

Committee	Children and Young People's Select Committee		Item	4
Title	Ofsted Improvement Plan Update			
Wards	All			
Contributors	Executive Director for Children & Young People, Director of Children's Social Care			
Class	Part 1	Date	10 November 2016	

1. Introduction

- 1.1 This report sets out progress made to date in implementing the improvement plan which was developed following the statutory inspection of children's social care in Lewisham by Ofsted.
- 1.2 A report, with a draft improvement plan appended to it, was presented to the Children and Young People's Select Committee on 1 March 2016 and approved by the Mayor on 23 March 2016. A progress monitoring update is attached to this report as an Appendix.

2. Recommendations

- 2.1 The Children and Young People's Select Committee is recommended to:
- i) Note and comment on the contents of this report; and
 - ii) Note the extension of a small number of target completion dates as set out on P3 of this report

3. Policy context

- 3.1 The purpose of an Ofsted inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. This inspection was conducted under s136 Education and Inspections Act 2006.
- 3.2 The actions described in this report are consistent with the Council's corporate priorities as set out in the Borough's Sustainable Community Strategy 2008-2020. In particular, the proposals relate to the Council's priorities regarding young people's Achievement and Involvement, Protection of Children and Community Leadership and Empowerment. The actions are also in line with the Children and Young People's Plan 2015-18 and the four outcomes of building resilience, staying safe, being healthy and active and raising achievement and attainment.

3.3 Progress monitoring for the Ofsted improvement plan is subdivided into four reporting periods as follows: February to April 2016; May to July 2016; August to October 2016 and November 2016 to January 2017. Separate arrangements will be made for reporting on any actions with completion deadlines extending beyond January 2017.

3.4 The appended quarterly report contains detailed information on progress against the 19 actions due for completion during this reporting period. The approach used to categorise progress is as follows:

- Actions completed by the target completion date are rated 'green'
- Actions that are not completed by the target completion date are rated 'red'

3.5 The table below provides a snapshot of progress for the second quarter (May to July 2016).

Criteria	Number
Total number of actions due for completion this quarter	19
Actions completed by deadline	16
Actions that are not completed by deadline	2

3.6 Examples of the 13 actions completed during this reporting period include the following:

- Refresh Learning and Development plan for Referral and Assessment service
- Confirm endorsement of partner engagement via LSCB
- Refresh CSE, governance arrangements, including CSE strategic forum/MASE and operational group linkage with LSCB and Safer Lewisham Partnership
- Roll out laptops/lpad/mobile phones within CSC to enable mobile working

3.7 The 2 actions not completed during this reporting period are as follows:

- Undertake awareness raising programme within LSCB and partners including business community to ensure timely identification and referral of concerns to relevant agencies
- Undertake local awareness process and awareness raising to increase understanding of the interface between domestic violence and the wider VAWG agenda and CSE

- 3.8 For completeness, the table below summarises progress against all 61 actions in the improvement plan. This additional information is provided to give the Partnership an overall view with regard to direction of travel. The classification for this dashboard includes: actions ongoing within deadline (rated 'amber') and actions that are not completed by deadline or are unlikely to be completed by deadline (rated 'red').

Criteria	Number
Total number of actions in the improvement plan	61
Actions completed by deadline	37
Actions ongoing within deadline	19
Actions that are not completed by deadline or are unlikely to be completed by deadline	5

- 3.9 It should be noted that in developing this plan, officers have been keen to expedite work on areas for improvement. However, in some instances and for differing reasons, the anticipated completion target dates have not been met. For these actions, some of which are rated 'red' and others 'amber', the quarterly report makes recommendations for the completion deadline to be extended and the reasons for the delay.
- 3.10 The above-mentioned revisions are proposed with the agreement of the relevant action owner and on the understanding that the revised completion target date will be met by the time of the next agreed reporting period. The Proposed revisions to completion deadlines are set out in section 4 of this report.

4. Deadline revisions

- 4.1 The Children and Young People's Select Committee is invited to note the deadline revisions for improvement plan actions. These revisions were agreed by the Children & Young People's Strategic Partnership Board:

Action	Old deadline	New deadline	Reason for deadline revision
Implement revised Referral and Assessment Service arrangements	30/10/16	31/01/17	The completion of this action is linked to a suite of service changes that have significant interdependencies i.e. for one to be complete another must also.
Implement MASH (Multi-agency safeguarding Hub) development plan	30/10/16	31/01/17	As above
Complete review of Referral and Assessment service to include capacity and response of the Emergency Duty Team	30/09/16	31/03/17	As above

Action	Old deadline	New deadline	Reason for deadline revision
Introduce performance scorecard for Referral and Assessment and MASH	30/10/16	31/01/17	As above
Implement new performance framework for Early Help, including quality assurance	30/10/16	31/01/17	As above
Design, pilot and launch Early Help assessment arrangements and request for service systems across partnership	30/11/16	31/01/17	As above
Implement revised guidance within CSC for step down arrangements to Early Help services	30/10/16	31/01/17	As above
Roll out single assessment training as core development requirement	30/09/16	15/12/16	As above
Undertake awareness raising programme within LSCB and partners including business community to ensure timely identification and referral of concerns to relevant agencies	30/07/16	30/11/16	As above
Undertake local awareness process and awareness raising to increase understanding of the interface between domestic violence and the wider VAWG agenda and CSE	31/07/16	30/11/16	The completion of this action is linked to the reporting schedule of Public Health, which begins in November 2016.

5. Legal implications

5.1 This inspection was conducted under s136 Education and Inspections Act 2006. Following the inspection a report must be provided to the Local Authority and published, containing any recommendations. The Local Authority, in its turn, must address those recommendations by way of an action plan, again ensuring that this is published, for ongoing audit by OFSTED

6. Financial implications

6.1 There are no direct revenue implications arising for this report. The improvement plans may identify that extra expenditure is required in the future. In the first instance this will be managed through the current Children and Young People's budget. There are no capital implications from this report.

7. Crime and disorder implications

7.1 Section 17 of the Crime & Disorder act 1998 places a duty on partners to do all they can to reasonably prevent crime and disorder in their area. The level of crime and its impact is influenced by the decisions and activities taken in the day-to-day of local bodies and organisations. The Local Authority as a responsible Authority has a key statutory role in contributing to reducing crime and improving the quality of life in their area.

8. Equalities implications

8.1 The development, implementation and monitoring of the Ofsted improvement plan sits within the ambit of Lewisham's Comprehensive Equalities Scheme (CES) 2016-20. Specifically, the Ofsted improvement plan accords with the following CES objectives:

- tackling victimisation, discrimination and harassment
- closing the gap in outcomes between citizens
- improving access to services
- increasing participation and engagement

Ofsted Improvement Plan

Monitoring Report: Quarter Two (May - July) of 2016

1. Introduction

This report brings together performance monitoring information for the Ofsted improvement plan. The information contained in this report is made up of the following:

- Progress dashboard for all actions to date
- Progress summary for actions in the current quarter
- Progress summary for all actions in the improvement plan

2. Progress dashboard for all actions to date

The table below provides an overview of all actions currently **in progress, completed or slipped to date**.

Action plan			
Total number of actions in improvement plan	Actions completed by deadline	Actions ongoing within deadline	Actions not completed by deadline
61	37	19	5

3. Progress summary for actions in the current quarter

The methodology used to assess the completion of actions is set out in the dashboard below. A detailed summary of progress against specific actions **commenced and scheduled for completion this quarter**, is also set out below.

Action plan		
Number of actions due for completion this quarter	Actions completed by deadline	Actions not completed by deadline
19	16	2

Ref	Action	Action owner	Status	Progress summary	Target Completion deadline
A. Early help and safeguarding					
1.	Develop project plan for review of Referral and Assessment service	Paul King	G	This action has been completed, shared with colleagues at SMT and is awaiting SMT sign-off.	31/07/16
2.	Refresh Learning and Development plan for Referral and Assessment service	Paul King	G	Sharon Scott was identified as the new action owner on 8 th August. On 23 rd August Sharon advised that Paul King was responsible for this action. Paul has since been emailed to confirm this.	30/05/16
3.	Confirm endorsement of partner engagement via LSCB	Karen Neill	G	This action was completed within designated timescales.	30/05/16
4.	Undertake awareness raising programme within LSCB and partners including business community to ensure timely identification and referral of concerns to relevant agencies.	Marinda Beaton/ Geeta Subramaniam	R	The LSCB website launched recently, and included updated information regarding how to make a referral. In addition, Paul King and the LSCB intend to hold a Multi-Agency event in September/October 2016 to launch the early help/threshold document. To this aim, an action deadline of 30 th November was requested.	30/11/16
5.	Develop/roll out revised quality assurance strategy within CSC	Karen Neill	G	The QA strategy has now been developed, audit programme has been rolled out; Senior Management Team sign off completed 31/10/16.	31/10/16

Ref	Action	Action owner	Status	Progress summary	Target Completion deadline
6.	Implement review system to monitor frequency and quality of supervision arrangements and required corrective action	Karen Neill	G	This action was completed within designated timescales.	31/07/16
7.	Undertake review of CSE against Ofsted HMIC standards to inform MET strategy	Karen Neill	G	Final checks being undertaken by Stephen Kitchman to explore if this action can be signed off as complete.	10/10/16
8.	Undertake local awareness process and awareness raising to increase understanding of the interface between domestic violence and the wider VAWG agenda and CSE	Geeta Subramaniam	R	Work is being undertaken by Carlene Firmin (University of Bedfordshire) and Public Health England, and the first reporting date is Nov 2016. Therefore, the action owner requested that the deadline be extended until 30 th Nov 2016.	30/11/16
9.	Refresh CSE governance arrangements, including CSE strategic forum/MASE and operational group and linkage with LSCB and Safer Lewisham Partnership	Geeta Subramaniam/ Stephen Kitchman/Andy Furphy	G	This action was completed within designated timescales and will be reviewed on a six monthly basis.	30/06/16
B. Looked after children and permanence					
10.	Deliver workshops on life story work for LAC/Leaving care social workers	Tina Benjamin/Jackie Stirling/ Jo Hill	G	This action was completed and remains part of a rolling programme of work.	30/06/16

Ref	Action	Action owner	Status	Progress summary	Target Completion deadline
11.	Review guidance and recirculate regarding life story work and standards	Tina Benjamin	G	This action was completed and is part of an on-going agenda to review case quality jointly with frontline social workers.	30/05/16
12.	Refresh Performance framework regarding missing/CSE, to ensure indicators are linked to impact and data is good quality.	Geeta Subramaniam/ Stephen Kitchman/Andy Furphy	G	This action was completed within designated timescales.	30/06/16
C. Leadership and management					
13.	Procure external performance partner for twice yearly service challenge, reporting to the Chief Executive and Cabinet Member	Sara Williams/ Barrie Neal	A		30/06/16
14.	Ensure Care Plans are available and updated as required following each review, Chair to address quality of plan in recommendations of review meeting	Sarah Sturge	G	IRO team have been briefed re review of care plans and link to recommendations of review. Monthly qualitative report in place to SMT regarding LAC reviews. CP Chairs review quality of CP work and feed into subsequent plan. CP minute takers are now in place freeing up Chair capacity. CIN procedures have now been endorsed.	31/07/16
15.	Implement revised audit programme linked to key	Karen Neill	G	This action was completed within designated timescales.	31/05/16

Ref	Action	Action owner	Status	Progress summary	Target Completion deadline
	standards of Quality Assurance strategy				
16.	Review, disseminate via workshops and audit quality of chronologies within monthly audit schedule	Naeema Sarkar	G	This action was completed within designated timescales.	30/06/16
17.	Agree a new system and protocol for data cleansing/data quality checks	Karen Neill/ Paul Aladenika	G	This action was completed within designated timescales.	31/07/16
18.	Roll out laptops/lpad/mobile phones within CSC to enable mobile working	Duncan Dewhurst	G	This action was undertaken within designated timescales.	30/05/16
19.	Ensure digital strategy reflects CSC requirements with associated SMT/DMT endorsement	Duncan Dewhurst	G	Final checks being undertaken by Stephen Kitchman to explore if this action can be signed off as complete.	30/05/16

Key Leads and Those Responsible for Actions

Job Title	Current Post-Holder (as of date of Plan Submission)
Chief Executive	Barry Quirk (BQ)
Executive Director for Children and Young People	Sara Williams (SW)
Director of Children's Social Care	Stephen Kitchman (SK)
Head of Crime Reduction	Geeta Subramaniam (GS)
Head of Targeted Services and Joint Commissioning	Warwick Tomsett (WT)
Service Group Manager Policy and Analysis	Paul Aladenika (PA)
Head of Service Change and Technology	Duncan Dewhurst (DD)
Service Group Manager Business Planning, Service Redesign and Performance	Jo Feeney (JF)
Interim Service Manager Quality Assurance	Karen Neill (KN)
Service Manager Referral & Assessment and Early Help	Paul King (PK)
Service Manager Family Social Work	Heather Brown (HB)
Service Manager Looked After Children	Tina Benjamin (TB)
Service Manager Children with Complex Needs	Ann Wallace (AW)
Organisational Learning and Development Consultant	Sharon Scott (SS)
LAC Manager	Sarah Sturge (SSt)
Prevention and Inclusion Manager	James Lee (JL)
Project Manager (Early Help)	Katherine Manchester (KM)
Lewisham Safeguarding Children Board Business Manager	Marinda Beaton (MB)
Serious and Acquisitive Crime, Metropolitan Police	DCI Andy Furphy (AF)
Head of Corporate Policy and Governance	Barrie Neal (BN)

4. Progress summary for all actions in improvement plan

A. EARLY HELP AND SAFEGUARDING

1. *Review processes within the duty team to ensure that systems to manage contacts and referrals, including domestic abuse notifications, are secure and enable social workers and other professionals to keep children and young people safe and protected, in a timely manner.*

Lead:	Paul King, Service Manager Referral and Assessment
Linked Plan:	SS1 CYPP 2015-18 CSC Business plan 2016-17
Key Partners:	Police, Crime Reduction, Community Safety, Lewisham and Greenwich NHS Trust, Housing Services, Community Rehabilitation Company, National Probation, Adult Social Care

a) Expected outcome (what will be different?)

- Clear processes in place from initial referral to CSC to transition to longer term social work team or early help engagement.
- Multi-agency triage in place in line with best practice, with associated performance framework in place
- All service activity within referral and assessment will be completed within 45 working days.
- Detailed service performance information allows capture of efficiency, effectiveness and demand trends to inform service and commissioning development.

b) Measures of success (how will we know we have achieved it?)

- Suite of performance indicators in place in new Early Help Strategy with clear targets and evidence that targets are met
- Multi Agency safeguarding Hub (MASH) in place with required partnership engagement; associated performance indicators evidence targets met
- Performance framework evidences impact regarding, timeliness and safeguarding activity
- Service standards met against quality assurance framework
- Audit activity indicates required processes adhered to and undertaken in a timely manner

c) Actions	Completion deadline	By whom	Status
1. Develop project plan for review of Referral and Assessment service	31 st July 2016	Paul King	G

2. Complete review of Referral and Assessment service to include capacity and response of the Emergency Duty Team	30 th Sept 2016	Paul King	R
3. Implement revised Referral and Assessment Service arrangements	30 th Oct 2016	Paul King	A
4. Implement MASH (Multi-agency safeguarding Hub) development plan	30 th Oct 2016	Paul King	A
5. Introduce performance scorecard for Referral and Assessment and MASH	30 th Oct 2016	Paul King	A
6. Include Referral and Assessment Service in thematic audit arrangements with particular focus on thresholds for service and response	1 st April 2016	Eileen Collier	G
7. Refresh Learning and Development plan for Referral and Assessment service	30 th May 2016	Paul King	G

MONITORING AND IMPACT

d) Action Plan Progress

Action 2: Complete review of Referral and Assessment service to include capacity and response of the Emergency Duty Team

This action is linked to the go live of the new MASH/Early Help service in January 2017. An extension to the deadline will be discussed at the Children and Young People Strategic Partnership Board.

e) Impact: Data and Commentary

Progress on delivery of the above recommendation is being made and any proposed extensions to action deadlines still fall within the overall lifetime of the plan.

f) Recommendations for Further Action

A. EARLY HELP AND SAFEGUARDING

2. Ensure that a revised early help strategy is implemented so that early help is effectively targeted, coordinated and evaluated so that families receive appropriate support when need is first identified.

Lead:	Stephen Kitchman
Linked Plan:	BR2 CYPP 2015-18 LSCB Business plan
Key Partners	Police, Crime Reduction, Lewisham and Greenwich NHS Trust, Housing Services, Community Rehabilitation Company, National Probation Service, Children's Centre Providers, Voluntary Sector Partners, Adult Social Care

a) Expected outcome (what will be different?)

- Children and young people receive timely, focussed support responsive to need.
- Focussed co-ordinated activity in place to ensure clear commissioning, delivery and monitoring of early help to vulnerable children and their families.
- Information is triaged effectively at the point of CSC referral to ensure need is clearly understood for appropriate response
- Children's workforce are clear on arrangements and roles and have required skills to ensure vulnerable children's needs are met at an early stage.

b) Measures of success (how will we know we have achieved it?)

- Numbers of Common Assessment Framework (CAF) / Team Around the Child (TAC) arrangements in place with clear targets and qualitative review arrangements in place.
- LSCB/Children's workforce Learning and Development delivered to develop lead professional role.
- Reduction in repeat referrals to CSC
- Revised early help performance framework in place and understood by partnership
- Audit arrangements in place to monitor quality, effectiveness and for corrective action and assurance

c) Actions

	Completion deadline	By whom	Status
1. Convene multi-agency Early Help Board with clear governance arrangements in place	28 th February 2016	SK/JS	G
2. Agree new Early help Strategy and disseminate (to be signed off by CYP strategic partnership and LSCB)	30 th Sept 2016	SK/KM	G

3. Revise and re launch early help and safeguarding guidance (thresholds document/ Continuum of Need) with endorsement by LSCB.	30 th Oct 2016	PK/MB	A
4. Implement new performance framework for early help, including qualitative assurance.	30 th Oct 2016	KM	A
5. Review the impact of interventions for alcohol and drug using parents and revise the framework for the targeting of these services to parents and their children	31 st March 2017	JL	G
6. Design, pilot and launch Early Help assessment arrangements and request for service systems across partnership	30 th Nov 2016	PK	A
MONITORING AND IMPACT			
<p>d) Action Plan Progress:</p> <p>Action 2: Agree new Early Help strategy and disseminate (to be signed off by CYP strategic partnership and LSCB) This action is complete and awaiting final sign-off by the Children and Young People Strategic Partnership Board on 14th November 2016.</p> <p>Action 3: Revise and re launch early help and safeguarding guidance (thresholds document/ Continuum of Need) with endorsement by LSCB This action only requires sign-off from LSCB in order to meet full completion.</p> <p>Action 4: Implement new performance framework for early help, including qualitative assurance Due to refreshed data warehouse and testing process, it has been highlighted that this action may not be completed until Jan 17, in line with the service launch. Affected parties are currently discussing what measures could be put in place in the interim.</p> <p>Action 6: Design, pilot and launch Early Help assessment arrangements and request for service systems across partnership In line with action 4 above, completion of this action may be delayed until Jan 2017.</p>			
e) Impact: Data and Commentary			

Progress on delivery of the above recommendation is being made and any proposed extensions to action deadlines still fall within the overall lifetime of the plan.

f) Recommendations for Further Action

A. EARLY HELP AND SAFEGUARDING

3. Monitor and evaluate the effectiveness of step-up and step-down arrangements between early help and children's social care to ensure that appropriate actions are taken to improve services.

Lead:	Paul King
Linked Plan:	CSC Business plan 2016-17
Partners:	Police, Crime Reduction, Lewisham and Greenwich NHS Trust, Housing Services, Community Rehabilitation Company, National Probation Service, Children's Centre Providers, Voluntary Sector Partners, Adult Services

a) Expected outcome (what will be different?)

- Clear, understood arrangements and systems are in place across the children's workforce for referral and exit from Children's Social Care
- Clear arrangements and guidance in place for support to Children in Need under S17 of the Children Act
- Children who require a statutory response receive this in a timely way as well as clear step down support
- Early Help practitioners respond appropriately to risk and harm

b) Measures of success (how will we know we have achieved it?)

- Audit evidence of processes against revised requirements
- Audit of congruence of early help/CSC assessments evidence appropriate decision making
- Re-referrals are minimised

c) Actions

	Completion deadline	By whom	Status
1. Implement revised guidance within CSC for step down arrangements to Early Help services	30 th Oct 2016	PK	A
2. Implement revised arrangements for service provision to children in need and their families	30 th Sep 2016	HB	G
3. Develop new Audit framework with LSCB re CSC/early help decision making and process requirements	30 th Sep 2016	KN/MB	R

4. Update performance framework for children in need	30 th Sep 2016	HB	G
5. Roll out single assessment training as core development requirement	30 th Sep 2016	PK	R
6. Monitor single assessment quality within monthly audit tool.	30 th Oct 2016	KN	A
MONITORING AND IMPACT			
<p>d) Action Plan Progress</p> <p>Action 3: Develop new Audit framework with LSCB re CSC/early help decision making and process requirements</p> <p>The deadline for the completion of this action has now been exceeded. An update has been requested from the action owner.</p> <p>Action 5: Roll out single assessment training as core development requirement</p> <p>A request to extend this deadline will be discussed at the Children and Young People Strategic Partnership Board.</p>			
<p>e) Impact: Data and Commentary</p> <p>Progress on delivery of the above recommendation is being made and any proposed extensions to action deadlines still fall within the overall lifetime of the plan</p>			
<p>f) Recommendations for Further Action</p>			

A. EARLY HELP AND SAFEGUARDING

4. *Ensure that initial strategy discussions include relevant professionals to inform timely decision-making and planning in child protection investigations, as required by guidance.*

Lead:	Paul King
Linked Plan:	CSC Business plan 2016-17
Partners:	Police, Community safety, Lewisham and Greenwich NHS Trust, Housing Services, Community Rehabilitation Company, Children's Centre Providers, Adult Services

a) Expected outcome (what will be different?)

- Strategy discussions are informed by timely information from relevant partner agencies
- Strategy meetings include attendance of relevant professionals involved and salient information for decision making

b) Measures of success (how will we know we have achieved it?)

- S47 enquiries are routinely informed by relevant partner information at the earliest point of enquiry
- Audit framework evidences compliance with required standards for information sharing and engagement of partners at initiation of enquiries.

c) Actions

	Completion deadline	By whom	Status
1. Recirculate guidance on initial strategy discussions to relevant social work practitioners and managers	30 th April 2016	PK	G
2. Confirm endorsement of partner engagement via LSCB	30 th May 2016	KN/RR	G
3. Implement revised audit framework to include strategy discussion/meeting engagement of partners, including monitoring within the LSCB Monitoring and Evaluation sub group	30 th Sep 2016	KN/MB	A
4. Review the LADO (Local Authority Designated Officer - who is responsible for allegations against the children's workforce) capacity to ensure that systems can allow for increases of referrals.	30 th April 2016	SK	G

MONITORING AND IMPACT

d) Action Plan Progress

Action 3: Implement revised audit framework to include strategy discussion/meeting engagement of partners, including monitoring within the LSCB Monitoring and Evaluation sub group

Final sign-off by Karen Neill is the only remaining task, in order for this action to be listed as complete.

e) Impact: Data and Commentary

Progress on delivery of the above recommendation is being made and any proposed extensions to action deadlines still fall within the overall lifetime of the plan

f) Recommendations for Further Action

A. EARLY HELP AND SAFEGUARDING

5. *Take action to improve information and intelligence sharing across partners regarding children at risk of sexual exploitation and/or going missing and use this to improve prevention and disruption activity.*

Lead:	Stephen Kitchman, Geeta Subramanian
Linked Plan:	SS1 CYPP 2015-18, LSCB Business Plan 2016-17, CSC Business Plan 2016-17
Partners:	Police, Community safety, Lewisham and Greenwich NHS Trust, Housing Services, Community Rehabilitation Company, Children's Centre Providers, Safer London Partnership, Voluntary sector partners; Croydon Council

a) Expected outcome (what will be different?)

- Systems, processes and professional practice ensure partnership information is shared and positively impacts on children at risk of missing/CSE
Risk is identified swiftly and children receive an agile and responsive service that promotes being and feeling safe.

b) Measures of success (how will we know we have achieved it?)

- Performance framework outlines timely decrease in risk rating for young people identified as at risk of CSE/Missing
- The key risk factors for young people in Lewisham are proactively addressed including: county lines/ serious youth violence and CSE and rating for young people identified as at risk of CSE/Missing
- Audit framework outlines that procedures are adhered to and effective in delivering best practice to reduce harm
- Repeat episodes of missing children are reduced

c) Actions	Completion deadline	By whom	Status
1. Undertake awareness raising programme within LSCB and partners including business community to ensure timely identification and referral of concerns to relevant agencies.	30 th Nov 2016	MB/GS	A
2. Implement Liquid Logic CSE module	30 th April 2017	DD/SK	A
3. Refresh Performance framework regarding missing/CSE, to ensure indicators are linked to impact and data is good quality.	30 th June 2016	GS/SK/AF	G
4. Refresh CSE governance arrangements, including CSE strategic forum/MASE and operational group and linkage with LSCB and Safer Lewisham Partnership	30 th April 2016	SK/GS/AF	G

5. Undertake local awareness process and awareness raising to increase understanding of the interface between domestic violence and the wider VAWG agenda and CSE	30 th Nov 2016	GS	A
6. Include CSE/Missing in CSC and LSCB thematic audit programme	31 st March 2016	EC	G
7. Undertake review of CSE against Ofsted HMIC standards to inform MET strategy	30 th May 2016	KN	G
8. Commission Independent organisation for delivery of return interviews for all missing children and young people	30 th Sept 2016	PK	G
9. Ensure Return Interviews analysed monthly to link with service planning and development and partnership response.	30 th Sept 2016	PK	A

MONITORING AND IMPACT

d) Action Plan Progress

Action 9: Ensure Return Interviews analysed monthly to link with service planning and development and partnership response

There has been a delay with the new service provider confirming contract arrangements for the go live of our new missing and return interview service, this is due to be initiated in November and analysis of return interviews will be delivered on a monthly basis from there on.

e) Impact: Data and Commentary

Progress on delivery of the above recommendation is being made and any proposed extensions to action deadlines still fall within the overall lifetime of the plan

f) Recommendations for Further Action

B. LOOKED AFTER CHILDREN AND PERMANENCE

5. *Ensure that life story work is completed for those children and young people in long-term care who need to know and understand their life histories.*

Lead:	Tina Benjamin		
Linked Plan:	CSC Business plan 2016-17		
Partners:	Commissioned Training providers		
<p>a) Expected outcome (what will be different?)</p> <ul style="list-style-type: none"> • High quality Life story work is undertaken for all children in long term care at required specification and frequency • Children have a clear sense of their history and are supported with this. 			
<p>b) Measures of success (how will we know we have achieved it?)</p> <ul style="list-style-type: none"> • IRO confirmation that life story work initiated/completed at relevant statutory reviews • Audit evidence that life story work has been initiated/completed to required standards 			
c) Actions	Completion deadline	By whom	Status
1. Deliver workshops on life story work for LAC/Leaving care social workers	30 th July 2016	TB/JSt/JH	G
2. Review guidance and recirculate regarding life story work and standards	30 th May 2016	TB	G

3. Include life story work in revised monthly quality assurance report from statutory reviews	30 th April 2016	EC	G
4. Undertake audit to establish that requirements met based on agreed service standards	February 2017	KN	A
MONITORING AND IMPACT			
d) Action Plan Progress:			
e) Impact: Data and Commentary			
f) Recommendations for Further Action			

C. LEADERSHIP AND MANAGEMENT

6. *Improve executive management governance so that there is effective oversight, support and challenge of children's services by the executive management, the political executive, Children and Young People's Select Committee and the Corporate Parenting Panel to drive and monitor service improvement.*

Lead:	Sara Williams/Stephen Kitchman		
Linked Plan:			
Partners:	External challenge partner, Local Government Association (LGA) tbc		
a) Expected outcome (what will be different?)			
<ul style="list-style-type: none"> A clear structure is in place whereby executive management, Elected Members and Scrutiny bodies are clear how they are challenging performance and championing scrutiny in Children's Social Care. 			
b) Measures of success (how will we know we have achieved it?)			
<ul style="list-style-type: none"> Clear forward programme for all relevant bodies which reflects areas where performance needs to improve. Demonstrable performance improvements reflect challenge by executive managers and elected members. 			
c) Actions	Completion deadline	By whom	Status
1. Introduce formalised at least bi monthly meetings where the Chief Executive challenges performance and pace of change in CSC, establishing a clear dataset which is also reported to the Cabinet member	31 st April 2016	BQ	G
2. Procure external performance partner for twice yearly service challenge, reporting to the Chief Executive and Cabinet Member	30 th June 2016	SW/BN	A
3. Ensure Children and Young People's Select Committee forward plan reflects key development areas for CSC	27 th April 2016	BN/ SW	G
4. Deliver LGA development session for Children and Young people's Select Committee and CYP Cabinet Member on best practice in elected members' scrutiny of Children's Services.	3 rd Oct 2016	TA	G
5. Deliver development sessions for Corporate Parenting Board in line with NCB/LGA Toolkits	30 th April 2016	SK/TB	G

6. Review Corporate Parenting Board Terms of Reference	30 th April 2016	SK/TB	G
7. Review training offer for all elected members on Safeguarding and key challenge issues.	30 th April 2016	SK/BN	G
8. Ensure forward plan for Corporate Parenting Board reflects the key development areas for Looked After Children services in the Borough	30 th April 2016	SK/TB	G
9. Deliver a revised Children's Social Care Performance Framework including reporting framework to elected Members and CYP strategic partnership.	30 th Oct 2016	SK/BN	A
MONITORING AND IMPACT			
d) Action Plan Progress			
e) Impact: Data and Commentary			
f) Recommendations for Further Action			

C. LEADERSHIP AND MANAGEMENT

7. Ensure that all plans for any child or young person receiving a service: focus on reducing risk; identify the needs of all children in the family; and are understood by parents and young people. Plans should be specific, measurable and time-bound.

Lead:	Eileen Collier
Linked Plan:	CSC Business Plan 2016-17
Partners:	Police, Crime Reduction, National Probation Service, Lewisham and Greenwich NHS Trust, Housing Services, Community Rehabilitation Company, Children's Centre Providers, Adult Services, Safer London Foundation.

a) Expected outcome (what will be different?)

- All plans are specific, measurable and timely and address risk, permanence and contingency

b) Measures of success (how will we know we have achieved it?)

- Plans are reviewed and updated in line with timescale requirement
- All children/ young people and parents have a copy of their plan
- Quality assurance activity indicates changes in line with plans
- Clear contingency arrangements in all plans

c) Actions	Completion deadline	By whom	Status
1. Review Plan templates on Children's Social Care ICS for Children in Need, Children subject to Child Protection Plans, Children Looked After and Care Leavers; ensure plans are child focussed and accessible to children, young people and their carers.	30 th Sept 2016	KN	R
2. Deliver workshops to promote best practice in care planning and use of ICS	Align to the roll-out of ICS V12 – Date?	SSt	A
3. Review procedures to ensure adequate guidance on use and development of plans	30 th Sept 2016	KN	R

4. Ensure Care Plans are available and updated as required following each review, Chair to address quality of plan in recommendations of review meeting	31 st July 2016	SSt	G
5. Review, disseminate via workshops and audit quality of chronologies within monthly audit schedule	30 th June 2016	HB	G
6. Review minute taking arrangements and capacity within Review Child Protection Case Conferences	30 th April 2016	MB	G
7. Include audit of plans in the thematic audit schedule	31 st March 2016	EC	G

MONITORING AND IMPACT

d) Action Plan Progress

Action 1: Review Plan templates on Children’s Social Care ICS for Children in Need, Children subject to Child Protection Plans, Children Looked After and Care Leavers; ensure plans are child focussed and accessible to children, young people and their carers

The deadline for the completion of this action has now been exceeded. An update has been requested from the action owner.

Action 3: Review procedures to ensure adequate guidance on use and development of plans

The deadline for the completion of this action has now been exceeded. An update has been requested from the action owner.

e) Impact: Data and Commentary

Progress on delivery of the above recommendation is being made and any proposed extensions to action deadlines still fall within the overall lifetime of the plan

f) Recommendations for Further Action

C. LEADERSHIP AND MANAGEMENT

9 *Improve performance management and information systems to ensure that managers at all levels have timely, relevant and accurate performance information to enable them to work effectively and deliver a consistently good service.*

Lead: Stephen Kitchman/Barrie Neal

Linked Plan: CSC Business Plan 2016-17

Partners: Police, Crime Reduction, Lewisham and Greenwich NHS Trust, Housing Services, Community Rehabilitation Company, National Probation Service, Adult Services (Partners linked to MASH development)

a) Expected outcome (what will be different?)

- Agreed set of National and local Performance measures in place with clear targets/benchmark information.
- Data quality is ensured through system of checks and balances
- Performance culture is visible across CSC
- Data is linked to Business and service plans to drive performance
- Comprehensive Quality Assurance systems ensure consistently good provision is in place
- IT Platform is stable allowing upgrade to latest version of ICS
- IT equipment is in place to meet needs of CSC workforce.
- Digital strategy has clear, achievable and measurable aims/objectives for CSC including delivery schedules

b) Measures of success (how will we know we have achieved it?)

- Timely qualitative and quantitative information is delivered in line with Business Plan objectives
- Audits confirm data is timely and accurate
- Performance information shows clear trajectory of improvement allowing systems, with challenge where necessary to enable corrective action
- Latest version of ICS being used consistently by all CSC staff
- Mobile working in place for CSC staff to improve efficiency and effectiveness
- Digital strategy in place with clear evidence of added value for CSC

c) Actions

**Completion
deadline**

By whom

Status

1. Review performance data requirements and develop a new performance management framework for CSC, including staff development to promote a performance culture

30th Oct

SK/PA

A

	2016		
2. Develop/roll out revised quality assurance strategy within CSC	31 st Oct 2016	KN	G
3. Implement revised audit programme linked to key standards of Quality Assurance strategy	30 th May 2016	KN	G
4. Agree a new system and protocol for data cleansing/data quality checks	31 st July 2016	KN/PA	G
5. Upgrade ICS to current version following roll-out of new council IT platform	1 st August 2016	DD	G
6. Roll out laptops/lpad/mobile phones within CSC to enable mobile working	30 th May 2016	DD	G
7. Ensure digital strategy reflects CSC requirements with associated SMT/DMT endorsement.	30 th May 2016	SK/SW/DD	G
8. Develop and implement updated sufficiency strategy for Looked After Children's placements.	30 th Oct 2016	JH	A
9. Implement review system to monitor frequency and quality of supervision arrangements and required corrective action.	31 st July 2016	KN	G
MONITORING AND IMPACT			
d) Action Plan Progress			
e) Impact: Data and Commentary			
f) Recommendations for Further Action			