>Des. Nurse/ NHSH (DBD)/ Des. Dr. (NHSH)</p> <p>NHSH (DBD)/ DD TS/ Des. Nurse/ Des. Dr. (NHSH)</p>	<p>MUST DO</p> <p>(1) MASH Executive Board to meet to consider the roles and responsibilities of all agencies to inform the overall shape of the Children's Access Service.</p> <p>(2) Develop TOR for newly established children's access team executive board</p> <p>(3) Health to engage in discussion of TOR for children's access team executive board to ensure these support strategic health engagement in the development of the service</p> <p>(4) Health leads to 'Shadow' children's access team to understand existing service and potential for health role</p> <p>(5) LSCB to undertake a 'MASH Evaluation' to assist decision-making to inform the overall shape of the Children's Access Service.</p> <p>(6) Continue to work with NHS London to identify and embed an appropriate role for health within the 'MASH' pilot</p> <p>(7) Finalise roles description for CAT/ MASH health professional</p>	<p>27.9.12</p> <p>31/10/12</p> <p>18/09/12</p> <p>21.9.12</p> <p>11.9.12</p> <p>31.10.12</p> <p>30.11.12</p>	<p>(1) On track: LSCB Chair chairing multi agency MASH / front door overview beginning 08.11.12.</p> <p>(2) On Track see 1 above.</p> <p>(3) See 1 above.</p> <p>(4) Completed: arranged for 11/10/12.</p> <p>(5) Completed: on 11th Sept. In addition, the Met Police will be undertaking a multi-area review.</p> <p>(6) NHS London role description provided to NHS Harrow and being considered on 11th September. To be reviewed by Designated Professionals/RW.</p> <p>(7) On track: See 1 above.</p>
<p>Within 3 months</p> <p>(S4) Ensure that assessments focus on the experience of the child and are sufficiently analytical, so that they clearly identify and analyse risk, needs and protective factors.</p>	<p>Improved quality of assessments of risk and protective factors leading to Health and Social Care working together to ensure the needs of vulnerable children are met – no child falls through the gaps.</p>	DCS	<p>MUST DO</p> <p>(1) Practice directive to be provided to Team Managers to ensure that the work required in respect of risk assessment and report writing are completed before all assessments, reviews and reports are signed off</p> <p>EMBEDDING</p>	17.9.12	<p>(1) Completed: has been circulated</p> <p>(2) Completed: Morning Lane Associates contracted</p>

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		DD TS/ DD DWD/ DD EI	(2) Reflective practice co-ordinators to provide team consultation sessions on the assessment of complex cases and offer exemplars of good practice	31.8.12	to do this on interim basis & also attending team meetings. The Specification for the tendering of the Systematic Clinical Support Service is currently being completed.
		SM CP	3) The introduction of regular case forum discussions in conjunction with Morning Lane Associates, using Signs of Safety principles in Assessments.	31.8.12	(3) Completed: Morning Lane Associates contracted to do this on interim basis and also attending team meetings.
		SM QA	(4) Risk assessment training to be commissioned for social workers and managers	31.12.12	(4) Morning Lane Associates have been commissioned to provide programmes on systemic intervention at three levels; the programme for managers will incorporate understanding risk assessment.
		DD TS/ DD DWD/ DD EI	(5) Single Assessment Tool developed, informed by practitioner experience	31.12.12	(5) Medium Term Financial Plan bid submitted (with Adult Social Care) to develop the Mosaic system. This is a London wide network project
		LSCB SP	6) LSCB Multi agency risk assessment training to be commissioned	31.12.12	(6) <i>On Track</i> . LSCB QA subgroup has incorporated in its work plan for spring 2013 to look at the theme of assessment; looking at quality, timeliness & analysis across all agencies.
<p>Within 3 months</p> <p>(S5) Ensure all child protection plans are outcome focused, clearly setting out the changes necessary and how these will be supported and evaluated and include appropriate contingency planning</p>	<p>Making child protection plans meaningful and focused so that parents make the changes needed to become better parents</p>	SM QA	<p>MUST DO</p> <p>(1) Child Protection Chairs to receive a programme of reflective practice coaching and mentoring using observation and modelling of live cases.</p>	31.7.12	<p>(1) Completed: 2 CP Chairs in post at the time worked with a coach for 3 days. Observed practice, offered time to be reflective, provided materials on how to make plans more outcome-focused. Will be built on by the implementation of Strengthening Families (SF). There are now 3.5 FTE Conference Chairs in place.</p>
		QA Mgr.	<p>EMBEDDING</p> <p>(2) Review the current child protection planning documents as part of the implementation of the SF model.</p>	31.10.12	<p>2-3) A Strengthening Families project board has been established and continues to meet.. To date:</p> <ul style="list-style-type: none"> • Draft documents have already been consulted on.
		QA Mgr.	<p>(3) Strengthening Families Model, incorporating the Signs of Safety principles to be developed for child protection conferences.</p> <ul style="list-style-type: none"> • A new conference model increasing children's participation • New assessment tools to be implemented that will provide analysis of risk • Training on risk assessment 	31.10.12	<ul style="list-style-type: none"> • An interactive whiteboard has been purchased. Training has been organised for chairs to use this on 14.11.12 • 3 Strengthening Families courses have been delivered. One focusing on the chairs and two multi agency • Chairs have arranged to observe practice in other boroughs • Barnardo's have presented to the group

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Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		SM QA	delivered <ul style="list-style-type: none"> Workshops provided to raise awareness of the new model (4) Proposal to be put forward about strengthening the role of the CP Chair / IRO's to frontline.	31.7.12	their experiences of advocacyat conferences (4) A proposal was endorsed by Targeted Services. CP chairs now have links with teams, are available to chair complex strategy meetings, [provide advice and consultation, can attend legal planning meetings, available for inducting staff, support delivery of training and will consult on all cases where decisions have been made to take a case to conference
<p>Within 3 months</p> <p>(S6) Ensure child protection reviews offer robust, constructive and effective challenge</p>	CP Chairs provide analysis and challenge at Conferences and escalate concerns when appropriate e.g. drift	QA Mgr. SM QA LSCB SP	<p>MUST DO</p> (1) Child protection escalation policy to be written and implemented. (2) A protocol for reviewing children subject to child protection plans for longer than 1year is developed and being embedded by the 31 October. <p>EMBEDDING</p> (3) The LSCB Level 2 Safeguarding Training includes a section that will raise awareness of the responsibility of professionals to challenge decisions made at CP conferences that they are not in agreement with.	27.9.12 31.10.12 31.12.12	1) Completed: Protocol has now been signed off but there needs to be further developments on ICS. (2) The first multi agency panel has taken place. Thos on the panel and those participating have provided positive feedback. This will need a review in three months (3) Ongoing – on track
<p>Within 3 months</p> <p>(S7) Ensure supervision processes provide sufficient reflection and challenge</p>	Supervision records clearly evidence analysis of children's safety and well-being and the intervention required to minimise risk and keep children safe. Protected time for Supervision is embedded within the children's workforce culture that allows time for practitioners to be reflective about their work with children, their interventions and how to improve outcomes for children	SM QA SM QA Imp. Board members SM QA	<p>MUST DO</p> (1) Review and implement Children's Services supervision policy; incorporating good practice, guidance and tools for use (2) C&F Commission training on the new supervision policy and requirements of managers and practitioners <p>EMBEDDING</p> (3) All agencies to review their own supervision policy with updates to follow (4) Undertake a follow up audit of supervision practice to assess how far the changes are	31.12.12 27.9.12 31.12.12 31.3.13	(1) Final Supervision Draft in place. Helen Matthes, consultant workforce development has been commissioned to launch and embed supervision guidance. Alongside this looking at reviewing internal Ipad's team and strategic plans. (2): Morning Lane Level 2 training programme has already been commissioned and will incorporate supervision (3) Section 11 audits to be used to monitor the delivery of supervision in all LSCB agencies. (4) Held: Will follow completion of 1 & 2

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Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		DD TS	embedded (5) Roll out Systemic EI and SW support service to encourage reflective practice and supervision	31.8.12	(5) Completed: Morning Lane have been commissioned and now individual staff are linked to teams Children services 'systemic' Quality Assurance reviews across all teams are being undertaken. EIS has selected five sample cases to QA and have had that auditing moderated to ensure it reflects the latest Ofsted standards. In December 2012 the EIS managers will begin systemic auditing 15% of cases annually as business as usual.
<p>Within 3 months</p> <p>(S8) Agree priorities for the work of the LSCB and an associated programme of work and business plan to deliver these</p>	The LSCB has a work plan that provides challenge to partner agencies to change practice and is able to demonstrate how outcomes for children have improved	LSCB SP LSCB SP LSCB SP / SM Perf.	<p>MUST DO</p> <p>(1) Review the LSCB Business Plan to strengthen its focus on core child protection business</p> <p>EMBEDDING</p> <p>(2) All sub groups and task and finish groups to have explicit work programmes in place that are aligned to the LSCB Business Plan priorities</p> <p>(3) Agree a revised multi-agency performance data set for the LSCB</p>	20.9.12 27.9.12 20.9.12	<p>(1) Completed: Business plan signed off and circulated to Board Members.. Business Plan to be reviewed by LSCB Operational Group 06.12.12. On Track.</p> <p>(2) Completed. Chair has met with subgroup chairs re plan and will review with them in January 2013.</p> <p>3) Dataset still in production. Overviewed by QA subgroup.</p>
<p>Within 3 months</p> <p>(S9) NHS Harrow should ensure that general practitioners (GPs), dentists and all appropriate health practitioners are fully engaged in safeguarding arrangements and have regular developmental opportunities for practice reflection and learning and the LSCB should monitor progress in this area</p>	Independent Health Contractors to have knowledge of and participate in independent development opportunities, with monitoring by LSCB	Des. Nurse/ Des. Dr. (NHSH) LSCB SP NHSH (BD)/ LSCB Chr. LSCB SP/ NHSH (DBD)	<p>MUST DO</p> <p>(1) Share safeguarding children directory with all independent contractors</p> <p>(2) The LSCB to send out a communication about the role of the LSCB to all relevant organisations to include information about how to access LSCB training programme.</p> <p>(3) LSCB/NHS Harrow to write jointly to dentists outline safeguarding responsibilities and identify leads to support improved communication and raise awareness of LSCB</p> <p>(4) LSCB and NHS Harrow to prepare and appropriately circulate expectations for training and development.</p>	30/09/12 5.9.12 15/08/12 31.10.12	<p>(1) Sent to all GPs end 2011 & Des Nurse send to Contracts Manager for independent contractors to cascade to them.</p> <p>(2) Completed: Drafted & sent following discussion by Des Nurse, Des Dr. (NHSH) & LSCB Chr.</p> <p>(3) Completed: LSCB CHR. & NHSH (BD) have sent a letter to dental commissioners.</p> <p>(4) Completed – letter sent by Chair re expectations for multi agency training.</p>

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		NHSH (DBD)/ Des. Dr (NHSH)/ CCG Des. Nurse/ Des. Dr. (NHSH) LSCB Chr./ NHSH (BD)/ NHSH (DBD)	(5) Regular training provision and attendance updates to be provided to LSCB Training sub-group. (6) Provide a summary (to LSCB Learning and Development sub-group) of Training issues identified through RCGP audit to inform future training programme. EMBEDDING (7) Send letter seeking clarification on the future role of the CCG in respect of responsibilities for independent providers	08/10/12 30/11/12 30/09/12	(5) Completed: updates are now provided on an ongoing basis. (6) Final audits being completed will be analysed, summary to be provided at meeting following October meeting. (7) In progress by LSCB SP
<p>Within 6 months</p> <p>(S10) NHS Harrow, public health and the LSCB should ensure that an effective model for the rapid response service is developed and that the child death overview panel (CDOP) communicates with frontline services to best effect.</p>	Effective rapid response model & (CDOP) communicates effectively with frontline services	LSCB CHR. DPH/ Des. Dr. (NHSH) NHSH (DBD) DPH / LSCB SP	<p>MUST DO</p> (1) Convene group to review rapid response and CDOP arrangements (2) Implement recommendations from review to improve shared learning (3) Commission new rapid response service from 01/01/12 EMBEDDING (4) Monitored through CDOPs annual report (May 2013) to the LSCB and SCR subgroup (monthly).	30.9.12 30/11/12 01/01/13 Ongoing to May 2013	(1) Completed: Review chaired by LSCB CHR has been completed and report is in draft for presentation to LSCB Executive Board on 29.11.12. (2) See (1) above. To be monitored in CDOP Annual Report (3) Ongoing re Rapid Response model. Has been meetings with LSCB Chair, DPH, & designated professionals. Looking at best model for Harrow. (4) See (1) above
<p>Within 6 months</p> <p>(S11) Ensure children with child protection plans have greater consistency and continuity of social worker</p>	Greater consistency and stability for children	DD TS DD TS DD TS	<p>MUST DO</p> (1) Review transfer protocols and points of transfer across the New Operating Model. (2) Review of C&F staff turnover and salaries to ensure Harrow is competitive. EMBEDDING (3) Produce a report with outcome of analysis and recommendations for action with clear implementation plan to reduce the number of changes of social workers	31.12.12 31.12.12 31.12.12	(1) Following review, 'Transfer Meetings' will recommence on 12 th Sept in a re-invigorated form & a draft transfer protocol has been produced. (2) A comprehensive analysis has been completed and reported to Director of Children's Services. (3) Report will go to Chief Exec, portfolio holder and leader stating that social work salaries are not competitive with North West London. A proposal is being put forward to the Medium Term Financial Plan to change this to reduce turnover and ensure stability and experience.

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					Developing the role of advanced practitioners is being considered to be put in place in present posts as part of the post-Monroe exercise.

LOOKED AFTER CHILDREN

Immediate			MUST DO		
<p>(LAC1) Ensure relevant local authority staff and managers have a clear understanding of care thresholds and legal planning processes and cases are effectively monitored to avoid unnecessary delays in children receiving looked after services when these are required</p>		DD TS / SM CLA	(1) Review Children & Families' Services (C&F) process for initiating a Legal Planning Meeting (LPM) and implement a revised LPM protocol to ensure effective and timely legal intervention.	5.10.12	(1) Completed LPM legal advice memo has been redrafted to ensure advice is easy to follow and consistent. Lawyers reminded of need to critically challenge evidence and advise on additional information/steps required. Sample review of LPM memos since May 2012 indicates this is being done.
		DD TS	(2) Disseminate the LPM Protocol to social work staff, managers and the legal team with workshops to ensure all staff are clear about thresholds for legal intervention.	31.10.12	Performance data from legal services indicates sustained increase in number of LPM requests from May 2012.
		DD TS / SM QA	(3) The Independent Reviewing Officers to be consulted and informed when there are proposals to change the care plan	27.9.12	Meeting between legal practice and senior staff in C&F – agreed revised service level agreement, including level of monitoring of casework. Agreed changes to LPM procedures include (1) revised timetable to submit written legal advice, (2) agreement to allow external professional to attend part of LPM meetings for specific cases to allow lawyer to hear evidence first hand, (3) LPM request form to be added as episode to Framework I.
		SM QA	(4) Resolution Protocol for LAC revised and implemented that will offer robust challenge if there are concerns about threshold of intervention.	27.9.12	(2) On track : training delivered to social care staff 19 July covering PLO and introduction to legal proceedings, including session on threshold for legal intervention).
		DD TS / SM Place. / SM CLA	EMBEDDING	31.12.12	(3) Completed: Communication to social care and legal staff on 30 August confirming need to IRO to be consulted and informed of proposals to change the care plan. Audit activity will follow in due course.
		SM Place.	(5) Develop an access of care service, which will include an Edge of Care policy.	27.9.12	(4) Completed: Resolution protocol has been reviewed, consulted on, amended, signed off. Changes have been made to framework i – now fully implemented.
			(6) Review Permanency Tracking Panel	27.9.12	(5) Ongoing
					(6) Completed: SM Placements and SM CLA have

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		QA Mgr.	purpose; terms of reference to be refreshed which emphasises the need to scrutinise cases on the edge of care, case under the PLO and cases in legal proceedings		<p>reviewed existing ToR and reviewed panel objectives to ensure close scrutiny. The panel membership remains the same and managers in TSD were presented with overview, purpose and process at TSD away day on 23/10/12. Cases will be identified by any panel member as high risk cases requiring challenge, support and scrutiny.</p> <p>A strategic legal monitoring meeting will take place on a quarterly basis in future, chaired by TSD DD.</p>
		QA Mgr.	(7) Annual report of the IRO service to address the impact of this Improvement Plan	1.4.13	(7) To be incorporated by end of year.
		QA Mgr.	(8) Implement the IRO action plan	27.9.12	(8) The IRO Action plan is being implemented and regularly reviewed at team meetings
		QA Mgr.	(9) Workshops with front line staff about the role of IRO's in relation to challenging practice and monitoring plans	27.9.12	(9) IRO's have specific links with teams and have attended Team Meetings to discuss the Resolution Protocol
<p>Immediate</p> <p>(LAC2) The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that looked after children and care leavers are fully engaged in the development and delivery of the Being Healthy agenda</p>	<p>Young people are fully engaged in leading the being healthy agenda</p>	<p>Des. Nurse/ SM CLA/ Des. Dr. (NWLHT)</p> <p>Des. Nurse/ SM CLA</p> <p>Des. Nurse/ Des. Dr. (NWLHT) SM QA</p> <p>SM CLA/ Des. Nurse</p>	<p>MUST DO</p> <p>(1) Raise awareness of young people consenting for their health assessments through targeted training with health care professionals and social care staff</p> <p>(2) Update Corporate Parenting Panel on health engagement & feedback re. looked after children and care leavers.</p> <p>(3) Start health passport pilot with current care leavers following consultation and engagement with LAC and Care Leavers</p> <p>(4) Establish Forum for CLA Nurse to talk to CLA and young people leaving care regarding health needs and reflect on impact</p>	<p>5/10/12</p> <p>29/10/12</p> <p>02/01/13</p> <p>26.9.12</p>	<p>(1) Final workshop 31/10/12 for social work staff. Consultation with staff require further discussion with Des GP regarding expectation of key information required within 5 working days of child looked after. Staff are completing backlog of cases requiring Part A for initial health assessment and managers are required to address improvements with timescales of Part A being completed. The initial health assessment is required for all CLA within 28 days.</p> <p>(2) Completed: Update provided at Corporate Parenting panel on 29/10/12</p> <p>(3) On track: Des Nurse to meet local authority officers to discuss engagement. Has started gathering examples of health passports.</p> <p>(4) Let's Talk sessions for groups of CLA and young people leaving care establish in August and September to review and reflect on health needs and participation. Action plan arising from Let's Talk to be presented to Corporate Parenting Panel.</p> <p>Designated Professionals to explore methods of capturing young people's views during health assessment process. Meeting 06/09/12</p> <p>Decisions have been made for the Corporate</p>

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		DD TS Des. Nurse/ SM CLA SM CLA	(6) Re-commission targeted Morning lane Associates to provide interim systemic social work support service to social workers in addressing mental health needs of CLA & care leavers EMBEDDING (7) Review and raise awareness for access to health advice and support for CLA and young people leaving care (8) CLA Life Chances Forum to implement Access to leisure strategy for CLA and Care leavers	20.8.12 27.9.12 31.12.12	Parenting panel to be attended by CLA Designated Nurse and CLA Designated Doctor. CLA represented on Corporate Parenting Panel. Designated Nurse attended July 2012 CLA Health workshops for social workers to take place in September 2012 (6) Completed: Specialist Practitioner from Morning Lane has been assigned to CLA Service and is attending team meetings in August and engaging with practice, case work (7) CLA Designated Nurse and participation Officer to engage Beyond Limits to seek expectations and feedback (8) Registration to declare an interest in gym/swimming membership taking place at Harrow Leisure centre in week of 29/10/12 On track: Update to be provided at Corporate Parenting panel on 29/10/
<p>Immediate</p> <p>(LAC3) The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that all looked after children have access to timely, comprehensive health assessments leading to quality assured health care</p>	<p>Informative health summaries for all children</p>	<p>Des. Nurse/ Des. Dr. (NWLHT)</p> <p>Des. Nurse / Des. Dr. (NWLHT) / SM CLA</p> <p>Des. Nurse</p> <p>Des. Nurse/ Des. Dr. (NWLHT)</p>	<p>MUST DO</p> <p>(1) Workshop with all health providers to identify a robust pathway for initial health assessments, reviews and to embed use of health plans by lead health professional and social care.</p> <p>(2) Share pathways for delivering timely health assessments and reviews with social care partners.</p> <p>(3) Sign off health assessment pathway at LSCB policies and procedures sub-group (then to LSCB operations group, LSCB Executive and Corporate Parenting Board for information)</p> <p>(4) Deliver training to all teams and staff involved in delivering health pathway for LAC</p>	<p>30/06/12</p> <p>9/8/12</p> <p>16/10/12</p> <p>5/10/12</p>	<p>(1) Completed.</p> <p>(2) Completed: Des. Nurse met key social care leads on 9th August to complete pathways and process framework.</p> <p>(3) Completed: pathway signed off at meeting on 16th Oct & Des. Nurse to attach to update report to the CPP in October.</p> <p>(4) Final workshop 31/10/12 for social work staff. Consultation with staff require further discussion with Des GP regarding expectation of key information required within 5 working days of child looked after. Staff are completing backlog of cases requiring Part A for initial health assessment and managers are</p>

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Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		SM CLA/ LAC Nurse ICO G. Mgr/ LAC Nurse ICO G. Mgr/ SM Perf/ LAC Nurse NWLHT (GM) LAC Nurse Des. Nurse/ Des. Dr. (NWLHT) SM CLA	(5) CLA Lead Nurse to offer drop-in sessions at Gayton, Honey Pot Lane and Civic Centre for young people & for staff. (6) Ensure Lead Nurse maintains a database to enable robust monitoring of health assessments and escalates issues to Designated Nurse as agreed. (7) Provide monthly monitoring data for IHA and RHA timeliness to the Life Chances Forum (8) Ensure timely access to appointment slots for initial health assessments in line with pathway timeline EMBEDDING (9) Ensure quarterly reporting on LAC health needs to The Life Chances Forum (10) Agree process for quality assurance of all health assessments, including audit arrangements. (11) Improve response rates for completion of 'Strengths and Difficulties Questionnaires'.	26.9.12 15/9/12 30/09/12 15/09/12 30/09/12 30/09/12 31/12/12	required to address improvements with timescales of Part A being completed. The initial health assessment is required for all CLA within 28 days (5) Completed: Regular drop-in sessions already happening at residential units. Drop-in to be arranged jointly with Early Intervention Worker (6) On track: Electronic Database established and being populated, on track and should be finished by 16/10/12 All CLA to have a health record on Rio with appropriate alert on. Health database to monitor timeliness of health assessments and identify failure to progress Completed health assessments to be scanned on Rio. Meeting 19/09/12 with Rio lead to ensure data is being captured (7) HOST has been amended to enable tracking of outstanding assessments, this is being tested by social workers and awaiting implementation (8) On track: Monitored by Lead Nurse through the agreed process (9) On track: Designated Professionals agreed method of monitoring health needs and will report to Life Chances Forum once sufficient data is gathered. (10) Completed: process agreed for all health assessments to be quality assured by Designated Professionals including out of areas (11) SDQ rates to be reported on quarterly.
<p>Within 3 months</p> <p>(LAC4) Ensure supervision processes provide sufficient reflection and challenge</p>	<p>Supervision records clearly evidence analysis of children's safety and well-being and the intervention required to minimise risk and keep children safe.</p> <p>Protected time for Supervision is embedded within the children's</p>	SM QA SM QA	<p>MUST DO</p> <p>(1) Review and implement Children's Services supervision policy; incorporating good practice, guidance and tools for use</p> <p>(2) C&F Commission training on the new supervision policy and requirements of managers and practitioners</p>	31.12.12 27.9.12	<p>(1) Final Supervision Draft in place. Helen Matthes, consultant workforce development has been commissioned to launch and embed supervision guidance. Alongside this looking at reviewing internal Ipad's team and strategic plans.</p> <p>(2) Helen Matthes will lead the implementation and embedding of supervision policy. HM start date 6.11.12</p>

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	workforce culture that allows time for practitioners to be reflective about their work with children, their interventions and how to improve outcomes for children	Imp. Board members SM QA DD TS	EMBEDDING (3) All agencies to review their own supervision policy with updates to follow (4) Undertake a follow up audit of supervision practice to assess how far the changes are embedded (5) Roll out Systemic EI and SW support service to encourage reflective practice and supervision	31.12.12 31.3.13 31.8.12	(3) Section 11 audits to be used to monitor the delivery of supervision in all LSCB agencies. (4) Will be completed following completion & embedding of actions 1 & 2. (5) Completed: Morning Lane have been commissioned and now individual staff are linked to teams Children services 'systemic' Quality Assurance reviews across all teams are being undertaken.
Within 3 months (LAC5) Ensure all social workers and managers have a clear, appropriate and evaluated individual development plan linking casework and management skills and performance to development activity	A competent workforce that understands what excellent practice looks like	SM QA SM QA SM QA SM QA HR DCS SM QA	MUST DO (1) Practice Directive to be sent by DCS to all staff stating that they must all have updated IPAD's by 31.10.12 (this fits in with the local guidance and cycle for IPAD's and will prevent duplication) (2) Management reports are provided to Divisional Directors identifying staff where IPAD's have not been completed EMBEDDING (3) To develop a centralised system to capture all IPADS and provide management information which can be reviewed to ensure that core social work skills are addressed (4) Periodic review / audit of the quality of IPADS (5) HRD to provide learning set workshops for all managers, supervisors regarding managing underperformance and absence (6) Ensure that excellence awards reward and recognition mechanisms are appropriately, fairly and transparently applied to recognise good/high performance (7) Review C&F Workforce Strategy in relation to social work and embed systematic training.	31.10.12 30.11.12 31.3.13 31.12.12 31.12.12 31.3.13 31.12.12	(1) Completed. Practice Directive circulated on 31 st August. Ipad audit to be completed in November 2012. (2) Process in development (3) Being developed. Helen Matthes has been commissioned to lead on this. Start date 6.11.12 (4) DCS will sign off all service manager IPADs and audit a sample of front-line IPADs as part of quality assurance processes. (5) One workshop has been delivered – more being planned (6) Being considered (7) On track: 3 programmes being devised and will be rolled out from October 2012

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
<p>Within 3 months</p> <p>(LAC6) The local authority, NHS Harrow, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure that the provision of healthcare to looked after children is subject to an effective whole system approach and performance management framework</p>		<p>Des. Nurse/ LSCB Chr.</p> <p>SM Place. / SM CLA</p> <p>SM Perf./ Des. Nurse</p>	<p>MUST DO</p> <p>(1) Implement LSCB monitoring arrangements via the corporate parenting panel across the looked after children health pathway to monitor effectiveness of whole system approach.</p> <p>(2) Establish bi-annual feedback from Adoption Panel</p> <p>(3) Establish monthly CLA Health assessment QA & performance activity reports</p>	<p>31.10.12</p> <p>31.12.12</p> <p>27.9.12</p>	<p>(1) Ongoing: Corporate Parenting Panel to monitor health pathways and report back to LSCB</p> <p>(2) On track: meetings with Panel Chair and agency decision maker will be scheduled for twice a year henceforward (plus Annual report)</p> <p>(3) Performance data are being updated in line with new process. QA side being taken forward by Des Nurse,</p>
<p>Within 3 months</p> <p>(LAC7) Ensure feedback and intelligence from child protection chairs and independent review officers is collated, analysed and used to inform service delivery</p>	<p>Feedback from CP Chairs and Independent Reviewing Officers to inform service improvements which are based on evidence.</p>	<p>QA MGR.</p> <p>QA MGR.</p> <p>SM QA</p> <p>QA MGR.</p> <p>QA MGR.</p>	<p>MUST DO</p> <p>(1) Quarterly performance reports on standards (e.g. attendance, parents seeing reports) at child protection conferences. and CLA reviews to be developed.</p> <p>(2) To develop a feedback system for YP and carers following their CLA reviews and CP conferences</p> <p>(3) A proposal to be developed, consulted on and implemented that will strengthening the role of the CP advisors and offer to the front line</p> <p>EMBEDDING</p> <p>(4) The Independent Review Officers annual report should include the analysis of findings to inform service delivery</p> <p>(5) Child Protection Chairs to provide a report annually to feed into the LSCB Annual Report about the analysis of findings to inform service delivery</p>	<p>27.9.12</p> <p>27.9.12</p> <p>27.9.12</p> <p>30.4.13</p> <p>30.4.13</p>	<p>(1) On track: For CP Conferences, management information is now collated by the CP administrator on a quarterly basis. For CLA Reviews, child and parent feedback forms are being developed and in draft.</p> <p>(2) On track: Draft questionnaires designed and feedback received. Updates needed, pilot version has begun.</p> <p>(3) On track: A proposal was endorsed by Targeted Services. CP chairs now have links with teams, are available to chair complex strategy meetings, [provide advice and consultation, can attend legal planning meetings, available for inducting staff, support delivery of training and will consult on all cases where decisions have been made to take a case to conference</p> <p>4) – to be actioned</p> <p>5) – to be actioned</p>
<p>Within 3 months</p> <p>(LAC8) Ensure an effective strategy is in place to reduce the risk of looked after children and young</p>	<p>Looked after children are supported to prevent offending and re-offending.</p>	<p>YOT Mgr. / SM CLA</p>	<p>MUST DO</p> <p>(1) In conjunction with partners, develop a strategy to reduce the risk of looked after children offending as part of the YOT</p>	<p>27.9.12</p>	<p>(1) CLA & YOT Improvement action plan prepared. CLA & YOT Protocol completed and re circulated Reduction strategy to be prepared by 15/11/12</p>

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT

Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
people offending		YOT Mgr. / SM CLA	Improvement Plan EMBEDDING (2) Improve communication and partnership with YOT and CLA Service	31.12.12	(2) CLA & YOT Improvement action plan prepared. Youth Offending Team Manager has joined 'CLA Life Chances Forum' CLA & YOT partnership meeting took place on 22/10/12.
Within 3 months (LAC9) Strengthen processes for monitoring progress against the commitments in Harrow Children's Pledge.	The Harrow Children's Pledge is understood by all corporate parents	SM QA / SM CLA SM QA / DD TS SM CLA	MUST DO (1) Beyond Limits to review the Pledge (to report key themes to the Corporate Parenting Panel in December 2012) EMBEDDING (2) Develop a participation strategy for children known to social services. (3) CLA Life Chances Forum to ensure Corporate (cross-departmental) participation with action plan.	27.9.12 31.10.12 31.12.12	(1) Corporate Parenting schedule agreed for Beyond Limits to review Pledge for report in December 2012 (2) Drafting underway. Outstanding – to be completed by end of Nov. (3) CLA Life Chances action plan established and reporting to Corporate Parenting panel Membership reviewed and sought to increase participation from Corporate colleagues
Within 6 months (LAC10) Reduce the number of changes of social worker experienced by looked after children	Greater consistency and stability for children	DD TS DD TS	MUST DO (1) Review transfer protocols and points of transfer across the New Operating Model (2) Produce a report with outcome of analysis and recommendations for action with clear implementation plan to reduce the number of changes of social workers	31.12.12 31.12.12	(1) Following review, 'Transfer Meetings' will recommence on 12 th Sept in a re-invigorated form & a draft transfer protocol has been produced. (2) A comprehensive analysis is underway, report will go to Director of Children's Services.
Within 6 months (LAC11) Analyse the reasons for short term placement instability and implement a plan to improve performance	Young People have stable placements so that they can build meaningful relationships with families	SM Place. / SM CLA SM Place. / SM CLA	MUST DO (1) Undertake a review of the cases in last 12 months where there has been a higher number of moves and produce a report with a plan to improve performance. EMBEDDING (2) Develop 'Access to Resources Service' to increase oversight when children enter care: improve care planning, interventions & support.	31.9.12 31.12.12	(1) Produced and signed off at September 'Performance and Practice' Meeting, now ongoing review at same meeting. (2a) Discussions with and visits to other Local Authorities (incl. Wandsworth and Ealing) & staff consultations are taking place in August & September. b) Reconfigured service will be developed &

AREAS FOR IMPROVEMENT IDENTIFIED IN OFSTED REPORT					
Recommendations	Outcomes required	Lead Officer/ Executive Head	Actions (what needs to happen to achieve the outcomes required)	By When	Progress Update
		SM Place. / SM CLA	(3) Develop Fostering Recruitment Plan: to ensure sustained rate new carer recruitment & improving carer skills through improved support and training.	31.12.12	operational by end of December. New ways of working embedded by the end of the financial year. (3) Ongoing

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**REPORT FOR: OVERVIEW AND
SCRUTINY COMMITTEE**

Date of Meeting:	14 th November 2012
Subject:	Scrutiny Work Programme Proposals
Responsible Officer:	Alex Dewsnap, Divisional Director, Strategic Commissioning
Scrutiny Lead Member area:	All
Exempt:	No
	None
Enclosures:	

Section 1 – Summary and Recommendations

This report outlines proposals for inclusion in the scrutiny project programme for the remainder of the current administration and it also provides a brief update on projects currently underway.

Recommendations:

Councillors are asked to:

- I. Agree the proposed projects and the proposal to complete all projects by January 2014
- II. Note and if necessary comment on the progress on existing projects.

Section 2 – Report

Introduction

This report proposes projects for inclusion in the scrutiny work programme for the remainder of the current administration. As elections are scheduled for May 2014, this leaves approximately 15 months for the scrutiny work programme to run. It is hoped that all projects can be completed by January 2014 to allow them sufficient time to be considered by the Overview and Scrutiny committee and Cabinet prior to election activity commencing and to the pre-election period of purdah. The projects are proposed by the Scrutiny Leadership Group and are based on the lead councillors' investigations.

Projects proposed

Disabled Access

To investigate the limiting impact on life chances of poor physical access to other facilities including health, leisure, entertainment and employment.

Scrutiny Leads:

Cllrs Anderson and Wright

High Priority

Public Realm

Impact of the ongoing and significant changes in service delivery. An initial report to the Overview and Scrutiny committee has been requested for December.

Scrutiny Leads:

Cllrs Anderson, Wright and Osborn

Medium Priority

Mental Health Services

There are concerns with regard to the performance of CAMHS and mental health services in general and also with the transition between young peoples, adults and elderly people's services. To include social care.

Scrutiny Leads:

Cllrs Khalid, Bednell, James, Mithani and Anderson

Priority – TBC, subject to capacity on the Health and Social Care sub committee

Early Intervention

A case study investigation of how effectively we deliver public health/preventative/early intervention services. To use diabetes as a case study. This will also help to assess the effectiveness of the integration of public health services. [Requested by Chief Executive]

Scrutiny Leads:
Cllrs James, Mithani, Macleod-Cullinane

To take place January/February 2013 to enable input of recommendations into integration of public health

Child's Journey Through Care

To consider the implementation of the Ofsted improvement plan and how young people access support – using the new Ofsted inspection regime as a frame of reference. This work will also facilitate review of implementation of the New Operating Model. Safeguarding services will also continue to be investigated.

Scrutiny Leads:
Cllrs Khalid and Bednell

To commence March 2013

Standing Review of the Budget

In addition, the Standing Review of the Budget proposes to consider the following items as part of its ongoing work:

- Transition of children to adult disability services
- Clinical Commissioning Group finances – members of the Health and Social Care sub to be invited to this meeting

Update on current projects

Joint Overview and Scrutiny Committee (JOSC)

The report for the JOSC considering proposals from NHS NW London in the 'Shaping a Healthier Future' consultation has been submitted to NHS NW London along with comments from Harrow. The report has recommended that the JOSC reconvene as necessary to consider further developments. It is not clear what the extent of further involvement in the JOSC will be. This may impact on the potential of the committee to consider either the Mental Health Services or Early Intervention projects

Standing Scrutiny Review of the Budget

The Standing Review of the Budget continues to meet to consider the impact of, and council's response to, changes in local government financial policy. Since the last report to the Overview and Scrutiny committee in September, the standing review has met twice to consider:

- The council's use of capital resources – financial and property – for the regeneration and development of the borough.
- The council's approach to the self financing of the Housing Revenue Account.

Reports from each of these discussions will be presented to the Overview and Scrutiny committee as they are available.

As proposed above, the following issues will also be incorporated into the work programme of the standing review of the budget:

- Transition of children to adult disability services
- Clinical Commissioning Group finances

Customer Care

This project has now started. The aim is to re-confirm the review group membership and begin collecting evidence before the end of the year.

Financial Implications

There are no financial implications associated with this report.

Performance Issues

There are no performance issues associated with this report.

Environmental Impact

There is no environmental impact associated with this report.

Risk Management Implications

There are no risk management implications associated with this report.

Equalities implications

No equalities impact assessment has been undertaken in relation to this report as no changes to service delivery are proposed

Corporate Priorities

- Keeping neighbourhoods clean, green and safe
- United and involved communities: a Council that listens and leads
- Supporting and protecting people who are most in need

Section 3 - Statutory Officer Clearance

Not required for this report.

Section 4 - Contact Details and Background Papers

Contact: Lynne Margetts, Service Manager Scrutiny, 020 8420 9387

Background Papers: None