

Children, Young People and Families Scrutiny Panel

14 June 2017

Time 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Peter O'Neill (Lab)

Vice-chair Cllr Udey Singh (Con)

Labour

Cllr Julie Hodgkiss
Cllr Rupinderjit Kaur
Cllr Welcome Koussoukama
Cllr Daniel Warren
Cllr Lynne Moran
Cllr Mak Singh
Cllr Zee Russell

Conservative

Cllr Jonathan Yardley

UKIP

Cllr Malcolm Gwinnett

Quorum for this meeting is three Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Earl Piggott-Smith

Tel/Email Tel: 01902 551251 or earl.piggott-smith@wolverhampton.gov.uk

Address Democratic Support, Civic Centre, 1st floor, St Peter's Square,
Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

- 1 **Apologies**
- 2 **Declarations of interest**
- 3 **Minutes of the previous meeting (29 March 2017)** (Pages 3 - 10)
[To approve the minutes of the previous meeting as a correct record]
- 4 **Matters arising**
[To consider any matters arising from the minutes]

DISCUSSION ITEMS

- 5 **Children and Young People Plan and Priorities 2017/18** (Pages 11 - 94)
[Emma Bennett, Service Director, Children and Young People, to present update report on the outcome of the recent Ofsted inspection of services for children in need of help and protection]
- 6 **Draft People Directorate Commissioning Strategy** (Pages 95 - 162)
[Paul Smith, Head of Commissioning, and Linda Sanders, Strategic Director People, to present report]

2 **Declarations of interest**

There were no declarations of interest recorded.

3 **Minutes of the previous meeting (8 February 2017)**

That the minutes of the meeting held on 8 February 2017 be approved as a correct record and signed by the Chair.

4 **Matters arising**

There were no matters arising from the minutes.

5 **Financial Support to Carers Offering Legal Permanency to children policy**

Cllr Val Gibson, Cabinet Member for Children and Young People, introduced the report.

The Cabinet Member explained the reasons behind the need to review the current policy towards the amount of financial support to LAC children who become subject of adoption order, special guardianship orders or child arrangement orders.

The Cabinet Member advised the panel a review in the policy was needed to comply with current legislation and in response to a judicial review application. A benchmark review exercise was also undertaken with neighbouring authorities to check that the level of proposed allowance for permanence orders was consistent.

Alison Hinds, Head of Service, Looked After Children, gave an overview of the main report and added that the proposed changes would include a more stringent means test. The Head of Service advised that this work had been based on guidance provided the Welfare Rights Team in determining the eligibility criteria for financial support.

The panel queried if option c as listed in para 8 of the report was the preferred option. The Head of Service confirmed that this proposal was the recommendation based on the legal advice from legal counsel to avoid the risk of legal challenge.

The panel queried how the plans for payment of allowances will take account of any Universal Credit allowances paid to carers with reference to the proposed assessment for calculating financial support detailed in the report. The Head of Service explained the impact of the changes on applicant receiving either a means-tested benefit or those with incomes above the current threshold for eligibility for Universal Credit.

The panel welcomed the recognition of the proposals to support families willing to care for family members. The panel queried the financial support that would be available to people aged 18-21 who decided that not to go onto university and the concern that this would put at risk or worse outcomes. The panel wanted reassurance that young people in this situation would be given every opportunity to progress

The Head of Service advised the panel that young people in this situation would be able to access additional financial support, which is updated annually.

The panel queried the risks to the Council if the current policy was not revised. Emma Bennett, Service Director, Children and Young People, advised the panel that there was a risk that the policy could be subject to challenge, however changes were needed to make the policy much clearer and consistent with the legal requirements as regards the payment of allowances to carers currently in the receipt of a fostering allowance.

The Service Director advised the panel the impact of the policy changes will be monitored and progress reported.

Resolved:

1. The panel supported the proposed changes to the financial allowances paid to carers of children subject to adoption, special guardianship or child arrangement orders.
2. The panel comments on the proposed changes to be included in the report to Cabinet meeting on 26 April 2017.

6 **Special Educational Needs and Disabilities (SEND)**

Claire Darke, Cabinet Member for Education, introduced the report and invited panel comments on the progress made to implement 2014 reforms of SEND (special educational needs and disabilities).

Paul Senior, Interim Head of SEND and Inclusion Education gave an overview of the summary data detailed in Appendix A and the main headlines in the report. The Interim Head commented on the considerable investment by the Council in the early identification and support for children with special needs and long term benefits of this policy.

The panel commented on the findings that Wolverhampton had significantly higher prevalence of moderate and severe learning difficulties when compared to the equivalent figures for England. The Interim Head of SEND and Inclusion Education, commented that figures could be interpreted that there is high incidence of the young people with a range of difficulties or that other areas are under reporting the level of need and or children are being identified much later in life that they have special needs. The Interim Head of SEND and Inclusion Education commented on the work done in Wolverhampton to identify children in pre-schools and this should be considered as a strength, reflecting the importance of the issue to the City.

The panel discussed the work being planned to improve the information available on the website, with the aim of making it more user friendly and a more effective resource for schools about the support available.

The panel discussed the issue of permanent school exclusions and the responsibilities of the local authority and schools to provide appropriate education to young people. The Interim Head of SEND and Inclusion Education commented on the number different policies adopted by schools to reduce exclusions and added that trend nationally was an increase, linked to either a change to level of tolerance towards behaviour which is considered unacceptable, for example, as a result of a local authority becoming an academy. The Interim Head of SEND and Inclusion

Education advised the panel that the local authority will monitor the number of permanent school exclusions and will investigate where there are concerns.

Resolved:

The panel welcomed the progress made to implement the 2014 SEND reforms.

7 **Pupil Referral Unit**

Alex Jones, Assistant Director, School Standards, introduced the report and commented that it was prepared in response to a request for an update on progress from an earlier report to the panel.

Emma Bennett, Service Director, Children and Young People, commented on the support that the city can offer to schools to help them to manage the behaviour of children and young people. The Assistant Director, School Standards, commented on the training and support given to teachers and school governors to improve behaviour or deal with children that have been excluded for a range of reasons.

The panel discussed the responsibility of the schools and the local authority to provide suitable alternative education. The Assistant Director, School Standards commented that the school exclusions are monitored and schools are visited if there are trends suggesting that a specific school is not meeting their responsibilities. The Assistant Director, School Standards, added that the authority will meet with schools and offer challenge where there are concerns about the number of exclusions. Paul Senior, Interim Head of SEND and Inclusion, commented that the role of the local authority in this situation is to encourage peer to peer review challenges among schools, sharing what works and building local capacity.

The panel discussed challenge facing schools and other organisations in persuading employers to consider recruiting young people with complex behavioural and emotional issues. The Interim Head of SEND and Inclusion acknowledged the challenge and commented that there was no single agency solution to the issue about how to deal with young people who are disengaged from education.

The panel discussed the responsibilities of the academies to provide alternative education to young person who has been excluded. The Interim Head of SEND and Inclusion added that all schools have responsibilities to offer a place under the Fair Access Policy to meet the needs of an excluded pupil. The implementation of the policy is reviewed by Fair Access Panel, which is chaired by the Director of Education where exclusion cases will be considered.

The panel discussed the future use PRU's and the cost of provision. The Interim Head of SEND and Inclusion commented that demand for provision is changing and some schools have introduced a no exclusion policy and look for alternatives, which will reduce the demand for provision which is costly to provide.

The Interim Head of SEND and Inclusion gave details of cost per child of different levels of support – the cost ranges from £5,000 (Tier 2) to £250,000 to £350,000 to provide secure specialist accommodation, to highlight the benefits of investment in early interventions aimed at reducing the number of people requiring this level of support.

The panel discussed the work done to monitor unregulated alternative school provision. Emma Bennett advised the panel the situation is monitored by Wolverhampton Safeguarding Board, who also undertake visits to offer advice to establishments aimed at improve practices and policies.

Resolved:

The panel agreed to note the briefing paper and progress reported.

8 **Wolverhampton Headstart, Phase 3 - Building emotional resilience and preventing self harm**

Emma Cleary, HeadStart Programme Manager, introduced the report and advised the panel that this was an update on progress since a previous report was presented. The HeadStart Programme Manager advised the panel that the original Big Lottery budget of £8.8 million had been increased to £9.5 million to deliver a range of programmes aimed at building emotional resilience in children and young people. The HeadStart Programme Manager commented on the importance of the building mental health resilience in young people at an early age. The programme will be based on four geographical areas in Wolverhampton and the work is expected to start in September 2017. To support the work of the programme detailed monitoring and evaluation will be done to consider the links between education and health.

The HeadStart Programme Manager advised the panel that baseline assessment work will be done and there will be interim reviews to assess progress against outcome measures and the impact of different programmes. In addition, there will be a series of progress review meetings, both formal and informal, with representatives of Big Lottery Fund.

The panel welcomed the plans and requested that evaluation findings from the programme be reported to a future meeting.

The panel discussed the current provision locally available to children and young people locally needing Tier 4 provision. The panel expressed concern about the reduction nationally in the number of secure beds. Emma Bennett, Service Director, Children and Young People, updated the panel on current availability of secure beds locally and advised the issue is monitored by the Children's Trust Board.

The Service Director advised the panel that were no children from Wolverhampton in Tier 4 secure and non-secure Child and Adolescent Mental Health Services (CAMHS), provision and alternative accommodation – for example, specialist provision at Penn Hospital that will support young people if this is considered to be appropriate.

In addition, there is new provision, Section 136 Assessment Suite, available in police stations for young people, which opened earlier in the year.

The HeadStart Programme Manager advised the panel that national evaluation of the impact of the programme is being led by University of Manchester, who will be conducting baseline assessment work involving two different cohorts of young

people; in order to provide evidence about the impact of the programmes and also to measure changes in mental health of the young people involved.

The HeadStart Programme Manager advised the panel that the research will involve the analysis of qualitative and quantitative data about the impact of the programme. The HeadStart Programme Manager advised the panel that young people will be involved in the design the evaluation tools for the programme.

The Service Director advised the panel that the Children's Trust Board will be monitoring the performance of the HeadStart programme.

The panel welcomed the report and the opportunities presented by the funding to work with young people at an early age and provide support where needed.

Isobel Ricketts, Wolverhampton Youth Council, welcomed the extra resources that will be provided by the HeadStart programme and was very supportive of the programme.

The panel commented on the focus on specific areas and suggested how learning can be shared with other schools that could potentially benefit a wider range of young people. The HeadStart Programme Manager advised the panel of the funding criteria issued by Big Lottery to work in only the agreed geographical areas. The panel were reassured that there is a clear expectation from Big Lottery that learning will be shared with other schools across the city

The HeadStart Programme Manager added that there is an existing support programme available to schools in the city and other resources were also available as part of traded services offer.

The panel welcomed the report and agreed to receive a report on progress of the programme in 12 months.

Resolved:

The panel to receive a report on progress against outcomes detailed in the HeadStart programme in March 2018.

9 **Update on Youth Offending Team Inspection Action Plan**

Councillor Val Gibson, Cabinet Member for Children and Young People, introduced the report to the panel and praised the achievements and performance of the service against national standards.

The Cabinet Member advised the panel the Youth Offending Team (YOT) was one of the best performing units nationally and the work had been commended at a recent conference. Sally Nash, Head of Service YOT gave a summary of the main findings of the recent inspection report and the progress made to implement the action plan.

The Head of Service reported that significant progress had been made in each of the recommendations detailed in Joint Inspection Action Plan (March 2017).

The Head of Service advised the panel that progress against the action plan has been submitted to the Youth Justice Board and Her Majesty's Inspection of Probation for approval. The Head of Service added that outstanding issues from the action plan

will be carried forward into the new Youth Justice planning regime, when the guidance is published.

The Head of Service gave a brief summary of the progress achieved in the six areas for improvement detailed in the action plan and areas where further work is needed. The Head of Service commented that report also includes further details requested by the panel about the performance of the service in respect of child sexual exploitation.

The Head of Service advised the panel that there are plans to appoint a research doctorate student to undertake research study exploring the effectiveness of the YOT evaluations. The research work will be start later in the year and will help the YOT Management Board to better understand the reasons for the success of the service. In addition, the Head of Service and Superintendent Keith Fraser are working jointly to review 'out of court' disposal interventions. The Head of Service advised the panel that the YOT Management Board will continue to monitor the progress of work in these areas. The Head of Service repeated previous concerns about the overrepresentation of young black men in the criminal justice system, but who are also underrepresented in terms of accessing preventative and support services and the need to better understand the reasons for the service.

The Head of Service advised the panel that issues of diversity that were raised previously by the panel will be included as part of the performance report to the YOT Management Board

The Head of Service updated the panel in response to their interest to the development of a reoffending toolkit that was discussed at a previous meeting. The development work is being led and supported by Chief and is aimed addressing the issue of diversity. In response to a panel request an equality impact assessment has been completed on the action plan.

The panel queried the progress in the development of the 'Work Box' in offering young people careers advice and guidance. The Head of Service briefed the panel on progress.

The panel queried the possible impact on the funding of programmes following the Brexit decision. Emma Bennett, Assistant Director, accepted the possible impact of any changes and in particular jointly funded work- for example, a scheme to create 25 job coaches aimed at getting people into work and also helping to supporting them in the job.

The panel wanted to formally congratulate the Head of Service on the well drafted and presented report and in particular the summary of service achievements while acknowledging areas for further improvement. The Head of Service commented that the findings of the research by the doctorate student will identify which interventions work and why, and also look in detail at the triggers that encourage and support behaviour change. The planned research will also include ethnographic research with service users.

The panel suggested that the findings of the research should be added to the future work programme.

The panel welcomed the report.

Resolved:

1. The panel formally acknowledged their high performing Youth Offending Team against national standards.
2. The panel agreed to receive a report on the findings and recommendation of the doctorate research when completed.

The meeting ended at 19:26

Children, Young People and Families Scrutiny Panel

14 June 2017

| | | |
|--|--|--|
| Report title | Children and Young People Service Plan and Priorities for 2017-2018 | |
| Cabinet member with lead responsibility | Councillor Val Gibson Children and Young People | |
| Key decision | No | |
| In forward plan | Yes | |
| Wards affected | All | |
| Accountable director | Linda Sanders, Strategic Director, People | |
| Originating service | Children and Young People | |
| Accountable employee(s) | Emma Bennett | Service Director, Children and Young People |
| | Tel | 01902 551449 |
| | Email | Emma.bennett@wolverhampton.gov.uk |
| Report to be/has been considered by | People Leadership Team – 8 May 2017 Strategic Executive Board – 16 May 2017 | |

Recommendation(s) for action or decision:

Scrutiny Panel is recommended to:

1. Celebrate the 'Good' overall judgement from the recent Ofsted Inspection of services for children in need of help and protection and note our excellent position in the West Midlands and the country.
2. Consider and challenge the Children and Young People Service Plan and priorities for 2017-2018.
3. Agree to receive six monthly updates to monitor progress against the improvement plan.

1.0 Purpose

- 1.1 This report provides an update on the outcome of the recent Ofsted inspection of services for children in need of help and protection and presents a summary of key priorities for 2017-2018 (Appendix One); the 2017-2018 Children and Young People service plan (Appendix Two); and the associated improvement plan (Appendix Three).

2.0 Background

- 2.1 The Ofsted inspection of services for children in need of help and protection commenced in Wolverhampton on 16 January 2017. The inspection lasted for a period of four weeks and finished on 9 February 2017.
- 2.2 Ofsted's Single Inspection Framework for inspecting services for children in need of help and protection and reviewing Local Safeguarding Children Boards was launched in November 2013. Wolverhampton's last inspection took place in June 2011 when the Local Authority was judged to be 'good' for looked after children and 'adequate' in relation to safeguarding. All 152 Local Authorities will be inspected under this framework by December 2017. Ofsted are in the process of piloting a new inspection framework for children's social care from 2018 onwards.
- 2.3 Preparation for Ofsted included the development of a self-assessment – 'Our Story' - which was updated quarterly. This provided the information required to support the inspection including information around local context and geography; organisational structures/performance information; assessment and threshold criteria; supervision policies; training and development strategy; local strategic needs analysis; and feedback from peer review activity. The revised inspection framework will take a more proportionate approach and it is anticipated that each area will be expected to provide an annual self-assessment. The Children and Young People Service Plan 2017-2018 will form the basis of the information that will be included in Wolverhampton's self-assessment.

3.0 Outcome of the Local Authority Inspection

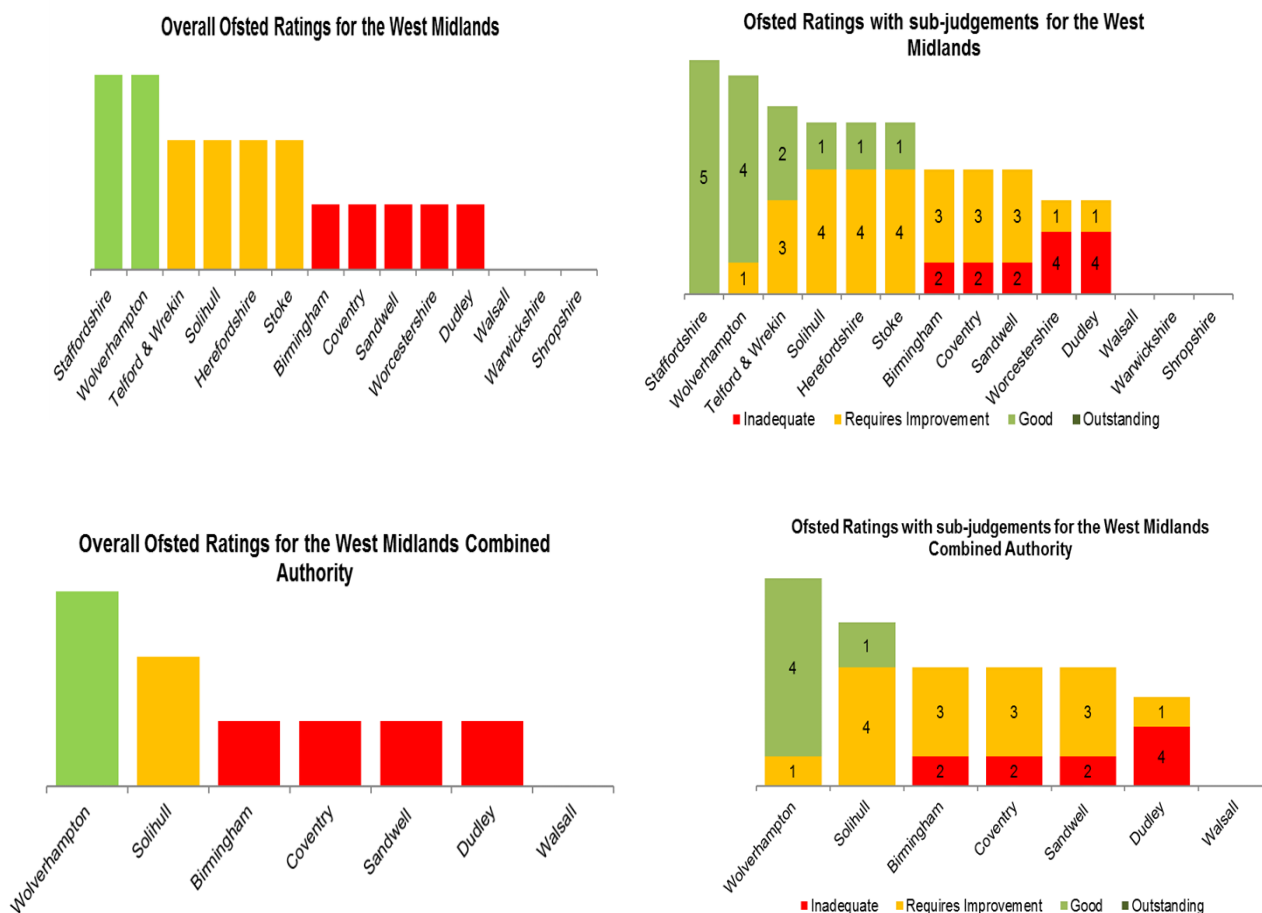
- 3.1 The Ofsted team were in Wolverhampton over a period of four weeks and during that time they met a range of professionals from the local authority and partner agencies. In addition, they met and spoke with a number of young people, parents and foster carers. They reviewed in detail 26 case files and met with the allocated social workers for these. In addition, the inspectors sampled a high number of case files – over 100, focusing on specific areas of work. A range of information was provided to support our self-assessment and to evidence the work we are doing in Wolverhampton. The following table sets out the outcome from the inspection:

| Children's Services in Wolverhampton – overall judgement | Good |
|---|---------------------------------|
| Children who need help and protection | Requires Improvement to be Good |
| Children looked after and achieving permanence | Good |
| Adoption Performance | Good |
| Experiences and Progress of Care Leavers | Good |

| | |
|---------------------------------------|------|
| Leadership, Management and Governance | Good |
|---------------------------------------|------|

3.2 Putting our 'Good' rating into context, we are the second highest performing council across the wider West Midlands and so far, the only one in the West Midlands Combined Authority (WMCA) that has achieved 'Good'. 11 of 14 councils in the wider West Midlands and six of the seven WMCA councils have now been inspected.

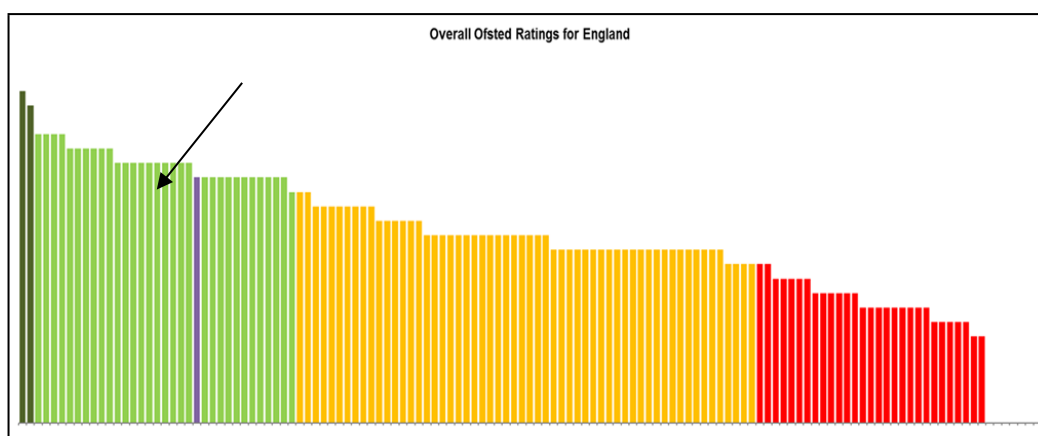
Full details of each of the sub judgements are below for the 14 West Midlands councils and the seven West Midlands Combined Authority councils. Please note that the final column has a different status and is the outcome of a review rather than being a core determinant of the single inspection framework methodology.



Wolverhampton is one of 129 out of 152 councils to have been inspected under the current framework in the West Midlands only Staffordshire is ranked higher.

The current position in terms of outcomes is:

| Current Rating / Position | Number of Councils | % of those inspected | % of all councils |
|---------------------------|--------------------|----------------------|-------------------|
| Outstanding | 2 | 1.6% | 1.3% |
| Good | 33 | 25.8% | 21.7% |
| Requires Improvement | 58 | 45.3% | 38.2% |
| Inadequate | 29 | 22.7% | 19.1% |
| Not Published | 7 | 5.5% | 4.6% |
| Not Inspected | 23 | N/A | 15.1% |



3.3 Key headline findings include:

- Senior Managers, leaders and elected members are systematically driving improvements in services for children and families
- Corporate leadership is strong and effective
- There is a clear sense of vision and purpose
- The Multi-Agency Safeguarding Hub provides a robust and effective service at the first point of contact
- Good and sustained improvements have been made across the whole range of services for children looked after
- The number of looked after children has been significantly reduced without compromising children's safety
- There is a strong and effective virtual school, delivering positive outcomes for looked after children
- The local authority takes its responsibilities as a corporate parent very seriously
- Care leavers receive a good, individualised service which prepares them well for independence

3.4 There were 11 **recommendations** for Children's Services arising from the inspection. An Ofsted action plan has been developed in response to the recommendations and was

formally agreed by Cabinet on 26 April 2017. Actions contained in the plan are embedded in the broader Children and Young People Service Action Plan. Progress against delivery of the Ofsted action plan is monitored monthly through the People Leadership Team and quarterly through the Strategic Executive Board.

3.5 Officers are focusing on ensuring that areas for improvement identified throughout the Ofsted inspection are prioritised and are aiming to progress from a 'good' authority to 'outstanding' over the next twelve months.

3.6 For access to the full report please access the following link:
[Wolverhampton Ofsted Report](#)

4.0 Outcome of the Wolverhampton Safeguarding Children Board Review

4.1 The judgement for the Wolverhampton Safeguarding Children's Board was 'requires improvement to be good'.

4.2 Headline findings from the inspection include:

- The Board is well chaired and well led
- Governance arrangements are robust
- Partner agencies are well represented on the Board at a suitably senior level
- Attendance at Board meetings is good and a well-developed sub-group structure ensures that the work programme is delivered
- The website is attractive and easy to navigate, providing a wealth of useful information
- The Serious Care Review Sub-Group and the Child Death Overview Panel are well developed and effective.
- Robust strategic and operational arrangements are in place to safeguard and protect children and young people who go missing and/or are at risk of sexual exploitation

4.3 The Safeguarding Children Board inspection resulted in five recommendations. Action to respond to the recommendations will be incorporated into the Board's Strategic Plan and progress against this will be overseen by the Board.

5.0 Children and Young People Service Plan and Priorities 2017-2018

5.1 In order to ensure that there is a continued focus on consolidating the significant progress that has been made over the last two years and to ensure that services continue to improve outcomes for children, young people and families, a Children and Young People service plan 2017-2018 and improvement plan has been produced. The plan outlines the priority areas of activity that will be driven forward over the next 12 months and includes actions arising from the Ofsted inspection. The Children and Young People Management Team and the Transforming Children's Services Board are responsible for monitoring and challenging the delivery of activity and progress against the priorities. The overall ambition is to progress from a 'good' authority to 'outstanding' in the next 12 months.

5.2 The service plan will be key in contributing to the delivery of outcomes in the corporate plan including:

- Promoting independence for people with disabilities
- Strengthening families where children are at risk
- Challenging and supporting schools to provide the best education
- Keeping the City Safe

5.3 The plan will also contribute to the delivery of the Wolverhampton Children, Young People and Families Plan 2015-2025 which sets out what the Children's Trust Partners will do so that children, young people and families can live healthy happy lives. It includes four clear priority areas: ***child poverty; education, training and employment; family strength; and health***. The City of Wolverhampton Council is a key member of the Children's Trust which is responsible for ensuring that the aims of the plan are delivered. The Service Director for Children and Young People is the lead officer for the priority 'family strength' and co-ordinates work to deliver this through the Strengthening Families Board.

6.0 Financial implications

6.1 There are no direct financial implications as a result of this report.

6.2 Any costs associated with the improvement plan will be contained within existing budgets within the overall approved budget for Children and Young People.
[NM/05062017/C]

7.0 Legal implications

7.1 There are no legal implications associated with this report.
TC/05062017/J

8.0 Equalities implications

8.1 There are no equality implications associated with this report. The Single Inspection Framework includes equality and diversity issues as part of the inspection process.

9.0 Risk Implications

9.1 There are no risks associated with this report.

10.0 Environmental implications

10.1 There are no environmental implications associated with this report.

11.0 Human resources implications

11.1 There are no human resource implications associated with this report.

12.0 Corporate landlord implications

12.1 There are no corporate landlord implications associated with this report.

13.0 Schedule of background papers

13.1 [Wolverhampton Children, Young People and Families Plan 2015-25](#)

Children and Young People Service Plan 2017/18

Summary of Key Priorities



Our Vision for Children and Young People Services is:

- To develop respectful and empowering relationships with children, young people and families
- To ensure children are at the centre of everything we do
- High aspirations, high expectations

We will deliver this by:

- Investing in a stable and skilled workforce
- Ensuring consistent, high quality practice specifically with regard to assessment, analysis, SMART plans and the voice of the child
- Creative and innovative approaches to supporting children, young people and their families
- Ensuring services are provided at the earliest point of identified need
- Working with our partners to keep children safe and protect them from harm
- Supporting families to stay together where it safe to do so
- Reducing youth offending
- Ensuring our looked after children are healthy, happy and have access to good quality education and employment
- Listening to children and young people and providing a range of opportunities for them to participate in co-designing services

Service Level Priorities 2017/18:

- Continuing to support the corporate financial position and ensuring that services for children and young people are being successfully delivered and commissioned in the most cost effective way
- Transforming the way that we work, providing the workforce with the tools and training to be agile and productive
- Delivering consistent and quality services to children, young people and families
- Embedding the culture of participation and ensuring feedback from service users is captured, analysed and used to inform service improvement
- Working effectively in partnership with other statutory and voluntary agencies to develop and deliver integrated approaches and improved outcomes for children and young people
- Ensure that the service is in a good position to respond to the SEND Inspection
- Delivery of the Ofsted Action Plan
- Achieving '**outstanding**' services for children, young people and families in Wolverhampton

PERFORMANCE MANAGEMENT AND QUALITY ASSURANCE – PRIORITIES 2017/18:

- Producing a performance management improvement plan and a data quality strategy
- Strengthening the line of sight and challenge which senior managers and leaders have on frontline practice
- Improving recording and evidence of voice of the child
- Ensuring CareFirst supports accurate and consistent recording and reporting
- Reviewing and updating Quality Assurance Tools

CHILDREN & YOUNG PEOPLE WORKFORCE – PRIORITIES 2017/18:

- Reviewing the workforce development plan to ensure it supports the development of a capable and competent workforce
- Rolling out Restorative Practice across the workforce
- Commissioning domestic violence training to ensure that all Social Workers are confident in responding to victims and perpetrators.
- Ensuring the competency based supervision policy is applied in practice

CHILDREN & YOUNG PEOPLE SERVICE COMMISSIONING – PRIORITIES 2017/18:

- Producing and delivering the 2017/20 Sufficiency Strategy
- Re-commissioning domestic violence support services
- Establishing Regional Adoption Agency
- Developing and retendering supported housing options
- Working with the CCG to tender tier 2 CAMHS services
- Ensuring a range of placement options are available for looked after children
- Maximising regional commissioning opportunities

EARLY INTERVENTION – PRIORITIES 2017/18:

- Embedding the use of outcome star assessment
- Strengthening knowledge & understanding of local needs
- Increasing the number of children achieving a good level of development
- Improving universal contact with families through integration of health professionals
- Increasing the use of Early Help Assessments across agencies
- Effectively delivering the troubled families programme

SPECIALIST SUPPORT – PRIORITIES 2017/18:

- Extending the use of family group conferencing
- Ensuring MASE meetings are effectively chaired and recorded
- Maximising the impact and use of Upper Pendeford Farm
- Ensuring information gathered via missing return interviews contributes to casework planning and risk management plans

INCLUSION SUPPORT – PRIORITIES 2017/18:

- Developing the Social, Emotional and Mental Health Strategy
- Providing assessments to support transfer of statements to Education Health and Care Plans
- Reviewing services for children and young people who display sexually harmful behaviour
- Reducing the number of exclusions
- Developing Inclusion Support training offer

CHILDREN IN NEED/CHILD PROTECTION – PRIORITIES 2017/18:

- Embedding MASH processes to ensure a whole family approach and accurate application of thresholds
- Ensuring sufficient capacity in the MASH to undertake all single assessments in a timely way
- Improving the offer for carers in response to both Children and Families Act 2014 and Care Act 2014
- Ensuring family and friends placements are formalised in line with placement regulations

YOUTH OFFENDING TEAM – PRIORITIES 2017/18:

- Reducing Youth Offending/Reoffending
- Increasing the engagement of YOT young people in Education training and employment
- Implementing the LAC/YOT action plan
- Ensuring earlier joint planning between social care and YOT for young people released from tier 4 and custody
- Reviewing the work delivered across the children and young people service in support of the Gangs Strategy
- Ensuring the findings from the evaluation of interventions is understood and adopted

HEADSTART – PRIORITIES 2017/18:

- Ensuring the HeadStart Delivery Plan is effectively implemented
- Establishing a Centre of Excellence
- Establishing Community Hubs
- Implementing an effective digital offer to support children and young people
- Contributing to the CAMHS transformation work and ensuring that it is fully aligned with the HeadStart Programme

CARE LEAVERS – PRIORITIES 2017/18:

- Ensuring that all pathway plans are SMART
- Increasing the number of vulnerable 16+ engaged in education, employment and training
- Ensuring all care leavers are provided with a health summary

LOOKED AFTER CHILDREN – PRIORITIES 2017/18:

- Continuing to safely reduce numbers of looked after children
- Ensuring that children looked after who would benefit from one have access to an independent visitor
- Strengthening advocacy arrangements
- Ensuring that out of city looked after children receive the same level of health and educational support as children living closer to home
- Ensuring that all personal education plans (PEP) are SMART
- Increasing the number of applications for special guardianship orders
- Continuing to lead on the development of the regional adoption agency
- Increasing internal foster carers and increasing awareness and reporting of private fostering
- Continuing to improve timeliness of placing children for adoption

SAFEGUARDING – PRIORITIES 2017/18:

- Embed the Child Protection Conference model and enhance by drawing on Restorative Practice approaches
- Develop a robust safeguarding dataset that informs service delivery and practice improvement
- Improve engagement of parents in the LAC review process
- Reviewing the use of the Petch Screening Tool and understand impact
- Ensuring the IRO/CP conference Chairs plays a key role in improving social work practice
- Deliver the Domestic Violence Improvement Plan and ensure an effective Barnardo's Screening Tool process which reflects 'Think Family' and improves outcomes for those affected

Children and Young People Service Plan 2017/2018

CITY OF
WOLVERHAMPTON
COUNCIL

Our mission:
Working as one to
serve our city



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1. Introduction

- 1.1 This plan sets out the vision, priorities and actions that the City of Wolverhampton Children and Young People's Service will be focusing on during 2017/18. We have been on a journey of improvement and transformation since 2014 and are now in the position where we need to consolidate and embed the new ways of working that have been introduced whilst at the same time continue to innovate and improve the way we work with children and families and other key stakeholders in the city. Our achievements have been acknowledged by our recent Ofsted inspection of Children's Services where we were judged as '**good**'. Although this is a significant achievement for the city, we are determined to achieve '**outstanding**' services for children, young people and families living in Wolverhampton.
- 1.2 Despite being faced with significant financial challenges, there has been continued investment in services for children. Working as part of the People Directorate has put us in a strong position to work across children and adult services, ensuring smooth transitions and promoting a whole family approach. A good example of this is the Multi-Agency Safeguarding Hub which was established in January 2016 and is working to ensure all vulnerable people in Wolverhampton are safe and protected from harm.
- 1.3 Historically, the number of children in care in Wolverhampton has been considerably higher than comparator authorities, with more than twice the national average rate per 10,000 of the under 18 population. The rate was increasing annually from 2009 to 2014, reaching 807 at its peak. In May 2014, the Families First Programme was introduced which put greater emphasis on tackling problems within the family unit and offering support at an earlier stage, preventing the need for children and young people to become looked after. This work, together with the co-location of early help and social care and the successful completion of Phase One of the Troubled Families Programme has significantly contributed to year on year reductions in looked after children. The number as at the end of March 2017 was 643.
- 1.4 In January 2016, work moved from improvement to transformation. A Transforming Children's Board was established in order to oversee the delivery of key projects including:
 - the revised early intervention model and specialist support service, ensuring families that need help are identified early and receive the right support at the right time;
 - the continued development of the Multi-Agency Safeguarding Hub to ensure a whole family approach to protecting children and families;
 - a sustained focused analysis and work on looked after children to ensure only the right children come into the system and when they do that permanency is secured for them in a timely manner;
 - the review and transformation of child and adolescent mental health and emotional wellbeing services including HeadStart; and
 - the development of a 16+ Strategy in order to improve the support and options available to increase the engagement of young people in education, employment and training.
- 1.5 This plan directly contributes to the delivery of the [City of Wolverhampton Council Corporate Plan 2016/2019](#) and in particular relates to:
 - **Promoting independence for people with disabilities**
 - Increase access to early intervention and prevention services to improve resilience and mental wellbeing of children and young people
 - Maximise the independence of children and young people with a disability or a special educational need by ensuring they have a personalised Education, Health and Care Plan
 - **Strengthening families where children are at risk**
 - Ensure that children and families have swift and co-ordinated access to the right services and the right time
 - Achieve positive and sustained change by working with the whole family
 - Safely prevent family breakdown by supporting children and families

- **Challenging and supporting schools to provide the best education**
 - Ensure that vulnerable children and young people receive suitable education in local schools or effective alternative provision.

 - **Keeping the City Safe**
 - Preventing Youth offending and reoffending by providing statutory oversight, support and diversion
- 1.6 In addition, the priorities in this plan contribute to the delivery of the [Wolverhampton Children, Young People and Families Plan 2015-25](#) which sets out what the Children's Trust Partners will do so that children, young people and families can live healthy happy lives. It includes four clear priority areas: **child poverty; education, training and employment; family strength; and health**. The City of Wolverhampton Council is a key member of the Children's Trust which is responsible for ensuring that the aims of the plan are delivered. The Cabinet Member for Children and Young People is the Chair of the Trust and the Service Director for Children and Young People is the lead officer for the priority 'family strength' and co-ordinates work to deliver this through the Strengthening Families Board.

2. The Wolverhampton Context

- 2.1 A total of 58,167 children and young people under the age of 18 years live in Wolverhampton. This is approximately 22.9% of the total population in the area. Approximately 31.5% of the local authority's children and young people (aged 0 – 17) are living in poverty; this rises to 50% in 10 Lower Super Output Areas. This is higher than the national average.
- 2.2 The proportion of children entitled to free school meals:
- Primary schools (including reception) - 20.5% (the national average is 14.5%)
 - Secondary schools (including Academies) - 19.7% (the national average is 13.2%)
- 2.3 Children and young people from BAME groups account for 41.6% of all children living in the area compared with 21.5% in England. Approximately 42.7% of children aged 5-17 are from a BAME group compared with 24% in England. The largest BME group of children and young people in the area are Asian Indian (born in the UK).
- 2.4 The proportion of children and young people with English as an additional language:
- Primary schools - 27.2% (the national average is 20.1%)
 - Secondary schools - 22.5% (the national average is 15.7%)

2.5 Health

- 2.5.1 The health and wellbeing of children in Wolverhampton is generally worse than the England average. Wolverhampton has an infant mortality rate of 6.4 per 1,000 (2012-14) compared to 4.0 per 1,000 for England and Wales. Over the past 20 years there has been a 30% reduction in the average infant mortality rate for England and Wales, whereas in Wolverhampton the local infant mortality rate has largely remained static over this period. Despite a slight fall in the rate in 2012-14, Wolverhampton remains one of the local authorities with the highest rates of infant mortality in England and Wales.
- 2.5.2 The child mortality rate (1 – 17 years) is 15.8 per 100,000 (the national average is 12.0). This is similar to the national average and equates to the death of 26 children between 2012 and 2014.
- 2.5.3 Children in Wolverhampton have statistically significant worse than average levels of obesity:
- In 2015/2016 the rate of obesity for children aged 4-5 years is 12.2% (the national average in 2014/15 was 12.3%)
 - In 2015/2016 the rate of obesity for children aged 10–11 years is 26.8% (the national average in 2014/15 was 19.1%)
- 2.5.4 By Year 6, 40% of young people in Wolverhampton are overweight or obese and in response we are taking a whole systems approach across a range of partners. In response, an Obesity Action Plan has been produced.
- 2.5.5 The current rate of under 18 conceptions age 15 to 17 years (2014) in Wolverhampton is 29.6 per 1,000 which is a 6% reduction in the previously reported rate of 31.5 per 1,000 (2013). Although the rate of under 18 conceptions has remained significantly higher than the England average (currently 22.8 per 1,000), there has been a consistent reduction in Wolverhampton since 2007. Overall, there has been a 52% reduction from 61.1 per 1,000 reported in 2007 which equates to a decrease in the number of conceptions from 301 to 137 over the past 7 years.

2.6 Education

- 2.6.1 There are 40,798 pupils on roll in 114 schools. 84 of these schools are maintained by the local authority, the rest are made up of academies or free schools. A total of 60 (53%) primary and secondary schools in Wolverhampton are in the most deprived quintile nationally as defined by Ofsted. Only one school is classed as being in the least deprived category. 24% of pupils are eligible for free school meals and 25% have English as an additional language – against national

figures of 14% and 18% respectively – and 17% of pupils have special educational needs against a national average of 14%.

2.6.2 Educational standards across the city are improving rapidly. The sustainability of this upward trend is a key priority in order to ensure that children and young people have the skills and confidence they need to reach their aspirational potential to support the longer-term development and prosperity of the city.



2.7 School Attendance

2.7.1 The overall absence rate for primary schools reduced from 5.4% in 2012/13, to 4.3% in 2014/15 and 4.2% in 2015/16. The percentage of primary pupils classed as persistent absentees reduced from 3.7% in 2012/13 to 2.1% in 2014/15. However, in September 2015 the persistent absence threshold was changed from 15% to 10%. In 2015/16 the percentage of primary pupils classed as persistently absent was 9.7% but the change in threshold means this data cannot be compared against previous years.

2.7.2 The overall absence rate for secondary schools has reduced from 6.4% in 2012/13, to 5.2% in 2014/15 and 5.1% in 2015/16. The percentage of secondary pupils classed as persistent absentees reduced from 7.7% in 2012/13 to 5.0% in 2014/15. Following the change in the persistent absence threshold in September 2015, this resulted in secondary persistent absence increasing to 13.2%.

2.7.3 In 2015/16, for cases where the local authority intervened, there was a 7.8% average reduction in unauthorised absence following intervention.

2.8 School Exclusions

2.8.1 There was a significant increase in the number of permanent exclusions during 2013/14 and 2014/15. Since 2012/13, exclusions have steadily increased to ten permanent exclusions in 2012/13 and twenty eight in 2014/15 (official statistics were released in June 2016). There were six permanent exclusions from primary schools in 2013/14. In 2014/15 there were seven. Provisional data for 2015/16 indicates this has risen to twenty. There were four permanent exclusions for secondary schools in 2013/14. In 2014/15 there were twenty one. Provisional data for 2015/16 indicates this has risen to ninety one.

2.9 Post-16

2.9.1 The City continues to perform well, particularly in vocational/technical learning. Third in the country in 2015 and for all level 3 qualifications the City is ranked 14th nationally. A review of post 16

priorities was recently undertaken which included the need to address issues around the quality and breadth of alternative provision for vulnerable learners, including young offenders, looked after children and SEND learners. This has led to the development of a quality assurance framework which will be trialled during 2016/17 across all Wolverhampton commissioners of 14-25 alternative provision.

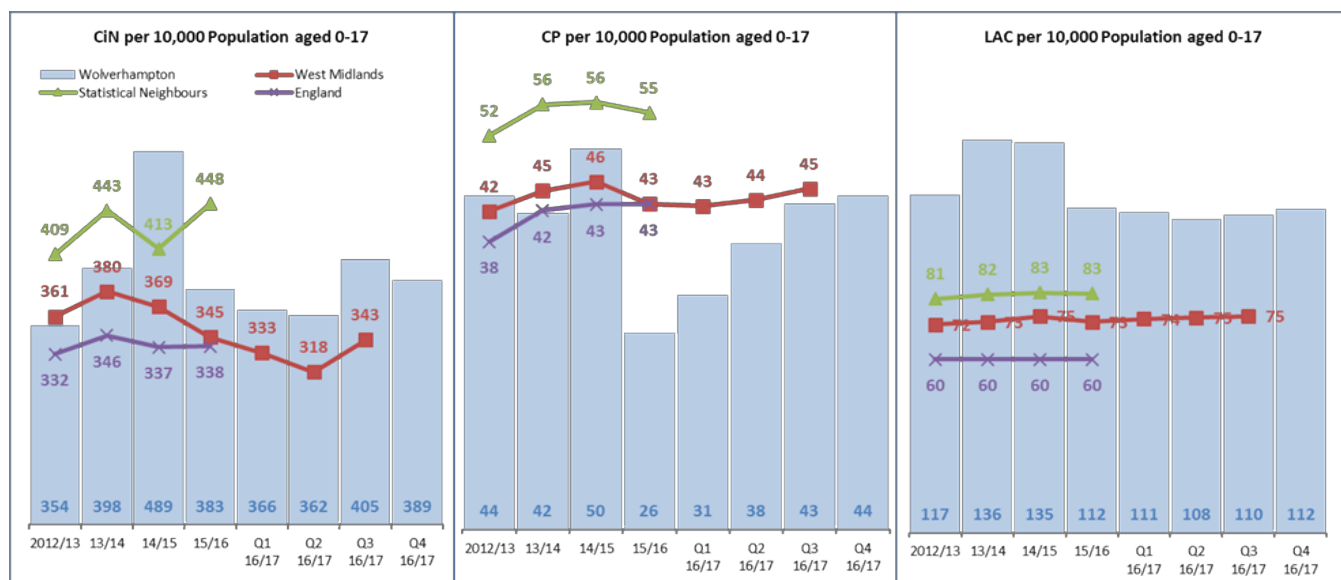
2.9.2 A new strategic plan has also been produced which includes five priorities relating to education and skills development:

- Improving partnership and collaboration
- Supporting aspirational attainment
- Ensuring demand led and inclusive post 16 provision
- Developing a skills pipeline to sustainable employment
- Planning capital investment

2.10 Not in Education, Employment or Training (NEET)

2.10.1 Current performance is good - 2.8% against a target of 3.9%. Nationally, NEET figures have been reducing. However, this needs to be set against the increase in 'not known' that is occurring across England. This is a current focus for the service locally.

2.11 Children’s Social Care



3. Children and Young People's Service

3.1 The Children and Young People's Service is located within the People Directorate. The People Directorate brings together services for adults; public health; and children and young people under the responsibility of the Strategic Director, People. Each service area is led by a Service Director who in turn manages a number of Heads of Service. The Head of Safeguarding and the Head of Strategic Commissioning are directly line managed by the Strategic Director, People. This structure was introduced in October 2016. The Cabinet Member for Children and Young People Chairs both the Children's Trust Board and Corporate Parenting Board and plays a key role in driving forward the transformation agenda.

3.2 **Appendix 1** sets out the service structure for Children and Young People and **Appendix 2** provides an overview of the service delivery model.

3.3 **Our Vision for Children and Young People Services is:**

- To develop respectful and empowering relationships with children, young people and families
- To ensure children are at the centre of everything we do
- High aspirations, high expectations

3.4 **We will deliver this by:**

- Investing in a stable and skilled workforce
- Ensuring consistent, high quality practice specifically with regard to assessment, analysis, SMART plans and the voice of the child
- Creative and innovative approaches to supporting children, young people and their families
- Ensuring services are provided at the earliest point of identified need
- Working with our partners to keep children safe and protect them from harm
- Supporting families to stay together where it safe to do so
- Reducing youth offending
- Ensuring our looked after children are healthy, happy and have access to good quality education and employment
- Listening to children and young people and providing a range of opportunities for them to participate in co-designing services

3.5 This Plan is underpinned by a range of thematic strategies and action plans which each individually focus on driving forward work to improve outcomes for children, young people and families. It provides an overview of priorities and activities across the Children and Young People's Service so that we can make sure that we maximise the impact of each and every one of them which will put us in a better position of achieving our overall vision and ambition. In addition to the team level priorities for 2017/18 contained at the end of each section of this plan, there are a range of service level priorities:

2017/18 Priorities for the Children & Young People Service:

- Continuing to support the corporate financial position and ensuring that services for children and young people are being successfully delivered and commissioned in the most cost effective way
- Transforming the way that we work, providing the workforce with the tools and training to be agile and productive
- Delivering consistent and quality services to children, young people and families, with child centred assessments clearly recording and listening to the voice of the child
- Embedding the culture of participation and ensuring feedback from service users is captured, analysed and used to inform service improvement
- Working effectively in partnership with other statutory and voluntary agencies to develop and deliver integrated approaches and improved outcomes for children and young people
- Ensuring that the service is in a good position to respond to the SEND Inspection
- Delivery of the Ofsted Action Plan
- Achieving '**outstanding**' services for children, young people and families in Wolverhampton

A detailed Improvement Plan has been produced which will be used to monitor overall delivery of this plan.

4. Early Intervention

- 4.1 Early identification and intervention is a key priority for the City of Wolverhampton Council and safeguarding partners. During 2016 the services were subject to fundamental transformation and redesign in order to ensure that there is a focus on children and families with the greatest need and to improve the effectiveness of interventions. A 0-18 Strengthening Families model, based on 8 locality hubs, was developed working with whole families and an emphasis on outreach.
- 4.2 In addition, a central team of universal service practitioners was created who deliver a number of interventions at both group level and one to one. One of the key targets for this service is increasing take-up of the 2 year old nursery offer. Since the team formed in April 2016, they have supported over achievement of both local (75%) and national (70%) targets with 80% of eligible children accessing a place in the Spring 2017 term.
- 4.3 Another successful aspect of the redesign has been the creation of parent champions, managed through the early year's team. Up to 31st March 2017, 18 have been recruited. Of these, seven have moved into permanent employment and eight have accessed training and are actively seeking employment which is something that they have all said would have been difficult or not a priority if they had not become a parent champion. A further seven are due to start the process in April 2017. They engage in various work streams, signposting parents to early intervention services such as the 2 year offer and groups within the community. They act as advocates for early intervention and actively recruit additional parent champions across the city. Wolverhampton's Parent Champion co-ordinator has won parent champion co-ordinator of the year through the Family and Childcare Trust.
- 4.4 Since September 2016, work has moved from an internal focus on restructuring/re-design to ensuring the transformation delivers a whole system approach. This is critical to ensuring that the council can direct its resources towards the families needing targeted support whilst partners play their part in supporting families through early intervention. A model for locality multi-agency working has been developed which ensures that there are a range of forums in place which bring agencies together to:
- set strategic priorities and agree related actions for the local area;
 - provide regular updates on work taking place in the area; and
 - facilitate discussions on concerns relating to individuals and families which enable robust joined- up approaches to supporting families.
- 4.5 The key to partners being able to play their part in early intervention is an effective early help assessment tool. Over the last 18 months work has been undertaken to develop an improved early help assessment system. The system went live in July 2016 and following testing with internal services it was made available for broader partner agency use in October 2016. All professionals have been offered training and initial feedback from new users suggest that the new system is more reliable and easier to use. There is further work to do in relation to the numbers of early help assessments held by agencies other than the local authority although with the new system now in place, it is anticipated that this will improve.
- 4.6 Monthly surgeries have also been introduced which provide an opportunity for professionals to drop-in and discuss concerns that they may have about an individual/family with managers from the strengthening families hub and educational psychologist. The surgeries aim to support early intervention work being undertaken by partners and ensure cases are being dealt with in the right threshold.
- 4.7 A key source of referral for support from early intervention is through the early help desk based within the Multi-Agency Safeguarding Hub (MASH). In the 11 month period up to November 2016, 3727 children have been subject of referrals that have been sent through to the hubs for a response. The development of the MASH in January 2016 has ensured that where safeguarding referrals do not meet the child in need or child protection threshold, alternative support can be

offered through the Early Intervention Service. This will prevent future re-referrals of the same families because they will be receiving the right level of support at the right time.

- 4.8 All Strengthening Families workers in the early intervention locality teams have been trained in the use of Outcome Star. The star is completed at the first intervention with the family, ensuring an accurate baseline is established. Evidence is available to demonstrate that families that receive support do have improved outcomes with 69% of families showing improvement against the ten domains of the family star and 67% of children showing improvement against the eight domains of the my star. The number of stars initiated has increased in line with the increase in case loads.
- 4.9 Having developed a more targeted approach to the work carried out by Strengthening Families Workers, there has been a shift towards whole family working. Between April 2016 and March 2017, the service has worked with 4480 children, with 1793 of these being closed within the same period as a result of the outcomes of the plan being achieved.
- 4.10 14% of the overall caseload within Early Intervention is supporting plans held within Social Care and currently workers are part of the team around the family for 32% of all child in need plans and 49% child protection plans. 86% of cases held within early intervention are managed through an early help plan.
- 4.11 A positive trend from the data between April 2016 and December 2016 shows that of the cases worked at early intervention level, only 11% required escalation to Social Care, demonstrating that support is being offered in the majority of cases at the right level and the right time to prevent families requiring more specialist services.
- 4.12 One of the key objectives when working with families is ensuring the family have sufficient income and in particular, tackling worklessness. Early intervention has been successful in securing resources through the Youth Employment Initiative which aims to get 16-29 year olds into training or employment. An impact worker has been allocated to work intensively with identified families and is supported by eight champions within the strengthening families hubs.
- 4.13 Health Visitors are co-located in the strengthening families hubs which supports joint early identification of families that may need support and enables more effective information sharing and integrated approaches. This will be further strengthened by the implementation of a remodelled healthy child programme in August 2017. The specification has been developed to ensure that it is closely aligned with the principles of the early intervention redesign. Further integration is planned in December 2017 via the implementation of a single 0-5 case record which will avoid duplication and support improved information sharing.
- 4.14 In addition to Health Visitors, there are four police officers co-located across the eight hubs which facilitates effective partnership working in relation to community safety and early intervention in localities. Work continues on defining their role in order to ensure they are working in the most effective way and having a direct impact on improving outcomes for children and families.
- 4.15 Work is being undertaken between Early Intervention Services and the Youth Offending Team to ensure that young people at risk of offending are identified and are offered/signposted to appropriate services to avoid their escalation into the Youth Justice system.
- 4.16 An Early Years Strategy 2017-21 has been developed that focuses on workforce development; good maternal mental health; parental engagement; and quality of early years provision. The aim of the strategy is to ensure that all children have an equal chance to have a good start in life supporting them to have a good level of development as measured at the end of reception.
- 4.17 Early Intervention is a key stakeholder in the Barnardo's Domestic Violence Joint Screening Process. As part of this, eight strengthening families' workers have been identified as champions with the key aim of being a single point of contact within the locality for domestic violence reports from the joint screening meetings, ensuring every family has a safety plan in place, including

sharing information with schools where appropriate; collating data to monitor impact and outcomes; and identifying gaps to inform future commissioning. This process ensures that early intervention is responding to incidents of reported domestic violence where children are associated with the household with the intention of preventing escalation or the need for social care assessment.

- 4.18 Phase 1 of the Troubled Families Programme has been successfully completed with 810 families being turned around. Phase 2 commenced on 1st April 2015 and an Outcome Plan has been produced. Up to the end of December 2016, 1435 families have been identified and are being worked with and 68 payment by results have been claimed. It is estimated that when the next payment by result window opens in January 2017 that a further 100 families will have been turned around. The whole family approach has been embedded into the Children's Services redesign. Multi-agency governance for the programme is provided via the Strengthening Families Board to ensure there is support across the partnership to drive the programme forward and influence transformation across public services.

2017/18 Priorities for Early Intervention:

- Embedding the redesign; revised ways of working; and the targeted early help offer
- Embedding the use of outcome star assessment in order to evidence distance travelled and outcomes for families
- Strengthening knowledge & understanding of local needs to assist in identifying families who require targeted Early Help
- Delivering the Early Years Strategy – increasing the number of children achieving a good level of development
- Improving universal contact with families through integration of health professionals and the development of a single record
- Increasing the use of Early Help Assessments across partner agencies
- Continuing to refine the processes for the identification and engagement of families that fit the troubled families criteria focusing specifically on ensuring significant and sustained outcomes

5. Children in Need/Child Protection

- 5.1 Within the Child Protection Service there are eight social work units, managed by nine Social Work Unit Managers (SWUMS), geographically located within the eight strengthening families' hubs. The SWUMS are accountable to four Senior Social Work Managers. The service is integrated with professional staff from early intervention, health and police. This enables joined up working opportunities and greater seamlessness in the escalation and de-escalation of individual cases. In addition, the Head of Child Protection has been responsible for the Disabled Children and Young People Team since September 2016. This has ensured that there are consistent assessment and planning processes in place for all children and young people.
- 5.2 There has been increased capacity in the social work structure to reduce caseloads of front line managers and ensure manageable caseloads across the social work teams. In addition, six advanced practitioners have been appointed to work across teams to improve the quality of management and practice.
- 5.3 Social work visits to children subject of child protection/children in need plans fulfil a range of critical roles and functions to enable the child's circumstances to be observed and monitored, particularly if the visits are unannounced. Visits are carried out at least once a month but social worker visits may be set at a higher frequency as set out in the child protection plan. At the end of December 2016, 83% of children subject of a CP plan had up to date visits, 72% of visits had been completed on time in the previous 12 months and 43% of children had received all of their visits on time.
- 5.4 The Multi-Agency Safeguarding Hub (MASH) was introduced in January 2016 and has put Wolverhampton in a good position to effectively respond to safeguarding referrals and strengthen the referral and assessment process. It provides the first point of contact and referral for early intervention and safeguarding referrals. The social care referral policy ensures that all children and young people referred receive a timely and appropriate initial response. Where threshold for social care support is not met a referral is passed immediately to early intervention, in accordance with the joint working protocol and the Wolverhampton Safeguarding Children's Board thresholds to support policy. There are approximately 375 enquiries relating to 800 children per month and the proportion of the enquiries that are put through the hub has been rising month on month. In order to respond to this increased demand, additional social workers have been recruited in the MASH to undertake all single assessments. This provides additional resilience and takes unnecessary pressure off locality teams.
- 5.5 The MASH consists of professionals from Children and Adult Social Care, Early Intervention, Police, Wolverhampton Homes, Recovery Near You, Probation Service, Multi-Agency Risk Assessment Conference (MARAC) Co-ordinator, Royal Wolverhampton NHS Trust, Black Country Partnership Foundation Trust and Wolverhampton Clinical Commissioning Group. It is enabling agencies to improve the timeliness and effectiveness of responses to early intervention and safeguarding referrals by providing access to real time partnership information and facilitating speedier understanding of levels of risk. This has been achieved through a significant piece of joint partnership working. The MASH was extended to include safeguarding adults at the end of August 2016 and further work is ongoing to ensure an integrated approach to safeguarding across children and adults.
- 5.6 The Emergency Duty Team (EDT) is managed through Adult Services. EDT provides a single point of contact to access children and adult social care services out of hours. They work closely with day time services in order to ensure a joined up approach. In addition, there is always a manager from children's services on call out of hours to provide advice and support. Work is currently taking place with other local authorities in the Black Country to develop a Black Country-wide service which will go live in September 2017.

5.7 Disabled Children and Young People's Team

- 5.7.1 The Disabled Children and Young People Team (0-25 years) comprises a service manager, social work unit managers with operational responsibility for experienced social workers, social

care workers and a carer's support officer. Since September 2016, the service has been managed by the Head of Child Protection. Joint working arrangements have been agreed with the MASH to ensure that all safeguarding enquiries and referrals where children have additional or special needs are dealt with consistently. The service, together with partner agencies, works to encourage and support families to build resilience, adopting a solution-focused approach to resolving difficulties as they arise.

- 5.7.2 An extensive transition project has facilitated key stakeholders including Connexions, health, education, post-16 education providers, social care (children and adults) and finance to work in partnership to deliver a more robust framework to support a seamless experience of transition. There is an emphasis on working with both housing and care providers to look at supported and independent living to ensure that residential options are only considered when every alternative has been exhausted. Bringing together all of the social workers engaged in working with young people is key as they prepare for 'transition' into adulthood to ensuring a consistent, skilled and timely social work response.
- 5.7.3 Improving the experience of transition for young people with additional needs is key to improving outcomes. Robust planning from age 14 years is essential to ensure effective transition. Transition workers attend Year 9 reviews in both mainstream schools and special schools to identify early those young people that may require social care support into adulthood. Social workers with specialist knowledge and experience of the impact of physical/learning disability and mental health are co-located with safeguarding and children's social work colleagues. This promotes closer working links with colleagues across children's services to the benefit of disabled children, young people and their families and provides continuity into adulthood.
- 5.7.4 A 'local offer' has been co-produced with partners to implement a single education, health and care (EHC) plan. Work has recently been commissioned to improve the Local Offer website to ensure that it is user friendly and accessible. Pathways are being developed to support tripartite decision making involving social care, health and education. These include joint meetings to agree EHC plans and college placements (residential/day). The transitional funding panel discusses the physical and mental health needs of young people (aged 14+ years), to ensure that appropriately skilled and experienced professionals are working together with the young person to identify goals, aspirations and agree appropriate funding streams.

2017/18 Priorities for Children in Need and Child Protection:

- Embedding MASH processes to ensure a whole family approach
- Ensuring thresholds in the MASH are being applied consistently and appropriately
- Ensuring there is sufficient capacity in the MASH to undertake all single assessments
- Ensuring that there are robust and timely processes in the MASH for assessments and clear protocols for transfer into localities
- Ensure that greater prominence is given in case files to the thoughts, wishes and feelings of children and young people, so that the child's voice is clearly recorded and understood
- Improving the offer for carers in response to both Children and Families Act 2014 and Care Act 2014
- Ensure that when children and young people are placed with family and friends, social workers are clear about what actions must be completed to assess and formalise those arrangements in line with placement regulations

6. Specialist Support Service

- 6.1 In April 2016, the Specialist Support Service was established in recognition of the need to develop additional support for families in crisis and on the edge of care. The Specialist Support Service consists of a number of functions including:
- intensive family support
 - family mediation and family group conferencing
 - vulnerable young persons' team
 - short break respite support
 - therapeutic support through the commissioning of specialist individualised support packages
 - out of hours support to Emergency Duty Team
- 6.2 There is already evidence of the services effectively preventing family breakdown. In September 2016, a weekly resource panel was introduced which enables social workers to access support for families on the edge of care. This has promoted a more planned approach and ensures that they have access to a range of interventions which respond to the needs of the families they are working with. However, where crisis situations arise outside of resource panel, social workers can access support directly and then the case is discussed at the resource panel retrospectively. The resource panel has impacted positively on the admission to care panel as the majority of cases now presented at admission to care panel have already gone through the resource panel and all support options have been explored.
- 6.3 The **Intensive Family Support Team** accepts referrals predominantly from social workers where cases are in crisis and there is a real risk to the child(ren) becoming looked after or where there is a plan to return a looked after child home. The team delivers specific support, often of a practical nature. Interventions do not normally exceed 12 weeks and during this time support can be daily if required (including weekends). At the end of December 2016, the Intensive Family Support Team has supported 104 families (178 children) on the edge of care, with only 14 young people subsequently becoming LAC. New referrals are frequently made to the service at a rate on average of 18 families per month.
- 6.4 The **Family Group Conferencing (FGC)** approach has proved successful when working with families on the edge of care to support extended family members in identifying ways they can work together to prevent family breakdown. On average, nine families are being referred every month. As at the end of December 2016, 60 families (114 children) have received support, with only 5 young people subsequently becoming LAC. The FGC/Mediation Co-ordinator is working closely with the social work units to identify appropriate cases.
- 6.5 **Upper Pendeford Farm** is providing short break support to young people aged 10-18 predominantly where there are significant relationship issues within a family. Through the short break centre families are able to access packages of respite support whereby young people will spend periods of time away from the family home. Whilst at the short break centre staff will do intensive work with the young person and also outreach work with the family to assist with the young person's return. The home opened under its new remit on 18th April 2016. Since opening there have been 125 admissions (36 young people) into Upper Pendeford Farm, with only 4 young people subsequently having to become LAC. Young people can have multiple short breaks as part of their casework plan and cases remain active for the duration of the involvement. There is also a crisis bed and a bed that provides short breaks for foster carers to prevent placement breakdown.
- 6.6 Since February 2016, Family Support Workers from across the Children and Young People Service have been working alongside the Emergency Duty Team Monday to Friday, 6pm-9pm and at weekends between 11am-3pm. The workers have provided additional out of hours support to families in crisis where there is an identifiable piece of work to be undertaken in order to prevent family breakdown. Feedback from the Emergency Duty Team staff is that the

additional support has been instrumental in being able to respond to families' needs more proactively. After 12 weeks of the out of hours support being available an interim review was conducted. This evidenced that the family support workers had supported 98 families with the predominant intervention being focused around conflict resolution within families who had children aged 8 or above. When comparing the number of out of hours admissions to care in April–September 2015 with April–September 2016, there has been a 15.6% reduction in out of hours LAC admissions.

- 6.7 The **Vulnerable Young Persons'** team focuses on key areas that place young people at risk, including exclusion from school; children missing from home/care or missing education; children at risk of sexual exploitation; electively home educated young people; children with poor attendance at school (including statutory enforcement); and young people admitted to Accident and Emergency due to self-harm or being the victim of youth violence.
- 6.8 Bringing these functions together has facilitated a holistic assessment of vulnerability. It has enabled a shared and more accurate understanding of risk for individual young people and ensured the right level of support is provided. In October 2016 there were a number of young people who went missing from home for significant periods of time (more than 7 days). Information about the young people's engagement in education was readily available. Through close working between the Missing Returns Officer and the Vulnerable Young Person's Risk Coordinator (who has responsibility for chairing MASE) there was daily exchange of intelligence to build a thorough picture of the links between the missing young people and potential CSE risks. It was also possible via the links with the hospital to get updates about whether the missing young people had had any hospital admissions.

2017/18 Priorities for Specialist Support Service:

- Embedding the redesign and new ways of working
- Extending the use of family group conferencing
- Ensuring MASE meetings are effectively chaired and discussions focus specifically on risks and this is accurately recorded
- Increasing occupancy of Upper Pendeford Farm to ensure the resource is most effectively used to prevent family breakdown
- Extending the use of Upper Pendeford Farm to prevent placement breakdown
- Ensuring the information gathered via missing return interviews is shared effectively to contribute to casework planning and risk management plans

7. Looked After Children

- 7.1 There is a clear vision that is shared across the looked after children service which is focused on achieving permanence and stability for children. The number of children in care in Wolverhampton has been considerably higher than comparator authorities, with more than twice the national average rate per 10,000 of the under 18 population. The rate increased annually from 2009 until 2014, reaching 807 at its peak. In May 2014, the Families r First Programme was introduced which put greater emphasis on tackling problems within the family unit and offering support at an earlier stage, preventing the need for children and young people to become looked after. This work, together with the co-location of early intervention and social care and the successful completion of Phase One of the Troubled Families Programme has significantly contributed to year on year reductions in looked after children. The number as at the end of December 2016 is 635.
- 7.2 Care planning is tightly monitored to prevent drift and ensure actions identified are undertaken within agreed timescales. Six weekly meetings are held across the three LAC units which involve all staff to ensure that there are consistent approaches to supporting children and young people. Audits are undertaken in line with the quality assurance framework to continue to monitor quality of care plans. Heads of Service hold a fortnightly permanency oversight panel to track cases and ensure there is no delay in care planning. In addition, there is an effective admission to care panel in operation which is ensuring all support options are considered and the right children and young people are in care.
- 7.3 Work has taken place to ensure that all looked after children have a comprehensive annual assessment of their needs which supports child-centred outcome focused planning. As at end of December 2016, 97% of looked after children had an updated assessment that supports the current care plan. Positive feedback has been received from Independent Reviewing Officers (IROs) in terms of the quality of assessments ensuring changing needs are identified.
- 7.4 Social work visits to looked after children fulfil a range of critical roles and functions to enable the child's circumstances to be observed and monitored. Visits are carried out at least once every 6 weeks or once every 12 weeks in a stable placement, but social worker visits may well be set at a higher frequency as set out within the looked after plan. At the end of September, 90% of Looked After Children had up to date visits.
- 7.5 The health needs of looked after children are regularly monitored via review health assessments with 86% of looked after children having up to date medicals and 87% having up to date dentals, at the end of December 2016. Close working relationships with partners at the Royal Wolverhampton Trust and the Wolverhampton Clinical Commissioning Group and refined processes continue to contribute to improved performance in this area. Work is ongoing to improve health assessments for out of city children.

7.6 Education of looked after children

- 7.6.1 The Corporate Parenting and Education team (COPE) is committed to improving educational outcomes for looked after children, in the model of the "virtual school" and under the management of the Virtual School Head (VSH). The role of the VSH has also been extended to include young people in the youth justice system.
- 7.6.2 Priorities for COPE and the VSH include:
- ensuring that appropriate education is arranged for all LAC and young people known to the youth offending team in a timely manner
 - monitoring and improving attainment and attendance
 - delivering learning and behavioural support for LAC
 - auditing and improving personal education plans (PEPs) for LAC
 - providing training and advice
 - challenging exclusions and strengthening transition arrangements
- 7.6.3 The roles in COPE are designed to facilitate flexible and responsive support at strategic, advisory

and operational levels. The VSH manages the Pupil Premium Grant (PPG) for looked after children, allocating most of the funding directly to schools and monitoring its use via the Personal Education Plan (PEP) process and in partnership working with schools and colleagues in social care. An element of PPG funding is retained to support special projects and additional support, including training in attachment awareness for designated teachers and the 'Beanstalk' Reading Help Project. The Virtual School has achieved strong and improving educational outcomes for LAC, including in 2016:

- Attainment at Key Stage 4 above national and regional averages for the fourth successive year
- Attainment Key Stage 1 & 2 above national regional averages in most subject areas, and better than their peers in some areas
- Persistent school absence below regional and national average
- Low and reducing levels of school exclusion

7.6.4 In addition to the ongoing work to raise achievement, as highlighted above, the 2017/18 LAC/YOT attainment improvement plan outlines an additional focus on key priorities by COPE and its partners. These have been identified in the 2016/17 VSH Annual Report and by Ofsted in its 2017 inspection of Children's Safeguarding services and include:

- Raise the attainment of LAC educated outside Wolverhampton
- Raise attainment in reading & writing at Key Stage 1 for all LAC
- Improve educational planning by ensuring that Personal Education Plans contain SMART targets
- Increase % of school-aged young people open to YOT with a full-time educational offer
- Place an increased focus on raising the attainment of young people open to YOT

7.6.5 COPE work closely with schools and specifically their designated teachers. This includes training and advice to schools and schools governing bodies to enable them to understand, prioritise and meet the needs of looked after children in school. Training and support is also delivered to foster carers on a regular basis. The service benefits greatly from a strong educational psychology and counselling psychology input which helps to ensure that LAC with additional needs are fully supported in an appropriate and timely manner.

7.7 Fostering

7.7.1 The fostering service consists of a motivated, committed and stable workforce made up of qualified staff experienced in fostering. There are good working relationships with children's social workers and a real focus on the needs of both the child/young person and the foster carer.

7.7.2 Wolverhampton has a well-established, dedicated group of foster carers who are very committed to providing a supportive and caring environment for children. There are a number of fostering champions who assist in the recruitment and training of new foster carers. The foster carers benefit from 24 hour support, buddy support from experienced foster carers, training, newsletters, and regular meetings. All foster carers are members of Foster Talk which provides additional opportunity for independent advice. Foster carers also benefit from ongoing access to offers and discounts from retail providers and leisure facilities.

7.7.3 There has been a renewed drive to further increase the number of foster carer approvals, enabling more looked after children to live with local foster families approved by Wolverhampton. These include carers providing placements for sibling groups. As of December 2016, there are xxx children in Independent Fostering Agency (IFA) placements, compared to 264 in April 2016. Following cabinet approval in October 2015, revised fees and allowances were introduced in January 2016. The revised fee structure recognises foster carer skill and experience. Wolverhampton started working with Impower in February 2017 to explore opportunities for further improvement and transformation.

7.7.4 The assessment process has been streamlined which has enabled assessments to be completed in a timely fashion providing a better service to those applying to foster. In December 2016, there

were 16 foster care applicants in stage 1 assessment and 4 in stage 2. 14 foster carers have been approved so far this year and the average number of days taken to approve foster carers is 224, which is below the target of 244 days.

- 7.7.5 Stage 2 of the assessment process is provided by an external agency. During this time, foster carers in assessment remain allocated to a social worker within the fostering team to ensure they remain connected to Wolverhampton.
- 7.7.6 There is a plan in place to increase awareness and reporting of private fostering arrangements. Extensive marketing and awareness has been rolled out within the local authority and across the city, using revised/re-branded materials. This has not yet led to an increase. As at the end of December 2016, there were 2 children recorded as being privately fostered. An updated marketing plan which supports a more targeted approach has been produced and is being rolled out.
- 7.7.7 The family and friends unit is working closely with children's allocated social workers to support early initial viability assessment of potential family and friends (connected persons) carers, enhancing opportunities for children to be placed within their own network of family or friends where appropriate. All full connected person assessments are completed by the family and friends team in line with court timescales. The progression of well-supported special guardianship orders is a priority for this unit offering legal stability for children within their placements. SGO assessment and support plans are completed by the social workers within the connected person's team. At the end of December 2016, there were 11 looked after children who have an SGO in place as part of their long term permanence plan.
- 7.7.8 The connected person's team train prospective connected carers with Skills to Foster training and have developed a training module for special guardians. Post-SGO and connected person training is also delivered by the team. The team supports and supervises a caseload of complex connected person placements with the view to support and stabilise towards permanency via a special guardianship order. The team also provides support groups and regular training support and development standards (TSDS) workshops for connected persons in order to support the completion of their post-approval training programme.
- 7.7.9 During 2015/16, 24 SGOs were granted, 12 of these were for looked after children. The target for 2016/17 is 25 connected/SGO carers. An SGO action plan is in place which focuses on increasing numbers and a working group has been established to drive this forward. In addition, a policy has been agreed to support family conversations. This will mean a meeting will take place with the family within 10 days of a referral to early intervention and/or social care. This will enable an early understanding of the assets and resilience that the family has and is anticipated to have an impact on increasing SGOs. The SGO Module is now being delivered as part of the ASYE programme. SGO leaflets and written information have been updated and SGO will be considered in all viability assessments.

7.8 Adoption

- 7.8.1 The Adoption Service consists of three specialist social work units:
- **Recruitment and assessment unit** - recruiting, assessing and supporting adopters to the point of adoption order
 - **Family finding and adoption support unit** - early matching, family finding, moving on / transition work, training and post adoption support
 - **Children's adoption unit** - LAC cases from the point of placement order to progress the plan of adoption
- 7.8.2 The service structure places all of the professionals involved in placing children for adoption in a co-located team. As a result, there has been improved efficiency and collaborative work and we are able to place children more quickly and effectively.
- 7.8.3 Wolverhampton Adoption Service is also part of a consortium Adoption in the Black Country

(ABC). ABC is a collaborative approach to the delivery of adoption services across Wolverhampton, Walsall, Dudley and Sandwell. The partnership has developed over a number of years and has expanded to incorporate a 5th partner, Adoption Focus, a voluntary adoption agency. This collaborative approach and pooled resources has enabled ABC to recruit and train adoptive parents collectively.

- 7.8.4 ABC supports joint family finding activities including: activity days meet the children events; and more recently has seen the appointment of a permanency co-ordinator to support placing children with ABC families. It enables children to be placed locally without the risk of being placed in the local authority in which they were born. There are significant advantages for children and families as adoption support can be delivered locally by teams that know the children and families.
- 7.8.5 We have continued to embed the stage one and stage two adoption process. Wolverhampton is actively progressing more timely processing in stage one. Prospective adopters complete the first stage online training provided by ABC consortium. Three-day adoption preparation training takes place monthly and is also co-ordinated within the consortium. Wolverhampton commissions prospective adopter reports which facilitates more timely assessments within stage two of the process where a worker is able to dedicate time and flexibility to complete the assessment swiftly. An allocated Wolverhampton social worker maintains contact via visiting throughout the assessment process. There is a focus on early matching if an assessment is progressing positively.
- 7.8.6 For those approved in 2015/16, the average time in stage one was 80 days against a target of 61 days. The average time in stage two was 254 days against a target of 122, meaning the average time to be approved was 334 days against a target of 183 days.
- 7.8.7 The adoption team ensure that the provision of support services reflects the Adoption Support Regulations 2005. The Adoption Support Fund is being used locally to pay for therapeutic services such as complex assessment i.e. child & adolescent mental health service assessment; multi-disciplinary assessment including education and health; cognitive and neuropsychological assessment; other mental health assessments; therapeutic parenting courses; dyadic developmental psychotherapy; non-violent resistance; therapy; filial therapy; art therapy; dance therapy; and drama therapy.
- 7.8.8 In 2015/16 the adoption recruitment team approved 18 adopters. Up to December 2016, 25 adopters have been approved. The recent scorecard supports improvements including: 24 adoptions as at 31st December 2016.
- 7.8.9 Wolverhampton remains committed to supporting foster carers to adopt children who have been in their care for a significant amount of time and where this is in the child's best interests. Wolverhampton is using the fast-track route in order to ensure that the foster carers are suitably prepared, assessed and supported throughout the child's life. Early permanence options including fostering to adoption and concurrency placements are considered as part of permanency planning, with these options being utilised where appropriate. Approval of prospective adopters who are willing to consider early permanence options is a priority for ABC and Adoption Focus, with targeted marketing campaigns being utilised. There have only been two adoption disruptions in 2016/17.
- 7.8.10 The development of the regional adoption agency (RAA), which incorporates ABC and Adoption Focus is currently being progressed. This development is being financially supported by the DfE. Led by Wolverhampton, Phase 1 of the project has included the development of the scope of the RAA, agreement about activities that will fall under it and an initial options appraisal of the potential delivery vehicle. Phase 2 is now underway and although the project has been slowed down on DfE's request, the project remains committed and on target for implementation by April 2018.

7.9 Corporate Parenting

7.9.1 The Corporate Parenting Board is chaired by the Cabinet Member for children and young people and among other things is responsible for overseeing the delivery and impact of the Corporate Parenting Strategy. The strategy has been produced to ensure all services are focused on improving the outcomes for LAC. It seeks to narrow the gap between looked after children and their peers by providing effective support which enables them to reach their full potential. It reinforces the corporate responsibility of the whole council and its partner agencies and focuses on a range of areas. Care leavers and looked after children now feature in the council delivery of work experience, traineeships, apprenticeships and internships. Packages of support are being developed for managers and educators to support young people. Supporting the implementation of the corporate parenting strategy is a corporate parenting officers group – this is made up of senior officers from across the council and its partners in order to ensure the plan is progressed in a timely manner.

7.10 Participation

- 7.10.1 Participation of children and young people across the city is an essential contributory factor to the development of services delivered to children. This is underpinned by the Participation Strategy which sets out clear standards of participation for children and young people to ensure that it is not tokenistic and remains relevant.
- 7.10.2 The City of Wolverhampton has a strong children in care council (CiCC) which meets monthly. It represents the views of looked after children and influences the corporate parenting strategic priorities each year. These priorities are incorporated in the corporate parenting action plan, which is monitored and progressed not only by the CiCC, but also by the corporate parenting senior officers group and corporate parenting board.
- 7.10.3 Two members of the CiCC are members of the youth council. This ensures the needs of looked after children are considered across the city. Two members of the youth council are members of the children's scrutiny panel, ensuring children's voices are a key part of decision making.
- 7.10.4 The youth council has 31 members. There are 2 members who have been elected by the youth police council commissioners (YPCC) and 2 youth MPs. The YPCC's work with the police and crime commissioner (PCC), police officers and key decision makers. Their role is to be the voice of young people, through actively engaging and consulting with other young people in their local communities and ensuring that their concerns and priorities are used to influence and inform the planning and priority setting of the PCC. They carry out their duties on a voluntary basis.
- 7.10.5 The care leaver's forum (CLF) meets on a monthly basis. This is a re-established group which contributes its views to the development of the transitions service and areas of support for care leavers in Wolverhampton. The City of Wolverhampton Council has recently agreed council tax exemption for care leavers up to the age of 25.
- 7.10.6 Both the CLF and the CiCC attend the corporate parenting board twice a year. The lead member for children in Wolverhampton along with senior managers also attends CiCC meetings periodically throughout the year. This creates a synergy in the sharing of ideas and it ensures, for all parties, that children's voices influence the delivery of services. All reports presented to the corporate parenting board are scrutinised by the CiCC in advance of presentation, and the CiCC's views are incorporated into all reports.
- 7.10.7 Both the CiCC and the CLF have been heavily involved in the development of the website www.wolverhamptonlac.co.uk and Facebook page www.facebook.com/lacey.childs.7 to promote the use of social media to increase opportunities for communicating with children and young people and ensuring they feel connected and informed.
- 7.10.8 The City of Wolverhampton has implemented the MOMO App designed to provide young people with an easy to use tool to communicate their thoughts and feelings on their care. This was directly a result of a request from a number of looked after children who saw it being used in another local authority during a regional corporate parenting event. Wolverhampton is looking to

offer this resource not only to looked after children but in the longer term, to include children in need, child protection and young offenders.

2017/18 Priorities for Looked After Children:

- Continuing to safely reduce numbers of looked after children
- Ensuring that children looked after who would benefit from one have access to an independent visitor
- Strengthening advocacy arrangements to ensure that children in need of help and protection and their parents and children looked after are enabled to make a meaningful contribution to child in need and child protection processes and children looked after reviews
- Ensuring that looked after children who are living at a distance from Wolverhampton receive the same level of health and educational support as children living closer to home
- Ensuring that all personal education plans (PEP) are specific, measurable and easy for children and young people to understand
- Increasing the number of applications for special guardianship orders
- Continuing to lead on the development of the regional adoption agency
- Working with iMPower to increase internal foster carers
- Increasing awareness and reporting of private fostering
- Continuing to improve timeliness of placing children for adoption
- Developing an action plan to make sure that Wolverhampton is fully compliant with the changes outlined in the Children and Families Bill

8 Care Leavers

- 8.1 Co-location of social workers, young people's advisors, family support workers, housing and an education, employment and training co-ordinator facilitates excellent joint working arrangements to support young people through transition. All young people are allocated a personal adviser prior to transition, to support transition planning and the development of a needs led pathway plan. There are good transition arrangements in place for young people accessing post-18 services. Young people are aware of their entitlements. Updated information leaflets and booklets are incorporated into a post-16 transition pack, and the information is on the care leavers' Facebook page and LAC website. The team are committed to increasing partnership working with young people and empowering them to develop confidence and achieve their aspirations.
- 8.2 Wolverhampton was an active participant in the New Belongings project 2015/2016 and the principles of this continue to be embedded within mainstream service delivery. Care leavers are now more prepared for independence; they have an increased choice of accommodation provision, increased support from partner agencies and increased opportunities for EET. The service has worked hard to increase the participation levels with care leavers by seeking their views annually via a survey and setting up a care leavers' forum. The service has introduced the Momo app from November 2016 which will further support young people in contacting their workers more readily to provide feedback regarding the service which they receive. A Care Leavers' Charter is now in place.
- 8.3 Additional feedback in relation to the service is gathered from post-21 interviews with all care leavers who wish to engage with this offer. Care leavers' views continue to influence the development of the service. An example of this is the recent policy decision by the council to exempt all care leavers under 25 years old from paying council tax.
- 8.4 A weekly drop in service, held at The Way Youth Zone, offers opportunities for support and advice from a housing worker, EET worker, health worker and family support worker to ensure that young people's holistic needs are being met. The membership charge for care leavers who wish to join The Way has been funded by the transitions team. This enables young people to participate in positive activities and increase their social circle, reducing feelings of isolation. In addition we have a LAC transition allotment plot which supports young people with self-sustainable skills and promotes a healthy lifestyle. We celebrate Care Leaver Week and put together a full programme of activities.
- 8.5 Initiatives such as increasing the capacity of the education, employment and training co-ordinator, and the recruitment of a key worker and young person's advisor to support the hard to reach NEET young people, has increased the number of young people accessing education, employment and training. This has resulted in a reduction of NEET young people from 40% to 59%. To support the increase in the number of 16+ year olds who are actively engaged in education, employment and training a personal education plan (PEP) for non-eligible young people has also been introduced. The number of young people accessing higher education and university provision has increased with 22 young people currently at university.

Young people are supported while there and the support will be monitored with the introduction of a post- 18 higher education PEP. The corporate parenting strategy is supporting the development of opportunities for work experience, traineeships and apprenticeships within the council and with partners. A multi-agency not in employment, education or training (NEET) panel was introduced in October 2016 in order to further target and support young people without an EET provision.

- 8.6 In recognition of the positive outcomes for young people aged 16-18 who live in accommodation provided by Wolverhampton Homes, supported by housing support workers within the LAC transitions team, further opportunities have been developed including an increase in provision to 33 flats. In addition, support services have been extended to operate from 8am-8pm weekdays and 10am-5pm at the weekends. The overall outcomes for young people who enter these properties are good with the majority going on to maintain their own tenancies post 18 which we continue to track to ensure adequate support is in place. At the end of December 2016, 91% of

care leavers were in suitable accommodation compared with 77% in March 2016.

- 8.7 Two of the properties is utilised as a training flat predominantly to support young people in their preparation for independent living. It offers young people an opportunity, for a short time, to experience independent living with support. 17 young people have been referred to the scheme, which has been beneficial in assessing the independence level of care leavers, allowing a more accurate assessment of their need. In addition, two of the properties are used as “crash pads” to ensure that, when required, we can accommodate our young people appropriately in a crisis situation. These are a short-term provision of one or two evenings while the team supports the young people to find alternative accommodation that appropriately meets their needs. We will be having a dedicated housing support worker providing daily assistance to these provisions and completing living assessments underpinned by the “getting ready for adult life” pack.

2017/18 Priorities for Care Leavers:

- Ensuring that all pathway plans include targets which are specific, measurable and written in such a way that there is no room for ambiguity about who needs to do what, by when, to ensure that care leavers are able to make a successful transition to independence
- Increasing the number of vulnerable 16+ engaged in education employment and training
- Ensuring all care leavers are provided with a health summary

9. Youth Offending Team

- 9.1 Wolverhampton Youth Offending Team (YOT) plays an integrated role in children's services. The HMIP full joint inspection report, which was published in February 2016, outlined an excellent level of performance achieving the maximum four stars in respect of 'reducing reoffending', 'protecting the public', 'ensuring the sentence is served' and 'interventions to reduce reoffending'. The YOT achieved three stars for 'protecting children and young people' and 'governance and partnerships'. Overall, this was the highest achieving full joint inspection in the last three years within England and Wales.
- 9.2 The YOT improvement action plan was regularly reviewed and has been recently 'signed off' by the YOT Management Board. A significant area of development related to the improvement in the engagement levels of YOT young people in education, training and employment. This is being positively progressed through the extension of the role of the Virtual School Head to include young offenders and the deployment of a bespoke Youth Employment initiative within the YOT. The action plan has also resulted in the deployment of a dedicated CAMHS worker to join the multi-agency team.
- 9.3 The 2017 National Standards Audit required by the Youth Justice Board indicated continuing strong standards of performance in areas as wide as Bail oversight, remands in Secure Estate, Court work, report writing, long term custodial support and work with victims of crime. Overall the YOT work was judged as performing strongly but with improvements identified that will be captured in the Youth Justice Action Plan for 2017/18.
- 9.4 The YOT continues to respond to its prevention remit and strives to maintain a positive and constructive range of activity for young people including the use of The Way Youth Zone; a Bikeability project; and music projects funded through the third sector. There is a pilot intervention being developed to address social media and internet grooming as part of the HeadStart Programme. Since June 2016, a workshop afternoon has been offered for those young people receiving police Community Resolutions to identify those in need of further support and signposting. April 2017 will see the commencement of a group work programme designed to utilise creative arts to target those young people who are vulnerable to involvement in gang related activity.
- 9.5 At the end of January 2017, 13.5% of the YOT caseload was looked after children. LAC and YOT work closely together and there are established step up and step down policies within children's services and key partner organisations. In the first three quarters of 2016/17, the YOT worked with 212 young offenders, which is a 3% reduction on the previous year. In addition, the YOT worked with an increasing number of Out of Court Disposals as part of our commitment to early intervention. There have been 205 Out of Court Disposals in the first three quarters of 2016/17. Strategic Planning is already commencing for the Youth Justice Plan for 2017/18 and this will include any carried forward actions from the completed Inspection Action Plan.

2017/18 Priorities for Youth Offending Team:

- Reducing offending and reoffending
- Increasing the engagement of YOT young people in Education training and employment
- Implementing the action plan to improve joint working between social care and YOT
- Ensuring earlier and improved joint planning between social care and YOT for young people released from tier 4 and custody
- Reviewing the work delivered across the children and young people service in support of the Gangs Strategy
- Ensuring the findings from the interventions evaluation are understood and adopted

10. Inclusion Support

10.1 The Inclusion Support Service sits within the Children and Young People Service and has direct links with the Education Directorate. The Service comprises:

- Educational Psychology
- Counselling and Behaviour Support
- Education and Family Engagement
- SEN Specialist Teaching

10.2 The core purpose of Inclusion Support is to promote inclusion, engagement in learning and achievement for children and young people by helping to overcome barriers to learning, whether they be linked to difficulties with learning, mental health, behaviour or attendance. Funding for the service is split between:

- core council funding, to undertake statutory duties in relation to SEN/D assessments and provide specialist assessments and consultative support to other teams within the Children and Young People Service (e.g. YOT, COPE, Strengthening Families Hubs); and
- funding from schools and other settings to undertake early intervention and capacity building work and support their obligations to make provision for pupils with additional needs.

10.3 The Educational Psychology Service (EPS) provides a service to children and young people from Wolverhampton aged between 0 and 25 years. Working in partnership, the service provides services to families, schools and other educational settings, and other children's services organisations.

10.4 The work of Psychologists can be broken down into four broad areas:

- **Consultation** is a joint problem-solving process that may relate to concerns regarding learning, behaviour, emotional development, social development and mental health needs.
- **Assessment** is a process involving the gathering of information from a variety of sources, in a range of settings, over a period of time. It usually involves children and young people, parents/carers, teachers, and other agencies.
- **Intervention** is the application of planned strategies aimed at promoting positive learning experiences and supporting psychological wellbeing. The strategies may be implemented at the level of the individual child, young person or family, at a whole class or other group level, or across a school or organisation.
- **Organisational development** work can include training, research and other project work the focuses on enhancing the practices and capacity within educational settings and other children's services organisations to work effectively and enhance outcomes for children.

10.5 Core Services

10.5.1 The EPS is responsible for providing psychological advice as part of statutory education, health and care needs assessments. Following the 2014 SEND reforms, there has been a period of transition from statements to education, health and care plans. The EPS contributes to all transfer reviews as part of this. These transitional arrangements are due to be completed by April 2018. Educational Psychologists also provide non-statutory advice to SENSTART on children and young people's needs and placements and contribute to multi-agency neurodevelopmental assessments.

10.5.2 In addition, Educational Psychologists provide specialist input to the COPE and YOT teams and there is an Educational Psychologist linked to each strengthening families hub supporting monthly surgeries. The service provides critical incident support to schools in the event of unexpected traumatic incidents (eg. the death of a pupil). The EP service provides specialist input at a strategic level within the council and working with partners in areas such as the development and implementation of the Autism Strategy, reviewing services for children who display sexually

harmful behaviour, CAMHS transformation and the Suicide Prevention Strategy.

10.6 Traded Services

10.6.1 Where schools or other organisations request services which are outside of the statutory and core range of activities, this can be commissioned as a traded service. Schools and other organisations can commission packages of traded work to be delivered across a year. The time that a school buys includes face-to-face time in schools, home visits, and other meetings (including early help, CIN planning and core group meetings, but not Child Protection conferences). Referrals into the service can come from schools or other settings that have a service level agreement with the service, or from other organisations that we deliver core/ statutory services to.

10.6.2 Income from Inclusion Support traded services was over £1m in 2016/7. Through directly commissioned activity, Inclusion Support Services have been able to undertake early intervention work in 97 Wolverhampton schools.

2017/18 Priorities for Inclusion Support:

- Developing and implementing the SEMH Strategy
- Ensuring assessments are provided to support transfer of statements to Education Health and Care Plans in line with local SEND transition plan
- Developing Inclusion Support training offer for CYP workforce, schools and trading externally
- Reviewing services for children and young people who display sexually harmful behaviour
- Developing an action plan to reduce numbers of exclusions

11. HeadStart

- 11.1 Wolverhampton has been successful in receiving £9.47m for Phase 3 of HeadStart. This is an early intervention and prevention programme funded by Big Lottery Fund. It is aimed at children and young people aged 10-16 and through a range of digital media, direct delivery, workforce development, young people engagement and commissioned services, it seeks to promote positive mental wellbeing and equip young people (and their families) with the resilience and skills to cope with adversity and setbacks and achieve positive outcomes. The delivery model for Phase 3 is made up of 4 levels of intervention - City Wide, Universal, Universal+ and Targeted.
- 11.2 City Wide is aimed at all 10 to 16 years olds and will primarily focus on online self-help. Universal is aimed at offering support for 10 to 16 year olds in four geographical areas, selected through a public health needs analysis as community populations most at risk, these areas are;
- Area A: Low Hill, Scotlands and Bushbury South
 - Area B: Springfield, Heath Town, Park Village and Old Heath/Eastfield
 - Area C: Bilston East
 - Area D: Blakenhall, All Saints, Parkfields and Ettingshall
- 11.3 Universal+ will offer support specifically to 10 to 12 year olds focusing on the primary to secondary transition year in HeadStart schools in the above geographical areas. Targeted support will be offered to young people identified as requiring additional support through self-reporting, resilience screening combined with additional risk factors and will provide personalised interventions including: the Getting Ahead Programme in schools; 'Pre-CAMHS' voluntary sector commissioned activity; support and interventions delivered directly by CAMHS Link Workers; and improved pathways into statutory services. We anticipate that 20% will meet the criteria for support for our Pathways to Support pilot which aims to support children in families where (one of) their parent/carers is being supported by an adult-facing service such as one dealing with adult mental health, substance misuse and/or those at high risk of domestic violence.

11.4 Child and Adolescent Mental Health Services (CAMHS)

- 11.4.1 Joint work led by the Clinical Commissioning Group is well underway in the production of a new model for the provision of emotional health and wellbeing services. The new model aligns CAMHS specialist services more closely with the Strengthening Families Hubs, meaning that children, young people and their families will be able to receive support closer to home and that providers are able to work in a more joined up way. Specialist teams will continue to deliver to some of the most vulnerable groups of children and young people including looked after children, children in need and young offenders. CAMHS link workers will be employed to work closely with the HeadStart Programme and ensure that children and young people who need specialist services can access these quickly. These link workers will also assist children and young people transition into community based services as specialist support is no longer required.

2017/18 Priorities for HeadStart:

- Ensuring the HeadStart Delivery Plan is effectively implemented
- Establishing a Centre of Excellence
- Establishing Community Hubs
- Implementing an effective digital offer to support children and young people
- Contributing to the CAMHS transformation work and ensuring that it is fully aligned with the HeadStart Programme

12. Safeguarding

- 12.1 The Head of Safeguarding is directly managed by the Strategic Director, People. The service plays a key role in ensuring the provision of an effective independent reviewing/chair service which oversees care and safeguarding planning for children. An electronic quality assurance tool is used and sits within CareFirst. The tool has ensured operational managers are aware of issues identified, have the opportunity to address them with their staff and feedback to the Independent Reviewing Officer.
- 12.2 Child Protection Conferences have been revised along the lines of the Strengthening Families model and our Child Protection Plans are more outcome focused. In the last 3 months, parental feedback regarding Child Protection Conferences shows that 98% of parents strongly agree or agree that they are clear about what needs to change/happen for the Child Protection Plan to end and their individual role in the Plan.
- 12.3 There has been a key focus on ensuring children's records contain accurate, relevant, and up to date information to support effective care planning. Looked after children review and care planning documentation has been revised to improve the process and quality of care planning. Ensuring the voice of the child is evident in assessments and reports to looked after children reviews and ensuring that children and young people are supported to participate in reviews is a priority. Reduced caseload in the last 12 months means that Independent Reviewing Officers are much more able to visit children in advance of reviews and consult them about how they want their review to take place and what they want to talk about. Children and young people are actively encouraged to take the lead in their review and a number of children have chaired their own review. Where a young person requires the support of an advocate to ensure their views, wishes and feelings are heard, one is provided.
- 12.4 The management of allegations processes are clear and consistent across Wolverhampton and the designated officer (DO) role has been promoted effectively. The DO has been actively involved in the delivery of multi-agency and single agency training/awareness raising to promote the role and extend professionals' understanding in terms of management of allegations. This has led to an improved working knowledge from partner agencies which in turn promotes more timely responses to safeguarding concerns.

12.5 Child Sexual Exploitation (CSE)

- 12.5.1 The delivery of the CSE agenda sits across operational and strategic services in order to provide an effective response to prevention, protection of young people and prosecution of offenders. The Head of Safeguarding is the lead officer for CSE and is supported by a CSE Co-ordinator. Management of individual children affected by CSE is the responsibility of operational social work practitioners and the development of individual CSE plans is led by the Vulnerable Young People Team.
- 12.5.2 The Wolverhampton Safeguarding Children Board oversees the impact of CSE support via the Sexually Exploited, Missing and Trafficked (SEMT) Committee who in turn, receive information from the Child Sexual Exploitation and Missing Operational Group (CMOG). Both SEMT and CMOG are well established and attract good representation and input from a range of partnership agencies. In addition, there are robust Multi-Agency Sexual Exploitation (MASE) meetings in place which ensure that high risk individuals are closely case managed and supported by the right professionals and appropriate interventions are put in place.
- 12.5.3 The Vulnerable Young Person Risk Co-ordinator chairs all Multi-Agency Sexual Exploitation (MASE) meetings and works closely with the Wolverhampton Safeguarding Children Board (WSCB) CSE Co-ordinator to develop an accurate picture of CSE issues across the City. The CSE Co-ordinator is responsible for the development of the city-wide CSE Strategy and ensuring that agencies across the Safeguarding Partnership are sufficiently equipped to identify and respond to CSE. The role co-ordinates training and development and has oversight of all investigations, cross border issues, partnership working and leads on the Wolverhampton CSE profile.
- 12.5.4 Work is on-going to ensure that the regional CSE Framework and local pathways are embedded in local practice and findings from regular sampling and case file audits are used to ensure CSE is consistently being identified and responded to. There is a current focus on training and

awareness raising. A train the trainer package has been developed for school safeguarding leads to enable better dissemination of CSE awareness for school pupils, staff, governors and parents.

12.5.5 A CSE screening tool is used for those persistently absent from school or excluded and where appropriate, looked after children over 12 years. An additional tool – the Petch Tool – is being rolled out across the City and is used to assess CSE risk for children under 12 years. All copies of completed CSE screening tools and subsequent specialist assessments are sent to the CSE Co-ordinator in order to build a comprehensive picture of risk regarding victims, offenders and locations. Where the screening tool indicates a serious or significant risk, there will be a referral to the Multi-Agency Safeguarding Hub.

12.6 Violence Against Women and Girls (VAWG)

12.6.1 Violence against women and girls (VAWG) is a strategic priority for the city as set out in the [Violence Against Women and Girls Strategy 2016-19](#). This covers domestic and sexual violence, honour based violence (HBV), forced marriage (FM) and female genital mutilation (FGM). From these, it is widely acknowledged that a key focus for future delivery is needed on the more hidden and significantly under-reported crimes of HBV and FGM from general awareness raising, multi-agency training for front-line practitioners, coordination of city-wide responses and targeted engagement of communities where there is a heightened risk.

12.6.2 In relation to FGM specifically, **guidance was issued to schools** before the start of the summer holidays in 2015 on being alert to the signs that young girls might be at risk of FGM and following the publication of the West Midlands Police and Crime Panel report “Tackling Female Genital Mutilation in the West Midlands”, a FGM taskforce has been formed to take forward the recommendations from this report which will provide a steer on best practice and shared learning across the West Midlands.

12.6.3 Domestic violence services in Wolverhampton are currently being reviewed and re-commissioned. The main focus of current services is on providing specialist support and there is very little universal provision/early help currently available. There are significant gaps in provision for children, male victims and perpetrators. The review has considered need/demand for: accommodation based support; floating support; perpetrator services; target hardening; and counselling therapeutic support. New services will be in place in August 2017/18.

12.6.4 The domestic violence multi-agency screening process takes place twice a week and focuses on police reports of domestic violence crimes and non-crimes where there are children associated with the household. This process has recently been reviewed and an action plan and revised operating framework has been developed to ensure that there are robust governance and monitoring arrangements in place and that there are clear pathways into both MASH and MARAC.

12.6.5 In August 2016 the self-evaluation peer audit process focused on the theme of domestic violence and identified a number of areas for improvement. In response to this, a children & young people service domestic violence operational action plan has been developed which focuses on improving practice across children’s services in response to effectively identifying and responding to domestic violence in families.

2017/18 Priorities for Safeguarding Children:

- Embed the Child Protection Conference model drawing on Restorative Practice approaches.
- Develop a robust safeguarding dataset that informs service delivery and practice improvement.
- Improve engagement of parents in the LAC review process.
- Reviewing the use of the Petch Screening Tool and understand impact
- Ensuring IRO/CP conference Chairs play a key role in improving social work practice
- Working closely with the Domestic Violence Forum deliver the domestic violence improvement plan and ensure an effective Barnardos Screening Tool process which reflects ‘Think Family’ and improves outcomes for those affected

13 Workforce

- 13.1 The joint Adults and Children Social Work Development Board and the Children and Young People Workforce Development Group oversee the development and delivery of workforce and training strategies and delivery plans.
- 13.2 The transformation of children's services has paved the way for the redesign of services and a review of the capacity and capability requirements of the children's workforce. There is a key focus on a whole family approach and outcome based care planning. A bespoke 'foundation' training course facilitated by Child and Family Foundation Training that is designed to support and enhance practice in assessment, analysis including risk and outcome based care planning has been delivered to 77 social workers and 73 early help professionals. Early indications observed by the Principal Social Worker and through case file audits is that there is some evidence that practice is improving. Further cohorts are being procured to ensure the whole children's workforce are trained in this model of practice.
- 13.3 Restorative practice has been agreed as the approach that will be used when working with children and families across children's services. Training will be rolled out to all staff by October 2017. This is a relationship and strength based approach that embodies a set of core beliefs, principles and a way of being with people that proactively promotes building a sense of community and developing social capital. It is a high support, high challenge model that creates a common language and a common approach to engaging families.
- 13.4 The role of the Principal Social Worker spans children and adults and is pivotal to ensuring that there is good joined up practice across the social care workforce and embedding a whole family approach. She leads on the delivery of quarterly social work briefings for practitioners and is very involved in promoting the development of all newly qualified social workers through the ASYE programme and practitioners and managers through the planned activities in the social work development strategy. Wolverhampton held its first joint social work conference for all social work practitioners and managers in March 2016 which was very successful and it is intended that this will be an annual conference with guest speakers.
- 13.5 A competency based supervision policy was approved by the people workforce development board on 2nd August 2016. The policy provides a framework for the supervision of all social workers working across Children, Young People & Adult Social Care. This includes staff whether they are employed on a temporary (including agency staff), permanent, full time or part time basis. The policy sets out how staff can expect to be supervised and provides managers with the key elements needed to supervise staff effectively. The policy also includes how the competency based model links with the corporate appraisal. Future dip sampling processes will review how effectively the policy is being applied in practice.
- 13.6 There is ongoing work supported by social work development and training and the quality assurance framework including auditing and self-evaluation processes. The review of CareFirst forms has amended the plan template to support more outcome focused care plans. This is leading to improvements in practice as evidenced through regular dip sampling and case file audits.

2017/18 Priorities for Children & Young People Workforce:

- Reviewing workforce data collection mechanisms ensuring that accurate and consistent reporting can be produced for managers at all levels
- Further reduce the reliance on agency workers
- Roll-out Restorative Practice across the workforce
- Producing a development plan for Social Work Managers and using this to inform a mandatory development programme to include a mixture of internal and external facilitators and coaching/mentoring
- Re-commission Child and Family Training to deliver a programme of training for social workers and early help
- Commissioning domestic violence training to ensure that all Social Workers are confident in responding to victims and perpetrators
- Embedding the Neglect Strategy and Toolkit across the workforce

14. Commissioning

- 14.1 The Commissioning Strategy - Shaping Futures, Changing Lives – provides a comprehensive overview of the People Directorate's approach to commissioning services. This is the first directorate commissioning strategy and has been developed in response to:
- a continued and growing focus on the assets and strengths which individuals and communities bring to their experience of life to promote their wellbeing and when they need more support
 - developing our local City of Wolverhampton *Community Offer*
 - strengthening families and a whole family approach
 - *Care Act 2014* statutory duty for market shaping and development
 - Renewed focus on collaboration rather than competition in NHS services
 - Co-production – extending new understanding and actions
 - Overall influence of changes in law such as the *Care Act 2014* and the *Children and Family Act 2014* SEND Reforms
 - On-going statutory requirement of the role of Director of Adults Social Services and Director of Childrens Services for commissioning
- 14.2 The new Strategy will drive the recently established People Directorate Commissioning Service, capturing current activity and informing future priorities. The strategy is underpinned by the following principles:
- We embrace a positive, asset-based approach
 - We are using our resources to shape and investing in a better future.
 - We know these are challenging times but we will not simply manage decline.
 - Individuals will be at the centre of the commissioning process - Commissioning is for people
 - We are working to ensure that people benefit from a well-shaped market where commissioned services are local, provide social value, high quality, capacity rich, citizen-led and cost effective
 - Our interventions are evidence-based and we will learn from best practice in other places
 - We focus on delivery of care to people in their own homes or as close to home as possible.
 - We will provide people with the skills to live safely and independently
 - We will co-commission with citizens
 - We will jointly commission with partner agencies where possible so that people's experience of support and care is integrated
- 14.3 The market position statement underpins our commissioning intentions, setting out information about existing provision and informing existing and new providers how CWC intends to commission and procure services that safeguard children, support children in need and at risk of coming into care, children in the care of the local authority and care leavers. It focuses on four main areas of work:
- **prevention** – family based early intervention that keeps families together where it is safe and reasonable to do so
 - **placement** - where children have come into the care of the Council they are in placements that most closely meet their needs
 - **permanence** – where it is not possible to reunite the family, children and young people move to stable and permanent places through adoption and special guardianship
 - **exit/transition** – returning young people home as soon as possible in the right circumstances; ensuring that when young people reach adulthood they achieve a successful transition to adult life; and staying put up to age 25
- 14.4 Domestic violence support services are currently being reviewed particularly focusing on accommodation based services, floating support, services for children, advocacy services, perpetrator services and target hardening (safer homes). New services will be commissioned in 2017/18.
- 14.5 There is a CAMHS Transformation Programme which is jointly led by the CCG and the local authority to review and develop a tier less whole system of support for children and young people

in relation to addressing emotional wellbeing and mental wellbeing. There is a Programme Board in place and 5 Task and Finish Groups to manage the activities associated with the planning and implementation of change. Stakeholder events have been held to inform the design of the new service. The Board will consider feedback from the consultation process and in particular will apply learning from the HeadStart programme. A model and vision has been approved, and a comprehensive mapping exercise is almost complete. The next step will be to develop a specification describing the new services.

14.6 Sufficiency Strategy

- 14.6.1 Wolverhampton's Sufficiency Strategy is currently being renewed and will be in place for the next three years. Significant progress was made in the last Strategy period (2014-17) in meeting a number of objectives. At the end of December 2016, the percentage of looked after children in residential placements was 6%. There has been an increase in the proportion of looked after children being placed in family settings with 79% of children in foster placements at the end of December 2016 compared with 73% in April 2015. The proportion of independent fostering placements has fallen from 44% to 40% at the end of December 2016.
- 14.6.2 Regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed. The Sufficiency Strategy implementation plan will continue to reflect the needs of children and young people on the edge of care, those in care and care leavers.
- 14.6.3 New services have been commissioned to support both prevention of admission to care, e.g. the establishment of a short break residential service, and to promote placement stability, e.g. the introduction Safe Haven, which is a specialist intensive support service to work with young people who have complex needs in order to avoid placement breakdown, achieve permanence and help them in transition to adulthood.
- 14.6.4 The focus of the new strategy will be on:
- Strengthening family based early intervention that is timely and effective in keeping families together where it is safe and reasonable to do so and helps prevent children and young people entering care
 - Providing a range of care placement options that match the needs of looked after children and improve stability
 - Providing timely options for looked after children and young people to achieve permanence
 - Providing an increased range and choice of provision for young people who will transition to adult life from care
- 14.6.5 The principles which underpin the strategy are:
- family based care – sustained behaviour change is most likely to occur in the context of the family
 - stability and permanence – in order to thrive children and young people need consistency of approach, safety and security
 - quality and sufficiency –there needs to be enough provision at the highest possible standard
 - partnership and co-production – all stakeholders need to be able to shape and comment on service provision

2017/18 Priorities for Commissioning Children & Young People Services:

- Developing and delivering the 2017/20 Sufficiency Strategy
- Reviewing and re-commissioning domestic violence support services
- Reviewing and re-commissioning supported accommodation for 16/17 year olds
- Working with providers to monitor and quality assure commissioned services
- Joint review of the pooled budget for external placements between CWC and the CCG in order to ensure value for money
- Re-design of CAMHS
- Maximising regional commissioning opportunities

15. Performance Management and Quality Assurance

15.1 Performance Management

There is a strong performance management culture within children's services which operates strategically and operationally, with monthly performance management reviews at all levels.

- 15.2 A monthly strategic performance management meeting, separate to regular management team meetings, is chaired by the Service Director specifically to look at performance and quality issues. In addition, individual service areas have regular 'performance' slots on their management team meetings and team managers closely monitor performance at a team level.
- 15.3 Regular daily, weekly and monthly reports enable team managers to identify areas where improvement may be needed and issues are identified and actioned in a timely manner. At a strategic level, where performance indicates that there are areas of concern, direction is given to investigate further using more in-depth data analysis or qualitative 'dip sampling' and audits. These findings are then reported back to performance management meetings and are used to improve or make changes to practice where required. Performance continues to be monitored to assess impact and improvement. Worker and team level reports are automated where possible and made available to managers via email or a performance SharePoint site.
- 15.4 The process of monthly performance management meetings enables challenge and identification of good practice to be undertaken at team manager level, allowing managers to see the performance of their team compared with others. This promotes a strong sense of self-awareness around individual team performance and an understanding of how that performance contributes to the performance of the service overall. Where issues are identified, team managers regularly challenge individual workers and have access to reports to enable this. Individual staff are also aware of their own performance, how it contributes overall and use this information to make improvements.
- 15.5 Benchmarking information is well used to ensure that local performance is understood within a regional, national and comparator group context.
- 15.6 Children's services performance is reported across a number of 'partnership' areas including a quarterly report to the Wolverhampton Safeguarding Children's Board (which is reviewed and challenged by a multi-agency quality and performance committee prior to presentation to the Board), a quarterly report to the Children's Trust Board, a bi-monthly report to the Corporate Parenting Board and a monthly report to the council's internal Education Board. This ensures that children's services performance receives scrutiny and challenge from councillors, strategic managers and internal and external partners.
- 15.7 Where issues are identified using the methods and processes described above, regular reporting is undertaken to monitor improvement. In addition to this, where more significant areas for improvement have been identified, improvement plans are used to document, track and monitor progress and these are supported by robust performance reporting. Improvement Plans are regularly reviewed by the Children and Young People Management Team.
- 15.8 The voice of the child, families and carers feed into performance management in several ways – it is monitored via indicators such as the proportion of children who participated in reviews and following child protection conferences; parents and families are asked to complete a short survey about their experience - the results and answers to which are collected and reported. In addition, the voice of young people, families and carers is monitored through qualitative case auditing.
- 15.9 Outcomes for children are monitored both by qualitative performance monitoring and quantitative case management work, audits and dip sampling. Demographic monitoring is contained within some of the regular reporting and for specific areas such as adoption and youth offending, detailed demographic analysis is undertaken to understand the impact of demographics on outcomes. This evidence is then used in strategic decision making where appropriate.

15.10 Drifts and delays in the provision of services to children and their families are monitored as part of the regular performance management processes using indicators such as the timeliness of assessments, the length of time children have been the subject of CiN plans and the proportion of visits and reviews that are up to date. Drift and delays are also monitored through qualitative processes such as case auditing and monitoring. Where drifts and delays are identified, these are managed and challenged either by close examination of specific cases (e.g. children who have been the subject of CiN plans for more than 2 years), or by team managers via the supervision processes.

15.11 Quality Assurance

Wolverhampton has a Quality Assurance Framework that supports the development and improvement of services that strengthen families and improve outcomes for vulnerable children. The Quality Assurance Framework set out all of the activity that relates to quality assurance across children's services. This includes the role of supervision and appraisal, complaints and compliments, performance management information, participation and feedback from children, young people, parents and carers, serious case reviews, table top reviews, staff feedback, statutory inspections and case file audits. Implementation of the Quality Assurance framework is led and co-ordinated by the Principal Social Worker.

15.12 Wolverhampton operates an on-going case file audit schedule. The purpose of audit is to retrospectively examine practice against service standards, policy, and regulation and take remedial action where required. Audits have taken place on a monthly basis (bi-monthly from August 2016) and the tool has been updated in the last 12 months to focus on quality of practice and outcomes for children that are aligned with Ofsted descriptors. Quarterly self-evaluation audits, which look similar to an Ofsted inspection, also take place. Between March 2016 and the end of March 2017, 163 cases were audited. The following judgements were made:

| | |
|----------------------|----|
| Outstanding | 4 |
| Good | 52 |
| Requires improvement | 86 |
| Inadequate | 21 |

15.13 In October 2015, a self-evaluation process was implemented and now takes place every quarter. This process mirrors elements of an Ofsted inspection. 20 cases are audited, selected in line with the Ofsted criteria, and the case file audit process set up ahead of the inspection is tested including involvement of early intervention services and partner agencies. Alongside this, focus groups are held with frontline practitioners to provide support and preparation ahead of the inspection. The findings of the self-evaluation is summarised in a report which is presented to senior managers and the Transforming Children's Services Board.

15.14 In addition to this audit schedule, Heads of Service undertake local 'dip sampling' on a regular basis on specific areas of practice including management oversight, case supervision, LAC or CP visits, quality of Strategy meetings, pathway plans for care leavers, etc. These are local to the service area and are undertaken in order to drive the quality of practice and ensure compliance with local procedures and legislation.

15.15 Wolverhampton's commitment to understanding local strengths and areas for development is evidenced by our commissioning of Ingson (independent company recognised by DfE as Improvement Partners) to independently audit a range of early help and social care case files to provide further rigour and challenge in helping to understand the 'so what' question and where further improvements are required. In response to the audits, action plans were produced to ensure that swift and effective action is taken in response to the findings.

15.16 In April 2016, Wolverhampton participated in the West Midlands Sector Led Improvement 'Auditing the Audit' Peer Challenge. This involved three Peer Auditors from other West Midlands Local Authorities, who followed a peer challenge process based on the LGA methodology in

order to review Wolverhampton's auditing process. Ten audits were reviewed alongside two focus groups of managers and practitioners over the 2.5 day process. Feedback has led to the development of an action plan to review and make changes to the audit processes and tools. This includes:

- Strengthening the audit process via improved feedback loop processes
- Ensuring the audit process includes practice self-evaluation
- Improving the quality of auditing via training briefings in June and embedding this through service led audit champions
- Ensuring greater service user voice in the Audit process

15.17 The auditing process has been revised in line with the Essex Model. This model takes a three tiered approach in which the social worker completes a short feedback form capturing what they feel the strengths and weaknesses are within the case; the first line manager then audits the file and makes contact with the family or young person to obtain feedback. The initial audit, the service users and social work feedback is then passed to another manager who audits the file independently. In Wolverhampton, it is expected that the second audit would be undertaken by senior members of the auditing team and senior social work managers.

15.18 This process will add a layer of depth to the auditing process and provide a wealth of qualitative information around the lived experience of the child or young person and their family or carers. This model was implemented in September 2016 following a pilot in August 2016.

2017/18 Priorities for Performance Management and Quality Assurance:

- Producing a performance management improvement plan and a data quality strategy
- Ensuring accurate and relevant information is regularly available to inform understanding of performance and quality in the MASH
- Producing dashboards for front line managers
- Strengthen the line of sight which senior managers and leaders have on frontline practice by providing detailed information about children in need whose cases are being held by team managers, or managed on duty, prior to being allocated to a named social worker
- Improving recording in relation to ethnicity; CiN; and date when child is first seen
- Ensuring CareFirst forms support accurate and consistent recording/reporting
- Introducing a monthly 'office day' across all teams where recording is brought up to date, etc
- Reviewing family meetings and re-naming them family conversations ensuring that there is a robust procedure in place for recording them
- Ensuring quarterly performance management meetings bring together performance and quality assurance processes
- Ensuring that the CareFirst system can distinguish between a CiN Plan and a CiN Assessment and that they can be reported against
- Reviewing and updating Quality Assurance Tools and producing a schedule of audits and dip sampling
- Ensuring management oversight at the frontline is appropriately challenging and consistent and that frontline managers are able to use the case file audit tool effectively
- Ensure that greater prominence is given in case files to the thoughts, wishes and feelings of children and young people

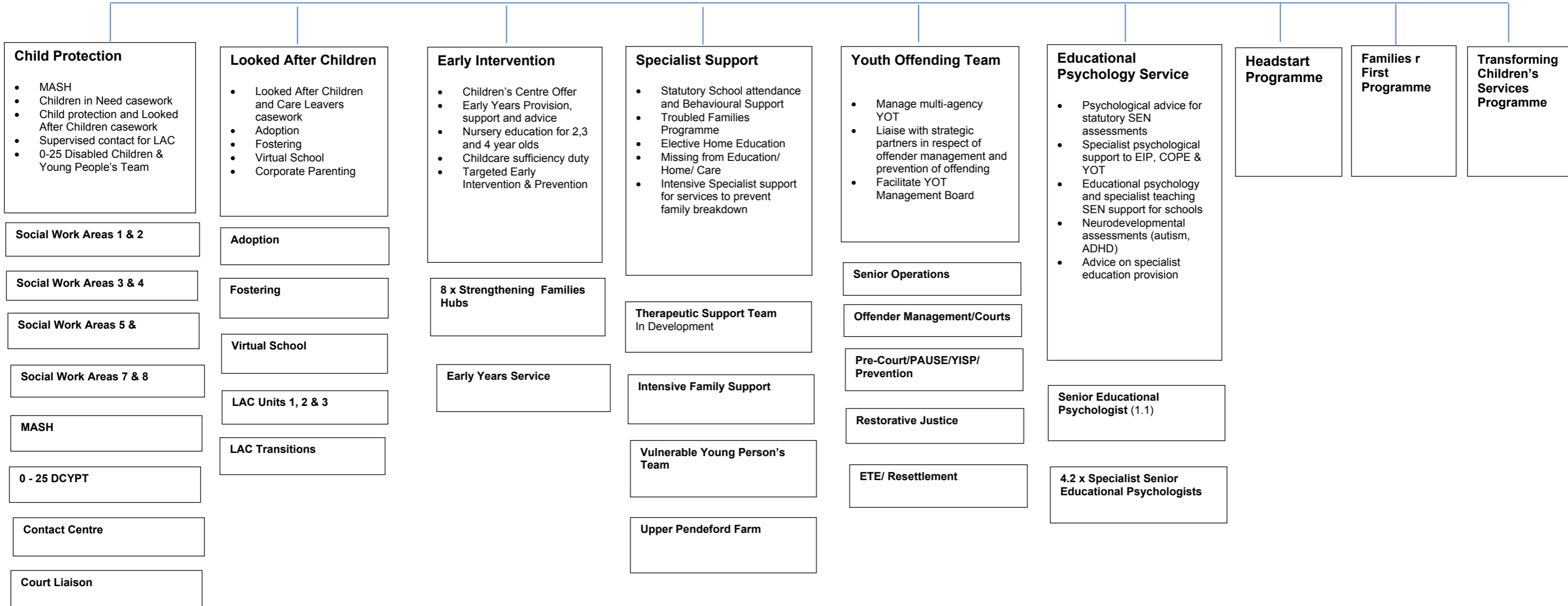
Children & Young People

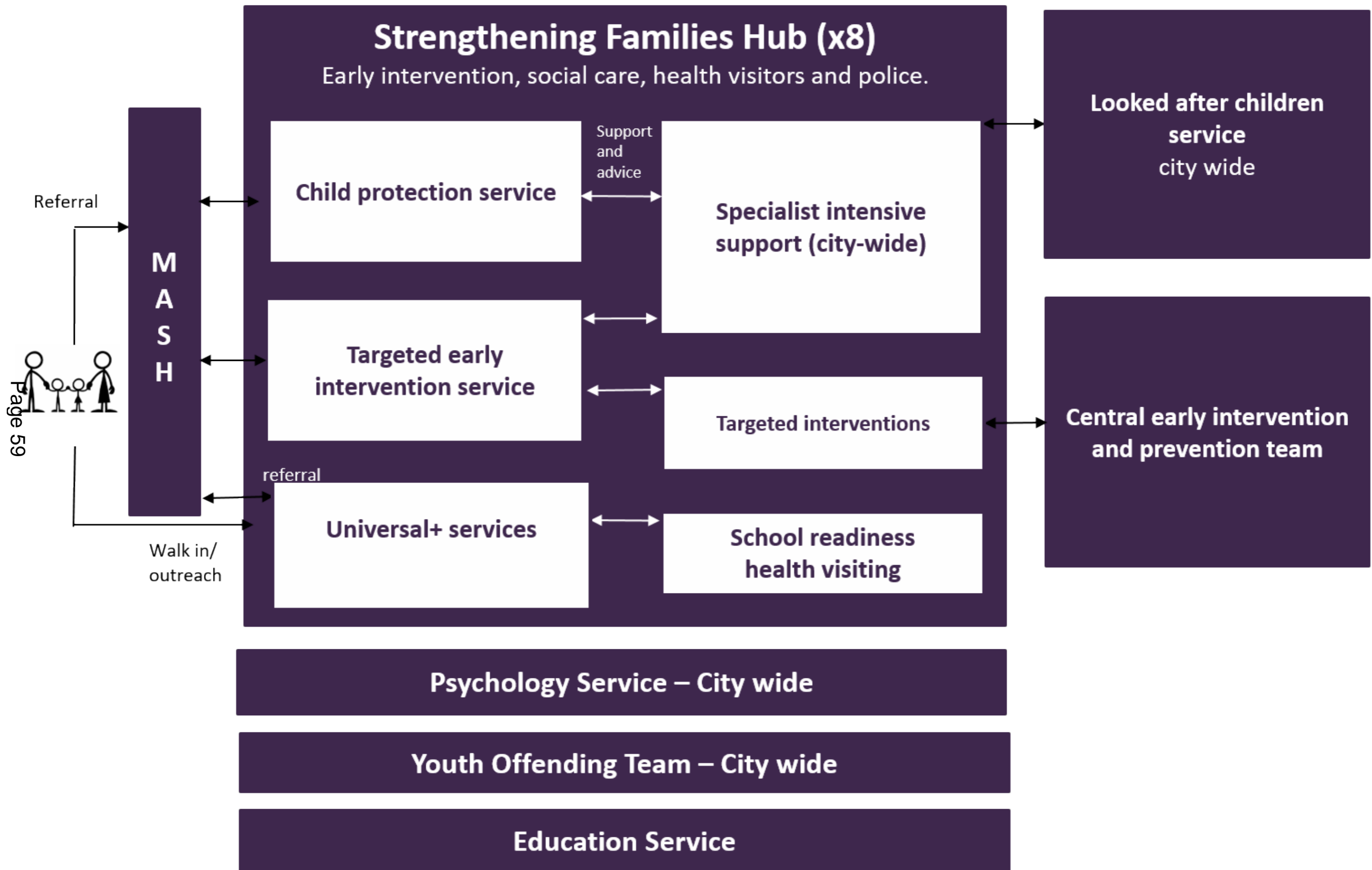
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Service Director

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Children & Young People Service Improvement Plan 2017/18

CITY OF
WOLVERHAMPTON
COUNCIL



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Ofsted
Good
Provider



How will we know?

The table below outlines what success would look like. This will be measured through a range of qualitative and quantitative measures.

| | What does making a difference look like? |
|----------------------|--|
| Child | Children are safer and will be helped earlier. Children will have their voice heard. We will carry out audits to ensure that this is happening. We will ask children and young people for their direct feedback and engage them in shaping services. We will monitor engagement of children and young people in their assessments, their participation in reviews and the timeliness in which we see them. |
| Parents and carers | We will work to build parents' capacity in order to enable change where needed. Parents and carers will have their views taken into account. They will see a coherent early help offer and be able to work with a range of agencies to access support at an early stage to avoid issues escalating. |
| Our Partners | Agencies work in partnership to support families to resolve issues and achieve improvements in outcomes that safely prevent family breakdown. The Wolverhampton Safeguarding Children's Board (WSCB) will be recognised as being effective. |
| Children's Workforce | All professionals working with children will be well trained and supported to achieve the best possible outcomes for children and young people. They will receive regular and effective supervision and will be supported to work effectively with children and young people and families. |
| Front Line managers | Front Line Managers will actively use performance information to drive change to improve services. They will provide effective management oversight and opportunities for reflective practice which contribute to better outcomes for children and young people. |
| Senior Management | Senior Managers will actively use performance information to drive change to improve services. They will ensure performance is regularly monitored and that improvements are having a positive impact. They will develop effective relationships with partners to ensure the system works effectively for children and young people. |
| Councillors | Councillors will fully understand their role and responsibilities and hold Senior Managers to account. |

What will we measure?

| | |
|--|--|
| Quality & Effectiveness of Practice | <p>Number of case audits undertaken Outcome of case audits undertaken Outcome of quarterly evaluation Outcome of monthly dip sampling across services</p> |
| Workforce | <p>Number of agency staff Staff turnover and average sick days Average caseloads Comparison with other Local Authorities as per the Children's Social Care Workforce Return % of the workforce trained in Restorative Practice % of Early Intervention and Social Workers attended Child and Family Training in 2017/18 % of Social Workers completing domestic violence training</p> |
| Early Help | <p>Number of Early Help Assessments Number of Early Help Assessments held by partner agencies Number of Outcome Stars commenced and progress made Number of children taking up Terrific for Two's funding Proportion of cases stepped up and down to/from social care Troubled families identified who have made significant and sustained outcomes</p> |
| Specialist Support Service | <p>Number of families worked with by Intensive Family Support Team and % of those becoming LAC Number and outcomes for young people accessing services at Upper Pendeford Farm Number of missing return interviews and timeliness of interviews Number who are home educated who have been visited and assessed Number of exclusions and provision of alternative education Outcome from MASE meetings and reduction in risks associated with individual young people Number of young people identified as being at significant or serious risk of CSE Number prosecuted for non-school attendance and the outcomes</p> |
| Children in Need/Child Protection | <p>Number of safeguarding referrals Number of enquiries rated: red; amber; green; or no further action Number of repeat enquiries/referrals Timeliness of MASH responses Number of Section 47 and conversion to Initial Child Protection Conference Children in Need seen within 5 working days of the referral Number of unallocated cases Proportion of disabled children that are the subject of CiN, CP or who are LAC Number of short breaks</p> |
| Looked After Children (LAC) | <p>Number and rate of LAC % of LAC visits carried out within timescales Proportion of LAC reviews on time Placement stability (fewer than 3 placements in the last two years)</p> |

| | |
|-----------------------------|---|
| | <p>Number and proportion of in-house foster placements</p> <p>Number and proportion of children placed with parents who have a care order</p> <p>Number of privately fostered children known to the Council</p> <p>Education of LAC</p> <p>Health of LAC</p> |
| Inclusion Support | <p>Number of children who have an Education, Health and Care Plan</p> <p>Number of school exclusions</p> <p>Take-up of Inclusion Support Training offer</p> |
| HeadStart | <p>% change in young people wellbeing self report scores</p> <p>% engaging with online self-help resources</p> <p>Number of decommissioned services in subsequent years</p> <p>Number of young people in HeadStart targeted provision</p> <p>Number of young people accessing tier 3</p> |
| Adoption | <p>A1 – Average time between a child entering care and moving in with adoptive family</p> <p>A10 – As per A1 but where the child is adopted by their foster carer, time between entering care and moving in with the foster carer</p> <p>A2 – Average time between receiving a placement order and a match to an adoptive family being decided</p> <p>A3 - % of children who wait less than 16 months between entering care and moving in with their adoptive family</p> <p>Number of children waiting to be adopted</p> <p>Number of potential adoptive families currently being assessed</p> <p>Number of approved adoptive families waiting for a match</p> <p>Number of children who are subject of an Special Guardianship Order</p> |
| Care Leavers | <p>Proportion of care leavers with a pathway plan</p> <p>Quality of pathway plans</p> <p>Proportion of care leavers that are in Education, Employment or Training</p> <p>Proportion of care leavers in suitable accommodation</p> <p>Proportion of care leavers who are 'staying put'</p> |
| Youth Offending Team | <p>Rate of youth offending and re-offending</p> <p>Engagement of YOT young people in Education, Training and Employment</p> |
| Safeguarding | <p>Number of victims of domestic violence where children are associated with the household</p> <p>Number of victims of female genital mutilation</p> <p>Number of victims of honour based violence</p> <p>IRO/CP Conference Chairs role in improving social work practice</p> <p>Engagement of parents in LAC reviews</p> <p>Timeliness of Child Protection Conferences and Review Meetings</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|--|---|-----------------------------------|---|---|
| THRESHOLDS | | | | |
| <p>Ensure thresholds within the MASH are being applied consistently and appropriately</p> <p>Page 65</p> | <p>Copies of the threshold document available on all desks within the MASH - COMPLETED</p> | <p>31st March 2017</p> | <p>Julian Cunningham</p> | <p>Completed</p> |
| | <p>Deliver a training session with all staff in the MASH focusing on thresholds and consent. Use real referrals as examples</p> | <p>30th April 2017</p> | <p>Julian Cunningham</p> | <p>Half day workshop with staff to take place on 5th May 2017</p> |
| | <p>MASH Manager to have regular discussions with partner agencies in the MASH re. thresholds, identifying examples where they are incorrect</p> | <p>5th May 2017</p> | <p>Julian Cunningham</p> | <p>The MASH Manager is meeting regularly with key partners. Two preparatory meetings set up with Police and Health – 17th March and 24th April 2017</p> |
| | <p>Commission multi-agency audit of thresholds in the MASH</p> | <p>31st July 2017</p> | <p>Julian Cunningham Dawn Williams</p> | <p>Work in Progress</p> |
| | <p>Implement quality rating of referrals into the MASH and provide feedback to partner agencies for follow-up</p> | <p>15th May 2017</p> | <p>Julian Cunningham Andrew Wolverson</p> | <p>Work in Progress</p> |
| | <p>Agree process for consent for referrals into the MASH</p> | <p>31st May 2017</p> | <p>Emma Bennett</p> | <p>Consent Guidance produced and being presented to the WSCB Exec Group on 11th May 2017</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|---------------------------------|--|---|
| PERFORMANCE MANAGEMENT AND QUALITY ASSURANCE | | | | |
| Produce a Performance Management Framework and a Data Quality Strategy | Performance Management Framework to be produced to include development of dashboards for frontline managers; schedules for reporting including to the DCS and Cabinet Member | 30 th September 2017 | Helena Kucharczyk | Draft performance management Framework and data quality plan presented to CYP Management Team and PLT in March/April 2017. |
| | Data Quality Strategy to be produced and briefed to staff | 31 st July 2017 | Helena Kucharczyk | |
| Improve recording in relation to ethnicity and CiN | Make the recording of ethnicity a mandatory field and ensure that the options support accurate recording | 31 st March 2018 | Alison Hinds (CFUG) Helena Kucharczyk | Action to be progressed as part of implementation of Eclipse. In the meantime, weekly ethnicity data quality report is being produced |
| | Introduce CiN Plan as a separate classification on CareFirst | 31 st May 2017 | Alison Hinds (CFUG) Fiona Cozens | Meeting to be arranged in May to progress action re. CiN Plan |
| Improve recording in relation to date when child is first seen | Review the single assessment form and build in a date that the child has been seen - COMPLETED | 31 st March 2017 | Alison Hinds (CFUG) Helena Kucharczyk | Form has been updated |
| | Establish a local performance indicator of 5 working days for time taken for children to be first seen | 31 st May 2017 | Emma Bennett Helena Kucharczyk | Local performance indicator agreed, report currently being developed |
| | Single Assessment Procedure to be updated and briefed to staff | 14 th May 2017 | Louise Haughton Julian Cunningham | Work in progress |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|---|---|--|--|
| <p>Ensure accurate and relevant information is regularly available to inform understanding of performance and quality in the MASH</p> | <p>Review MASH performance information against the MASH pathway and re-produce the reporting template ensuring that reports are clear and tell the performance story accurately</p> <p>Introduce a 12 month dip sampling schedule aligned with understanding of performance and extend dip sampling to review action carried out - COMPLETED</p> | <p>31st May 2017</p> <p>30th April 2017</p> | <p>Helena Kucharczyk</p> <p>Julian Cunningham Helena Kucharczyk</p> | <p>This remains outstanding and was escalated to the MASH Strategic Board in April 2017</p> <p>Dip sampling schedule produced, informed by available performance information</p> |
| <p>Review family meetings and re-name family conversations ensuring that there is a robust procedure in place for recording them</p> | <p>Revise Family Meetings Policy and Procedure and review the process.</p> <p>To ensure Family Conversations are recorded and reportable on CareFirst and EIS in order to monitor performance</p> | <p>30th June 2017</p> <p>30th June 2017</p> | <p>Rachel Warrender</p> <p>Rachel Warrender Alison Hinds (CFUG) Andrew Wolverson</p> | <p>Meeting scheduled in May 2017 to progress</p> |
| <p>Each Head of Service ensure that at least one day per month all staff are in the office updating recording on case files</p> | <p>Heads of Service to schedule dates for 12 months April '17 – March '18</p> | <p>31st March 2017</p> | <p>Heads of Service</p> | <p>Dates currently being secured in diaries across teams</p> |
| <p>Ensure management oversight at the frontline is appropriately challenging and consistent and that frontline managers are able to use the case file</p> | <p>Bi-monthly audits to review practice as per audit process</p> <p>Quarterly dip sampling of supervision</p> | <p>Bi-monthly</p> <p>Quarterly</p> | <p>All Heads of Service Louise Haughton</p> | <p>Bi-monthly audit currently in progress, outcome report to be produced and presented to CYP Management Team in May 2017</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|--|--|--|---|---|
| <p>audit tool effectively</p> <p>(Ofsted Recommendation 1)</p> | <p>Audit Champions to agree a programme of support with frontline managers to ensure challenge and consistency of approach</p> <p>Implementation of Leadership Programme for frontline managers</p> <p>Ensure the competency based supervision policy is applied in practice</p> | <p>31st May 2017</p> <p>30th September 2017</p> <p>31st May 2017</p> | | <p>Next quarterly dip sampling process to take place in May 2017</p> <p>Meeting of Audit Champions to take place in May 2017</p> |
| <p>Strengthen the line of sight which senior managers, leaders and elected members have on frontline practice by providing detailed information about children in need whose cases are being held by team managers, or managed on duty, prior to being allocated to a named social worker</p> <p>(Ofsted Recommendation 2)</p> | <p>Daily updates accessible to the DCS and Service Director</p> <p>Children Service's Dashboard presented to SEB/Cabinet Member on a monthly basis</p> <p>Weekly report to be directly provided to DCS and Service Director on unallocated cases</p> | <p>28th February 2017</p> <p>31st May 2017, monthly thereafter</p> <p>12th May 2017</p> | <p>Helena Kucharczyk</p> | <p>DCS and Service Director have daily access to performance information through Insight and Performance Sharepoint</p> <p>Draft dashboard presented to PLT in April 2017, will be completed by the end of May 2017</p> |
| <p>Ensure quality assurance tools and processes are embedded at all services levels</p> | <p>Ensure audit tools are available for all services across children's services</p> <p>Ensure restorative practice is reflected in the revised framework - COMPLETE</p> | <p>30th June 2017</p> <p>31st March 2017</p> | <p>Louise Haughton</p> <p>Louise Haughton</p> | <p>Advanced Practitioner for Quality Assurance is reviewing the audit tools for Early Intervention and Social Work Teams – to be completed by 30th June 2017</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|---|---|---|--|
| <p style="text-align: center;">Page 69</p> | <p>Produce a monthly timetable/schedule outlining the focus of dip samples across the service - COMPLETE</p> | <p>31st March 2017</p> | <p>Heads of Service</p> | <p>Monthly dip sampling schedule/timetable has been produced and agreed with Heads of Service</p> |
| | <p>Produce a timetable of the bi-monthly audits and themes for peer evaluation - COMPLETE</p> | <p>31st March 2017</p> | <p>Louise Haughton</p> | <p>Timetable for bi-monthly audits and self evaluations is in place and contained within the QA framework. Most will be general audits although there will be thematic audits on small cohorts. Themes relevant to all service areas are included in the schedule.</p> |
| | <p>Advanced Practitioner lead for quality and improvement to meet with each Head of Service</p> | <p>31st May 2017</p> | <p>Louise Haughton</p> | <p>Meeting took place re. audit tools for Specialist Support Service. Tools are in development will commence use in June 2017</p> <p>Meeting took place re data quality process in Educational Psychology Service. Developing audit process, tools and reports</p> |
| <p>Ensure that greater prominence is given in case files to the thoughts, wishes and feelings of children and young people, so that the child's voice is clearly recorded and understood</p> <p>(Ofsted Recommendation 6)</p> | <p>Ensure a greater focus is given to voice of the child in training</p> <p>Improved prominence of the voice and experience of the child demonstrated through audits</p> <p>Toolkit developed to support improved practice in relation to</p> | <p>31st March 2018</p> <p>31st March 2018</p> <p>30th September 2017</p> | <p>Louise Haughton</p> <p>Heads of Service Louise Haughton</p> <p>Louise Haughton</p> | <p>Conference call with Child and Family Training taken place highlighting what our current needs are, emphasising voice of the child as a key requirement. They are currently adjusting their programme of training to reflect this and will deliver</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|---|-----------------|---|
| | voice and experience of children | | | <p>four cohorts by the end of March 2018</p> <p>Audit tool template has been reviewed and enhanced to ensure that the child's voice and experience can be tracked</p> |
| <p>Ensure that all assessments include a consistently robust analysis of risks and protective factors, resulting in child in need and child protection plans which are specific, measureable and easy for children and parents to understand (Ofsted Recommendation 5)</p> | <p>Implementation of Leadership Programme for frontline managers</p> <p>Dates secured for assessment, planning, analysis, and permanence training 2017/18</p> <p>Improvement in assessment and care plans to be monitored via audit activity</p> <p>Care Planning action to be in all Advanced Practitioner Action Plans</p> | 30 th September 2017 | Louise Haughton | <p>Conference call with Child and Family Training taken place highlighting what our current needs are. They are currently adjusting their programme of training to reflect this and will deliver four cohorts by the end of March 2018</p> <p>Analysis of March audit to be reported to CYP Management Team beginning of May 2017</p> |
| <p>Embed the Neglect Strategy and Toolkit across the workforce</p> | <p>All staff trained on use of the toolkit - COMPLETE</p> <p>Thematic audit of neglect across Children's Services to be commissioned</p> <p>Self-assessment process completed using the Joint Targeted Area Inspection Neglect Framework</p> | <p>31st March 2017</p> <p>30th September 2017</p> <p>31st October 2017</p> | Louise Haughton | <p>Strategy and tool has been presented to all staff</p> <p>Tool has been presented at all social care team meetings (related to thresholds)</p> <p>Advanced Practitioners have all had reflective practice sessions using the tool in their areas across social care</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|---|---|---|
| | | | | <p>Advanced Practitioners continuing to work with Social Work Managers to encourage use of the tool which is currently very limited</p> <p>Criteria for JTAI focusing on neglect currently being considered and will be used as a multi-agency self-assessment tool to understand the current local response to neglect</p> |
| <p>Page 71</p> <p>Ensure feedback from service users is captured, analysed and used to inform service improvement</p> | <p>Advanced practitioner to meet with compliments and complaints, Adoption, Fostering and the participation officer to ensure feedback from service users is fully incorporated into the QA framework</p> <p>Review processes in individual service areas for: collecting and analysing service user feedback; and how this informs service improvement</p> <p>Ensure service user feedback is an integral part of the audit process – COMPLETE</p> | <p>30th September 2017</p> <p>30th September 2017</p> <p>31st March 2017</p> | <p>Heads of Service Louise Haughton</p> | <p>Service user feedback now an integral part of audit process</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|--|------------------|---|
| EARLY INTERVENTION | | | | |
| To review the impact of the team around the family process | Review taken place Action plan produced to respond to review findings | 30 th September 2017 30 th September 2017 | Andrew Wolverson | Review report to CYP Management Team on 8 th May 2017 in order to inform action plan |
| Embed the targeted early help offer and strengthen knowledge and understanding of local needs to assist in identifying families who require targeted early help | Production of local area profiles Production of local action plan for each area | 30 th June 2017 30 th September 2017 | Andrew Wolverson | Work has commenced on the production of local area profiles and content agreed |
| Delivering the Early Years Strategy Page 72 | Strategy formally approved by Cabinet - COMPLETED Approval of the Implementation Plan at Scrutiny Board Increase in the number of children achieving a good level of development | 31 st March 2017 31 st July 2017 31 st March 2018 | Andrew Wolverson | Strategy formally approved and implementation plan in development Checklist defining school readiness developed |
| Improve universal contact with families through integration of a range of partner agencies | Implementation of re-commissioned service for the healthy child programme Increased use of Early Help Assessments by partner agencies | 31 st August 2017 31 st March 2018 | Andrew Wolverson | Fortnightly meetings taking place with preferred bidder to agree service delivery model for healthy child programme Multi-agency Service Champions trained in the use of Eclipse Delivering monthly locality surgeries to increase use of |

| Action | Milestones | Timescales | Lead Officers | Progress |
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| | | | | <p>EHAs by partners and implemented team around the family process</p> <p>Locality conferences being delivered 3 times per year</p> |
| <p>To embed the use of the outcome star assessment in order to evidence distance travelled and outcomes for families</p> | <p>Increase in the number of outcome star assessments completed</p> <p>Evidence of distance travelled</p> | <p>31st March 2018</p> <p>31st March 2018</p> | <p>Andrew Wolverson</p> | <p>Re-issued expectations in terms of recording and pathways – which star to use at what point</p> <p>Audits demonstrating an increase in the use of the star</p> |
| <p>Continuing to refine the processes for the identification and engagement of families that fit the troubled families criteria focusing specifically on ensuring significant and sustained outcomes</p> | <p>Project plan in place</p> <p>Annual target achieved for numbers identified and engaged: 739</p> | <p>30th June 2017</p> <p>31st March 2018</p> | <p>Andrew Wolverson</p> | <p>Initial meeting has been held to identify project support for the Troubled Families Programme. The development of systems to support identification/ payment by results will be part of this work.</p> <p>Prior to commencement of year 3 of phase 2, a meeting has been scheduled with relevant Heads of Service to identify areas for development in relation to troubled families work</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|---|--|--------------------|---|
| SPECIALIST SUPPORT SERVICE | | | | |
| <p>Ensuring the information gathered via missing return interviews is shared effectively to contribute to casework planning and risk management plans</p> | <p>Missing return interviews completed on time</p> <p>Information from missing return interviews considered at operational and strategic CSE and missing forums</p> <p>Reduction in repeat missing incidents for first time missing children and reduction in the number of prolific missing children</p> | <p>31st March 2018</p> | <p>Rachel King</p> | <p>The draft Missing from Home and Care Action plan was signed off by CYP Management Team on 6th April 2017</p> <p>Agreed to dip sample a small number of missing young people's interventions to assess quality and impact – to be concluded by the end of September 2017</p> |
| <p>Increasing occupancy of Upper Pendeford Farm and ensuring the resource is most effectively used to prevent family breakdown</p> | <p>Increased occupancy of Upper Pendeford Farm</p> <p>Delivery of Ofsted Improvement Plan – COMPLETE</p> <p>Evaluation report produced to understand long term impact of specialist support interventions in particular, impact on prevention family breakdown</p> | <p>30th June 2017</p> <p>31st March 2017</p> <p>31st October 2017</p> | <p>Rachel King</p> | <p>Statement of Purpose has been amended and approved by Ofsted to enable Upper Pendeford Farm to also offer short breaks to LAC young people in order to prevent placement breakdown.</p> <p>Balance scorecard data shows occupancy is increasing every month, 78% at the end of April 2017</p> <p>Emergency bed to be removed from the Statement of Purpose so that breaks can be planned into 5 beds (leaving just 1 crisis bed)</p> <p>Ofsted undertook an interim monitoring inspection on 22.3.17. The action plan was signed off and there was one</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
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| | | | | minor action following the interim inspection which has now been completed |
| Extending the use of family group conferencing (FGC) | Development plan for FGC produced Increased take-up of FGC to maximise available resources Extended use of FGC for targeted cohorts | 30 th April 2017 31 st March 2018 31 st March 2018 | Rachel King | A draft paper has been written outlining how Family Group Conferencing might be developed. Work is now required with Insight and Intelligence team to include data to assist in informing local development |
| Ensuring MASE meetings are effectively chaired and discussions focus specifically on risks and this is accurately recorded | Monthly dip sampling and update report to CYP Management Team | 31 st October 2017 | Rachel King | Two plans are reviewed monthly to ensure risk is sufficiently identified within plans Report to update on findings and progress to CYP Management Team in October 2017 |
| CHILDREN IN NEED/CHILD PROTECTION | | | | |
| Ensure that there are robust and timely processes in the MASH for assessments and clear protocols for transfer into localities | To deliver the MASH Improvement Plan including working towards a family approach Ensure sufficient capacity is in place in the MASH to undertake all initial assessments Develop procedures for assessment and in particular, the role of the Social Worker in Strategy discussions | 31 st March 2018 30 th April 2017 30 th April 2017 | Julian Cunningham Julian Cunningham Rachel Warrender Julian Cunningham Louise Haughton | Final recruitment is continuing to fully establish the assessment team by 2 nd May 2017 Procedures for assessment - work in progress Discussion with Children and Family Training has taken place to agree future program. Dates for four cohorts to be secured by 31 st March and training to take |

| Action | Milestones | Timescales | Lead Officers | Progress |
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| | <p>Commission Children & Family training re. assessments and transfer processes</p> <p>Develop transfer protocol for cases from the MASH into localities</p> <p>Review all unallocated cases - COMPLETED</p> <p>Establish a dedicated duty worker in each of the teams and review this after 3 months - COMPLETED</p> <p>Produce a clear policy on the expectations re. unallocated cases regarding oversight, prioritisation, escalation, etc.</p> <p>Introduce template letters that come out from the MASH as cases are transferred and one which is completed by the locality to say that they have received it and what they are going to do with it. This can also be used to feedback to referrers</p> | <p>30th April 2017</p> <p>30th April 2017</p> <p>28th February 2017</p> <p>28th February 2017</p> <p>31st May 2017</p> <p>31st May 2017</p> | <p>Julian Cunningham Rachel Warrender</p> <p>Julian Cunningham</p> <p>Julian Cunningham</p> <p>Julian Cunningham Rachel Warrender</p> <p>Julian Cunningham Rachel Warrender</p> <p>Julian Cunningham Rachel Warrender</p> | <p>place by 30th April 2017</p> <p>Transfer Protocol has now been drafted and is awaiting sign-off by CYP Management Team in May 2017</p> <p>Cases allocated to social work unit managers are regularly reviewed and prioritised for visits by the duty worker and then for allocation. Each case has clear management oversight</p> <p>Dedicated duty worker now in place</p> <p>Policy on unallocated cases is being developed, all managers have been briefed on the process and formal policy will be produced by 30th April 2017.</p> <p>Template letters produced and being further developed</p> |
| <p>Ensure that when children and young people are placed with family and friends, social workers are clear about what actions must be completed to assess and formalise those arrangements in line with</p> | <p>Review permanency policy including the development of a flowchart to inform decision making</p> <p>Audit of all child protection cases where children are not living with</p> | <p>31st May 2017</p> <p>31st May 2017</p> | <p>Rachel Warrender Louise Haughton Alison Hinds</p> <p>Julian Cunningham</p> | <p>Meeting took place on 27th April to review and update the policy. Will be finalised by the end of May 2017. Managers will have been trained by the end of May 2017</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
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| placement regulations (Ofsted Recommendation 4) | their parents to clarify whether it is a private family arrangement or connected persons All social work managers are clear in relation to statutory and regulatory requirements re. placements with family & friends | | | Audit is currently underway and will be completed by 28 th April 2017. A report will then be presented to Service Director and CYP Management Team |
| Improving the offer for carers in response to both Children and Families Act 2014 and Care Act 2014 | Review and refresh DCYP Carers' Strategy Clear offer for carers in place | 31 st March 2018 31 st March 2018 | Julian Cunningham | Draft report outlining the issues currently being developed to be presented to CYP Management Team and PLT in May/June 2017 |
| INCLUSION SUPPORT | | | | |
| Develop the Social, Emotional and Mental Health Strategy Page 77 | Strategy Produced and formally agreed | 30 th September 2017 | Rob Hart | Four priority areas for the strategy have been agreed. Update report to CYP Management Team, PLT and Education Board in May 2017 |
| Ensure assessments are provided to support transfer of statements to Education Health and Care Plans in line with local SEND transition plan | To support 444 transfer reviews | 31 st March 2018 | Rob Hart | Awaiting Figures |
| Undertake a review of services for children and young people who display sexually harmful behaviour | Review completed Action plan produced | 30 th September 2017 30 th September 2017 | Rob Hart | Task and finish group has been established. CCG are commissioning a consultant to develop training and we |

| Action | Milestones | Timescales | Lead Officers | Progress |
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| | | | | are currently in the process of undertaking an audit using the NSPCC audit tool |
| Develop Inclusion Support training offer for CYP workforce, schools and trading externally | Undertake review of existing training offer and identified needs, and identify associated workforce development needs within Inclusion Support. | September 2017 | Rob Hart | Action due to commence May 2017 |
| | Produce brochure of training offer and schedule of training events for 2018/9 | December 2017 | | |
| | Develop performance framework and stakeholder group to monitor progress and development | March 2018 | | |
| Reduce the number of exclusions | Action plan produced – COMPLETED | 30 th September 2017 | Rachel King Rob Hart | Briefing note presented to Education Board on 31 st March 2017 with proposed action plan Implementation Group currently being established and dates being scheduled |
| | Implementation Group to be established to oversee the delivery of the action plan | 31 st May 2017 | | |
| | Reduction in exclusions | 31 st July 2018 | | |
| HEADSTART | | | | |
| Deliver the HeadStart Programme | Establish Centre of Excellence Establish Community Hubs Effective digital offer in place to support CYP | 31 st March 2018 | Kevin Pace | Developments for the Centre of Excellence at the Lawnswood campus have been progressing since 2016. A report has been submitted to PLT and SEB to note the |

| Action | Milestones | Timescales | Lead Officers | Progress |
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| <p style="text-align: center;">Page 79</p> | | | | <p>development of the workforce development strategy and to advise on future plans for the building in order for the centre to progress further.</p> |
| | | | | <p>Revised timescales are dependent on a decision about the campus and whether or not it is a viable option for the centre. It was forecast that the training catalogue would be live by the end of April 2017 with delivery starting in September 2017. Timescales will be re-forecast following a decision</p> |
| | | | | <p>The first of four community bases located in the four target geographical areas was in place in Feb 2017</p> |
| | | | | <p>The remaining three bases are nearing the end of evaluation process. Options are to be discussed through the HeadStart Executive Group on 3rd May with a final decision endorsed at Partnership Board on the 24th May. Leases and agreements will be drawn up and signed with staff in the base from June 2017</p> |
| <p>The city-wide digital offer will have two elements:</p> | | | | |

| Action | Milestones | Timescales | Lead Officers | Progress |
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| Page 80 | | | | <p>headstartonline which will focus on news, information, signposting and user generated content. The second online support and guidance more specific to the needs of individuals either through referrals to the programme or one to one counselling.</p> <p>A recommendation is going to the Partnership Board on 24th May on a way forward for the support and guidance platform following a move away from the original intention of implementing Kooth. Next steps will be to develop the specification and to go out to procurement with a platform in place by the end of the 2017</p> |

LOOKED AFTER CHILDREN

| | | | | |
|---|--|-----------------------------|-----------------------------------|--|
| <p>Strengthen advocacy arrangements to ensure that children in need of help and protection and their parents and children looked after are enabled to make a meaningful contribution to child in need and child protection processes and children looked after reviews</p> <p>(Ofsted Recommendation 7)</p> | CiN/CP and LAC Management Teams to receive regular reports | 30 th June 2017 | Julian Cunningham Alison Hinds | Process has been changed – now embedded in a document so that it can be recorded and reported on |
| | Ensure recording captures reasons for no take-up of advocacy | 30 th June 2017 | Julian Cunningham Alison Hinds | Report and action plan presented to CYP Management Team on 21 st April 2017 |
| | Ensure all staff are aware of the revised process re recording - COMPLETE | 31 st March 2017 | Alison Hinds | Quarterly updates to be presented to CYP Management Team |
| | Review current contracts re | 30 th June 2017 | Alison Hinds | |

| Action | Milestones | Timescales | Lead Officers | Progress |
|--|---|--|--|--|
| | provision of advocacy services to ensure that they respond to local need | | | |
| <p>Ensure that children looked after who would benefit from one have access to an independent visitor</p> <p>(Ofsted Recommendation 8)</p> | <p>Ensure all staff are aware of referral process</p> <p>Changes to be made to LAC review report to ensure this has been considered where appropriate</p> | <p>30th June 2017</p> <p>30th June 2017</p> | <p>Alison Hinds</p> | <p>Report and action plan presented to CYP Management Team on 21st April 2017</p> <p>Quarterly updates on impact will be presented to CYP Management Team</p> |
| <p>Ensure that looked after children who are living at a distance from Wolverhampton receive the same level of health and educational support as children living closer to home</p> <p>(Ofsted Recommendation 3)</p> | <p>LAC performance report to include monthly information on out of city health assessments</p> <p>Ensure robust process is in place for spot purchasing assessments for children over 50 miles out of city</p> <p>Improved educational attainment for out of city LAC</p> | <p>31st May 2017</p> <p>30th September 2017</p> <p>31st July 2018</p> | <p>Helena Kucharczyk</p> <p>Alison Hinds</p> | <p>CCG commissioned a new post in the trust to conduct LAC health assessments up to 50 miles – Remaining 80 children requiring spot purchase services</p> <p>Report regularly being produced and presented to LAC Health Steering Group</p> <p>Dedicated post in COPE to focus on out of city looked after children</p> <p>VSH currently developing new LAC education improvement plan</p> |
| <p>Continue to lead on the development of the Regional Adoption Agency</p> | <p>Cabinet to approve establishment of the RAA</p> <p>Cabinet to approve detailed</p> | <p>30th June 2017</p> | <p>Emma Bennett</p> | <p>Monthly steering group meeting bringing together Black Country Assistant Directors – on track</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|---|--|---------------------|--|
| | <p>service specification for the RAA</p> <p>go live</p> | <p>31st October 2017</p> <p>31st July 2018</p> | | |
| <p>Ensure that once children are placed with adoptive families there is no unnecessary delay in applying for an adoption order</p> <p>(Ofsted Recommendation 11)</p> <p>Page 82</p> | <p>Adoption applications to be made 10 weeks after a child is placed in prospective adoptive household</p> <p>Annex A's to be completed by the child's social worker and lodged with the court at the same time - COMPLETE</p> <p>CareFirst activity to be utilised to ensure timescales are met - COMPLETE</p> <p>Dip samples to take place to ensure adoption applications and Annex A's are being lodged at 10 weeks</p> | <p>30th September 2017</p> | <p>Alison Hinds</p> | <p>Activity has now been created on CareFirst and being monitored on the monthly tracker</p> |
| <p>Increase the number of Special Guardianship Orders</p> | <p>Increase in the number of SGOs Through the delivery of SGO Action Plan</p> | <p>31st March 2018</p> | <p>Alison Hinds</p> | <p>Long term placements are being formally reviewed and tracked</p> <p>Family and Friends Training will ensure managers are fully aware of the SGO process</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|---|---------------------|--|
| <p>Increase the number of internal foster carers</p> | <p>Commission iMPower to work with the team to identify areas of improvement and new ways of working</p> <p>iMPower produce a report outlining findings and next steps</p> <p>Deliver the Foster Carer action plan</p> | <p>31st March 2017</p> <p>31st May 2017</p> <p>31st March 2018</p> | <p>Alison Hinds</p> | <p>iMPower commissioned and project work began on 27 February 2017</p> <p>iMPower are on target to produce their final report on 22 May 2017</p> <p>Action plan to be completed once final report received</p> |
| <p>Increase awareness and reporting of private fostering</p> <p style="text-align: center;">Page 83</p> | <p>To deliver the Private Fostering Action Plan</p> <p>Increase in numbers of private fostering arrangements in the City</p> <p>Annual report to be presented to WSCB</p> | <p>31st March 2018</p> <p>31st March 2018</p> <p>30th September 2017</p> | <p>Alison Hinds</p> | <p>Action plan to increase knowledge/numbers of private fostering arrangements is being monitored by CYP Management Team</p> <p>Numbers remain low</p> <p>Local multi-agency forum has been established to promote champion roles in partner organisations</p> |
| <p>Ensure that all personal education plans (PEPs) are specific, measurable and easy for children and young people to understand</p> <p>(Ofsted Recommendation 9)</p> | <p>Implementation of the electronic PEP</p> <p>Improved quality of PEPs to be monitored via termly audits undertaken by COPE Team</p> | <p>30th September 2017</p> <p>Termly audits</p> | <p>Alison Hinds</p> | <p>Implementation of electronic PEP has been delayed. Service Director progressing this with ICT</p> <p>Termly audits are in place Audit form includes specific scrutiny of whether targets are SMART. This has been briefed out to designated teachers.</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|--|----------------------------------|---|
| Ensure Wolverhampton is fully compliant with the changes outlined in the Children and Families Bill | Action Plan to be produced | 30 th September 2017 | Rachel Warrender Alison Hinds | Initial action plan to be presented to CYP Management Team in May 2017 |
| CARE LEAVERS | | | | |
| Ensure that all pathway plans include targets which are specific, measureable and written in such a way that there is no room for ambiguity about who needs to do what by when, to ensure that care leavers are able to make a successful transition to independence (fsted Recommendation 10) | Training to be delivered to all staff in transition team to ensure improvement in pathway planning - COMPLETED Dip sampling of pathway plans to ensure improvement in practice | 31 st March 2017 31 st May 2017 | Alison Hinds | Workshop for transition team took place on 22 nd March 2017 Dip sampling to measure improvements in quality of pathway plans has taken place, report will be presented to LAC Management Team and CYP Management Team |
| Increase the number of vulnerable 16+ engaged in education, employment and training | Deliver the NEET Action Plan Reduction in NEET | 31 st March 2018 | Alison Hinds | Action plan in place. Monitored quarterly through CYP Management Team. 39.5% of Care Leavers were NEET at 31 st March 2017 compared with 40% at 31 st March 2016 |
| Ensure all care leavers are provided with a health summary | 100% care leavers provided with a health summary | 31 st March 2018 | Alison Hinds | Health summary document has been produced and numbers are being monitored |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|---------------------------------|---------------------------------|--|
| YOUTH OFFENDING TEAM | | | | |
| Ensuring earlier and improved joint planning between social care and YOT for young people released from tier 4 and custody | Adherence to the YJB National Standards) | 31 st July 2017 | Alison Hinds Sally Nash | Workshop with YOT and Transitions staff scheduled for May 2017 to develop closer working relationships and processes and joint working protocol |
| | Implement actions in the LAC/YOT working more effectively together action plan | Dates as per the plan | Alison Hinds Sally Nash | |
| | Develop a joint working protocol between YOT and Social Care | 31 st July 2017 | Alison Hinds Sally Nash | |
| Review the work delivered locally across the CYP Service in support of the Gangs Strategy | Establish Youth Crime Steering Group | 31 st May 2017 | Andrew Wolverson Sally Nash | Sally Nash to convene Youth Crime Steering Group and develop an action plan |
| | CYP Service to develop an action plan re. response to gangs | 31 st July 2017 | | |
| To reduce reoffending within the YOT | Implement the reoffending toolkit | 31 st March 2018 | Sally Nash | YOT Management Board approved in principle use of the reoffending toolkit Research proposal accepted by YOT Management Board in April 2017. |
| | Ensure the findings from evaluation of interventions are understood and adopted | 30 th September 2017 | | |
| Increase the engagement of YOT young people in Education training and employment | Achieve target (63%) of young offenders engaged in employment, education and training by 31 st March 2017 | | Sally Nash Darren Martindale | Virtual School Head has incorporated YOT needs into Model School Policy and is progressing an integrated |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|---|---|---|
| | <p>Embedding of the Youth Employment Initiative delivery in the YOT</p> <p>Review of YOT ETE processes and action plan</p> | <p>31st March 2018</p> <p>30th June 2018</p> | | <p>approach to the needs of YOT and LAC.</p> <p>YOT now regularly attending the Designated Head Teachers Forum</p> |
| COMMISSIONING | | | | |
| <p>EPP – joint review of the pooled budget for external placements between CWC and the CCG in order to ensure value for money</p> <p>Page 86</p> | <p>Produce terms of reference for the review and timeline for the work and present to the next meeting of the Joint Commissioning Board - COMPLETE</p> <p>Review completed and proposals presented back to the Joint Commissioning Board</p> | <p>28th February 2017</p> <p>31st August 2017</p> | <p>Alison Hinds</p> <p>Alison Hinds</p> | <p>Terms of reference have been developed.</p> <p>Verbal update at MSMG in May 2017 and final report in July 2017</p> |
| <p>Develop and deliver the 2017/20 Sufficiency Strategy</p> | <p>Sufficiency Strategy 2017/20 produced and approved</p> | <p>30th June 2017</p> | <p>Paul Smith</p> | <p>Draft strategy discussed at CYP Management Team and PLT in April 2017.</p> <p>Will be presented back to PLT for approval in May 2017</p> |
| <p>Review and re-commission Domestic Violence Support Services</p> | <p>Tender agreed</p> <p>Tendering process commenced</p> <p>New service in place</p> | <p>31st August 2017</p> | <p>Juliet Granger</p> | <p>Tender still being developed. Negotiations with current provider re. extending current contract ongoing</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|--|--|---|----------------------|---|
| <p>Review and re-commission supported accommodation</p> | <p>Options paper on commissioning intentions taking into account recommendations</p> <p>Market warming</p> <p>Tendering process commenced</p> <p>New service in place</p> | <p>30th June 2017</p> <p>31st July 2017</p> <p>30th November 2017</p> <p>1st April 2018</p> | <p>Paul Smith</p> | <p>Discussions taking place with stakeholders to inform commissioning intentions</p> <p>Options paper due to go to CYP Management Team end of May 2017</p> |
| SAFEGUARDING | | | | |
| <p>Embed the Child Protection Conference model and enhance by drawing on Restorative Practice approaches</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 87</p> | <p>Improved decision making and planning within CP conferences.</p> <p>Improved parental and young people's participation.</p> <p>A 6 monthly progress report of CP conference framework is completed which includes participation, impact and outcomes.</p> <p>Conference Contributor survey is completed</p> <p>6 monthly audit of quality of CP plans</p> | <p>31st May 2017</p> <p>31st May 2017</p> <p>30th September 2017</p> <p>31st December 2017</p> <p>31st July 2017</p> | <p>Dawn Williams</p> | <p>The revised CP conference process has been rolled out across Wolverhampton and partners are aware of their responsibilities within this</p> <p>Participation of parents in informing the outline CP plan has, anecdotally, increased</p> <p>CYP management team have requested a briefing note confirming how Restorative Practice is reflected within the CP conference – Date currently being agreed</p> |
| <p>Improve engagement of parents in the LAC review process</p> | <p>Introduction of an annual audit of Parental participation across the range of LAC reviews is completed</p> <p>Introduction of new LAC information leaflet for parents</p> | <p>October 2017</p> <p>30th June 2017</p> | <p>Dawn Williams</p> | <p>Parental engagement in LAC reviews is significantly impacted by the care plan for child/yp despite regulation expectations</p> <p>The new information leaflet is currently under design and is</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|--|---|---|---------------|--|
| | SW staff updated on expectations of parental involvement in LAC reviews | 31 st May 2017 | | subject of time limited consultation |
| <p>Review the use of the Petch Screening Tool and understand impact</p> <p>Page 88</p> | <p>Petch tool is embedded across the partnership</p> <p>Where the risk of CSE is identified, children 12 years and under, have appropriate plans in place</p> <p>Scheduled Audit of completed Petch Tools in place and regularly reported to CYPMT & SEMT committee</p> | <p>31st March 2018</p> <p>31st May 2017</p> <p>30th September 2017</p> | Dawn Williams | <p>The Petch tool was implemented by Children's Services at the end of January 2017. Initial evidence suggests that some teams are not aware of the tool despite significant publicity and awareness raising</p> <p>CSE training for schools, wherein the Petch tool was to be promoted, has been hampered by lack of take up by school DSLs. The training has been re-offered for June and July 2017.</p> <p>An audit tool is under development which considers the quality of tool completion, analysis and translation to MASE planning</p> |
| <p>Ensuring the role of the IRO/CP conference Chairs plays a key role in improving social work practice</p> | <p>SW responsibilities/actions surrounding CP and LAC processes are improved</p> <p>Care planning is SMART and drift and delay for children and YP is minimised</p> <p>Audit of Carefirst to ensure recording demonstrates</p> | | Dawn Williams | <p>The QA activity for IROs is held within CareFirst but electronic reporting remains inaccessible - Discussions continue with BIT to achieve this by September 2017</p> <p>IRO case conversations are generally recorded on</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|--|--|--|----------------------|--|
| | <p>challenge and support by IRO/CP chairs.</p> <p>QA activity is regularly reported from CareFirst to enable practice improvement</p> <p>IRO/CP chairs have evidenced active involvement in SW development activities</p> | <p>31st July 2017</p> <p>30th September 2017</p> | | <p>CareFirst but the quality of these records requires audit</p> <p>IRO/CP chairs have links with teams and are involved in staff induction but the variety of their involvement requires compilation and oversight to ensure action and impact</p> |
| <p>Working closely with the Domestic Violence Forum to deliver the CYP Domestic Violence Improvement Plan and an effective Barnardo's Screening Tool process which reflects 'Think Family' and improves outcomes for those affected</p> | <p>Think Family is embedded within interventions where DV is a presenting feature.</p> <p>CYP DV Improvement plan reflects safeguarding priorities for children.</p> <p>Audit of Impact of DV framework for children and young people is completed and reported on.</p> <p>Review of BST redesign is in place which reflects improved information sharing, increased adherence to the of seeking consent, a think family approach and better outcomes for those impacted by DV</p> | <p>June 2017</p> <p>January 2018</p> <p>September 2017</p> | <p>Dawn Williams</p> | <p>Head of Safeguarding, Head of Community Safety and the DV Co-ordinator have worked closely to devise a draft DV action plan - This is due to be signed off by the DV Forum in June 2017</p> <p>An audit tool is being created to enable a children's' case file audit, against the DV framework. This will be undertaken jointly between the Safeguarding service and the relevant service area</p> <p>16 social workers have been trained to work with perpetrators of DV in readiness for the launch of the PCC DV perpetrator project which is now planned for September 2017</p> <p>The 2016 review of the BST process led to significant change. A performance and</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|---|--|---|--|--|
| | | | | quality framework to review impact is being presented to the WSCB Sub-Group for performance on 10 th May 2017 |
| WORKFORCE DEVELOPMENT | | | | |
| <p>Page 90</p> <p>Establish a stable workforce and reduce reliance on agency staff</p> | <p>Review workforce data collection mechanisms and ensure that accurate and consistent reporting can be produced for managers at all levels – COMPLETED</p> | 31 st March 2017 | <p>Jo Farley Louise Haughton</p> | <p>Data regularly provided to Service Director and DCS</p> <p>Rolling recruitment process with quarterly interviews</p> <p>Recruitment and Retention Officer recruited internally, to commence the end of May 2017</p> <p>Specific meeting arranged for 10th May between Service Director and HoS to review use of agency workers</p> |
| | <p>Monthly updates to Executive Director and Service Director - COMPLETED</p> | 31 st March 2017 | | |
| | <p>Regular recruitment processes for grade 7, 8 and 9 social workers - COMPLETED</p> | 31 st March 2017 | | |
| | <p>Recruitment of a post to focus on recruitment and retention - COMPLETED</p> | 31 st March 2017 | | |
| | <p>Reduction in numbers and spend on agency social workers</p> | 31 st March 2018 | | |
| <p>Produce a development plan for Social Work Managers and use this to inform a development programme to include a mixture of internal</p> | <p>Development Plan to be produced and presented to CYP Management Team</p> <p>Commission a development</p> | <p>31st May 2017</p> <p>31st September 2017</p> | <p>Louise Haughton Susan Serventi</p> <p>Louise Haughton</p> | <p>Three sessions with social work unit managers have taken place to co-create the outcomes and content of the development programme</p> |

| Action | Milestones | Timescales | Lead Officers | Progress |
|--|---|---|------------------------|--|
| <p>and external facilitators and coaching/mentoring. Programme to be mandatory</p> | <p>programme for managers</p> <p>Improvement in quality and consistency of frontline managers</p> | <p>31st March 2018</p> | <p>Susan Serventi</p> | <p>Paper to be presented to CYP management team in May 2017. To be extended to consider frontline managers in early intervention and intensive family support</p> |
| <p>Roll-out Restorative Practice Training across Children Services Workforce</p> | <p>Restorative Practice Training to be delivered</p> <p>Impact/Evaluation Report</p> | <p>30th September 2017</p> <p>31st March 2018</p> | <p>Louise Haughton</p> | <p>One Day Awareness – 79 Managers – 56 Frontline Practitioners – 98</p> <p>Training is on schedule</p> <p>Draft impact and evaluation report was presented to the RP Board and four areas of evaluation agreed:</p> <ul style="list-style-type: none"> • LAC Transitions • One Strengthening Families team • One Social Work Unit • Intensive Family Support <p>Agreement from The City of Wolverhampton University to lead evaluation they have committed £6,000 to the evaluation</p> |

COMPLETED ACTIONS

| ACTIONS | MILESTONES | TIMESCALES | LEAD OFFICERS | PROGRESS |
|--|--|-----------------------------------|-----------------------------------|--------------------------------|
| <p>Review CYP Management Team monthly performance management meetings to ensure performance and quality assurance are jointly reviewed and responded to</p> | <p>Introduce an action log from each performance management meeting</p> <p>PSW invited to attend future meetings</p> | <p>31st March 2017</p> | <p>Emma Bennett</p> | <p>ACTION COMPLETED</p> |
| <p>Produce an improvement plan for Carefirst and Guardian</p> | <p>Produce an action plan to ensure all issues with Guardian and Carefirst are resolved</p> | <p>30th April 2017</p> | <p>Julian Cunningham</p> | <p>ACTION COMPLETED</p> |
| <p>Page 92 Ensure that young people get swift access to appropriate education provision and reduce delay between school place allocation and the date of admission</p> | <p>Reduce % of CME investigations that are as a result of young people delayed by the admission process</p> <p>System developed where school admissions record the date schools are told about the admission and produce reports showing the date they go on to roll</p> | <p>31st March 2018</p> | <p>Rachel King Bill Hague</p> | <p>ACTION COMPLETED</p> |
| <p>Extend NEET action plan to include those not available to the labour market (NALM)</p> | <p>NEET action plan updated and presented to CYP Management Team</p> | <p>30th April 2017</p> | <p>Alison Hinds</p> | <p>ACTION COMPLETED</p> |

| ACTIONS | MILESTONES | TIMESCALES | LEAD OFFICERS | PROGRESS |
|--|--|---|--|--------------------------------|
| <p>To implement the action plan arising from the Joint Inspection</p> <p>Ensure the findings from evaluation of interventions are understood and adopted</p> | <p>Quarterly review of progress by the YOT Management Board</p> <p>Achieve target (63%) of young offenders engaged in employment, education and training by 31st March 2017</p> | <p>31st March 2017</p> | <p>Sally Nash</p> | <p>ACTION COMPLETED</p> |
| <p>To continue to improve the monitoring of elective home education (EHE) arrangements to ensure children are safeguarded</p> | <p>Deliver the EHE Improvement Plan – SIGNED OFF AND COMPLETE</p> | <p>31st March 2017</p> | <p>Rachel King</p> | <p>ACTION COMPLETED</p> |
| <p>Extending the use of Upper Pendeford Farm to prevent placement breakdown</p> | <p>Approval for extended use of Upper Pendeford Farm to support foster care respite</p> | <p>31st March 2017</p> | <p>Rachel King</p> | <p>ACTION COMPLETED</p> |
| <p>Improve the relationship between panel and managers</p> | <p>Agency Decision Makers to observe panel at least once a year</p> <p>Undertake the Panel chair's appraisal in a timely way</p> <p>Schedule meetings between the Panels and the Adoption Team</p> | <p>31st March 2017</p> <p>31st March 2017</p> <p>31st March 2017</p> | <p>Emma Bennett Alison Hinds</p> <p>Emma Bennett</p> <p>Alison Hinds</p> | <p>ACTION COMPLETED</p> |
| <p>Review the workforce development plan to ensure it reflects the priority areas for action identified through the Ofsted process and supports the development of a capable and competent workforce</p> | <p>2016/17 Plan to be signed off and 2017/18 Plan to be approved</p> | <p>31st March 2017</p> | <p>Susan Serventi Louise Haughton</p> | <p>ACTION COMPLETED</p> |

| ACTIONS | MILESTONES | TIMESCALES | LEAD OFFICERS | PROGRESS |
|---|--|-----------------------------------|---|--------------------------------|
| <p>Commission Child and Family Training to deliver a programme of training for all social workers and strengthening families workers</p> | <p>Training specification to be produced which focuses on:</p> <ul style="list-style-type: none"> - Revised assessment procedures - Reinforcing pathways - Good quality chronologies - Voice of the child - Reflective practice - Consistency of plans and assessments - Family conversations - Recording - SMART and YP friendly targets | <p>31st March 2018</p> | <p>Louise Haughton Susan Serventi</p> | <p>ACTION COMPLETED</p> |

KEY:
Page 94

Significant Risk that it will not be achieved

Some risk that it may not be achieved although this may be corrected by remedial action

On target to complete on or before its target date

Completed

Children, Young People and Families Scrutiny Panel

14 June 2017

| | | |
|--|---|---|
| Report title | Draft People Directorate Commissioning Strategy | |
| Decision designation | | |
| Cabinet member with lead responsibility | Councillor Sandra Samuels | |
| Key decision | No | |
| In forward plan | Yes | |
| Wards affected | All | |
| Accountable director | Linda Sanders, People | |
| Originating service | People | |
| Accountable employee(s) | Linda Sanders Tel Email | Strategic Director People 01902 553000 linda.sanders@wolverhampton.gov.uk |
| | Paul Smith Tel Email | Head of Commissioning 01902 555310 Paul.smith@wolverhampton.gov.uk |
| Report to be considered by | Health and Well-Being Board Cabinet | 28 June 2017 19 July 2017 |

Recommendation(s) for action or decision:

Scrutiny Panels are recommended to:

Note, scrutinise and comment on the attached draft People Directorate Commissioning Strategy 2017-21 *Shaping Futures, Changing Lives* (attached as Appendix 1.)

1.0 Purpose

- 1.1 For Scrutiny Panel to note, scrutinise and comment on the content of the attached draft People Directorate Commissioning Strategy entitled *Shaping Futures, Changing Lives*.

2.0 Background

- 2.1 The Cabinet of 26 April 2017 approved the attached Draft People Directorate Commissioning Strategy for consultation during May and June 2017 with a view to seeking final Cabinet approval to the Strategy at its meeting of 19 July 2017.
- 2.2 It has been considered by the Scrutiny Board on 30 May 2017 and the Adult and Safer City Scrutiny Panel on 13 June 2017.
- 2.3 The attached Draft People Directorate Commissioning Strategy explains the overall drivers, approach and content of the strategy for all parts of the service directorate.
- 2.4 The draft strategy is titled *Shaping Futures, Changing Lives*. It updates our approach in two ways.
- 2.5 Firstly, by bringing together in one place the wide-ranging activity already underway in the People Directorate through transformation initiatives.
- 2.6 Secondly, it shapes the direction for the People Directorate of the next stage of development in creating a single, simple narrative and model which will inform on-going engagement, service transformation and planning as part of one council and with partners.
- 2.7 Updating a commissioning strategy also gives opportunity to incorporate developed approaches such as our approach to de-commissioning. It gives new focus to other initiatives such as the Health and Well Being Board priorities established in 2015/16. It also underpins the way in which commissioning is being harmonised within the People Directorate.

3.0 Progress, options, discussion, etc.

- 3.1 There has been significant engagement across all sections of the People Directorate as well as with colleagues in corporate procurement, finance, HR and workforce to develop the draft strategy to this stage. It may be that the content offers a template for application in other parts of the Council.
- 3.2 An early version of the draft was shared as evidence with OFSTED to support their positive view of the “leadership” element of the 2017 inspection.

- 3.3 The Cabinet of 26 April 2017 approved the draft strategy for consultation during May and June 2017. A Communications / Engagement Plan was developed and is attached as Appendix 2. At the time of the Panel meeting, this is now underway and a verbal update will be given to the Panel about any developing themes.
- 3.4 The draft Commissioning Strategy has been shared with NHS commissioning colleagues in the context of overall work on care and health integration. The current stage of development and direction for care and health integration is reflected in the attached draft.
- 3.5 The Panel will note that the strategy is a wide-ranging document which makes links to many areas outside the People Directorate. Indeed, the success of the strategy will be linked to achievements elsewhere e.g. with NHS partners or continued joint-work on the development of skills and career pathways for care in the city. Scrutiny Panels are invited to consider and comment on the attached draft Strategy with a view to ensuring that it is as rounded as possible.

4.0 Financial implications

- 4.1 There are no direct financial implications arising from this report. Any actions arising from the Strategy and the associated plans will be delivered from existing budgets.
- 4.2 A commissioning strategy and associated plans will be key instruments in managing the financial environment for the People Directorate over the coming period.
(AS/23022017/B)

5.0 Legal implications

- 5.1 Details of law relevant to the development of a Commissioning Strategy are included in the draft strategy in Section 4.0 and include:
- The Health and Social Care Act 2012 section 192 (amending the Local Government and Public Involvement in Health Act 2007 section 116 (as amended by the Act – section 192) require a “responsible local authority” and each of its partner CCGs to prepare Joint Strategic Needs Assessment and Joint Health and Well Being Strategies; and section 116A (as inserted by the Act – section 193); Section 196 provides that these functions are to be exercised by the health and wellbeing board established by the local authority.
 - The Care Act 2014 –
 - Section 3 establishes legal basis of integration of care and support with health services
 - Section 53ff. establishes requirements relating to market oversight
 - Children’s Act 1990 Section 22G creates a statutory requirement for a Sufficiency Strategy for accommodation of children looked after by the council under which is an important part of the commissioning

- Children and Families Act 2014 introduced new requirements including
 - those on adoption, special educational needs or disabilities
 - statutory requirements on integration with health and joint commissioning with health partners (Sections 25-26).

[RB28022017/V]

6.0 Equalities implications

- 6.1 The draft Commissioning Strategy is underpinned by population needs assessment analysis and market shaping activity. These strands provide a framework for action to support all parts of the community in the City of Wolverhampton to allow specific market shaping as needed.

7.0 Environmental implications

- 7.1 A key intention of the draft Commissioning Strategy is to ensure sustainability for people needing support or care through sustainable resources management and service design. This augments the assets which people bring in their lives. The development of neighbourhood and locality approaches support more sustainable approaches to personal support with potential positive benefit for the environment.

8.0 Human resources implications

- 8.1 The Commissioning Unit has been re-organised and recruitment to vacant staff team roles is being finalised.
- 8.2. Any other activity which affects Council staff arising from this strategy will be managed through the relevant approved project plan and further advice sought as needed.

9.0 Corporate landlord implications

- 9.1 There are no corporate landlord implications at this stage.

10.0 Schedule of background papers

- 10.1 Not applicable.

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CITY OF
WOLVERHAMPTON
COUNCIL

SHAPING FUTURES, CHANGING LIVES

**PEOPLE DIRECTORATE
COMMISSIONING STRATEGY
2017-2021**

x

| VERSION CONTROL | | |
|-----------------|-------------------------|----|
| 30/01/17 | V0.2 | bc |
| 14/02 | V0.4 | BC |
| 20/02 | V0.5 | BC |
| 22/02 | V0.6 post PD PLT | BC |
| 09/03 | V0.7 SEB | BC |
| 16/03 | V0.8 post SEB | BC |
| 28/03/17 | V0.9 post Cabinet Leads | BC |

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1.0 People Directorate commissioning - Foreword

Shaping Futures, Changing Lives – our title for this new commissioning strategy states what we are doing through this first Commissioning Strategy for the People Directorate. Many factors influence the development of this new strategy:

- Continued and growing focus on prevention, strengthening families and using the assets and strengths which individuals, families and communities bring to their experience of life to promote their wellbeing and when they need more support
- *Care Act 2014* statutory duty for market shaping and development
- Renewed focus on collaboration rather than competition in NHS services
- Co-production – extending new understanding and actions
- Overall influence of changes in law such as the *Care Act 2014* and the *Children and Family Act 2014* SEND Reforms
- On-going statutory requirement of the role of Director of Adults Social Services, Director of Children's Services and Director of Public Health for commissioning ¹ and
- Local factors such as:
 - One Council approach in the service of people in the City
 - Outcome of 2017 OFSTED Inspection of children's social care, our whole family approach and roll-out of Restorative Practice as an approach to working with families
 - Developing our local City of Wolverhampton *Community Offer*
 - People Directorate service re-design such as the Multi-Agency Safeguarding Hub (MASH) embracing a prevention and early help focus, revised early intervention model and specialist support service in children and young people's services
 - Outcome of the *Adult Social Care Peer Review* of March 2016 which recommended a more thematic approach to commissioning
 - Strengthening public health influence in and beyond the council
 - Re-structuring of adult social care operations under one Service Director
 - Working with partners including in the voluntary and community sector so that the experience of people using health and care services is more integrated in our community based approaches
 - Updating of other related strategies e.g. workforce, quality strategies; and need for coherence across strategies e.g. children's disability

This new Strategy will drive the recently established People Directorate Commissioning Unit, capturing current activity and informing future priorities.

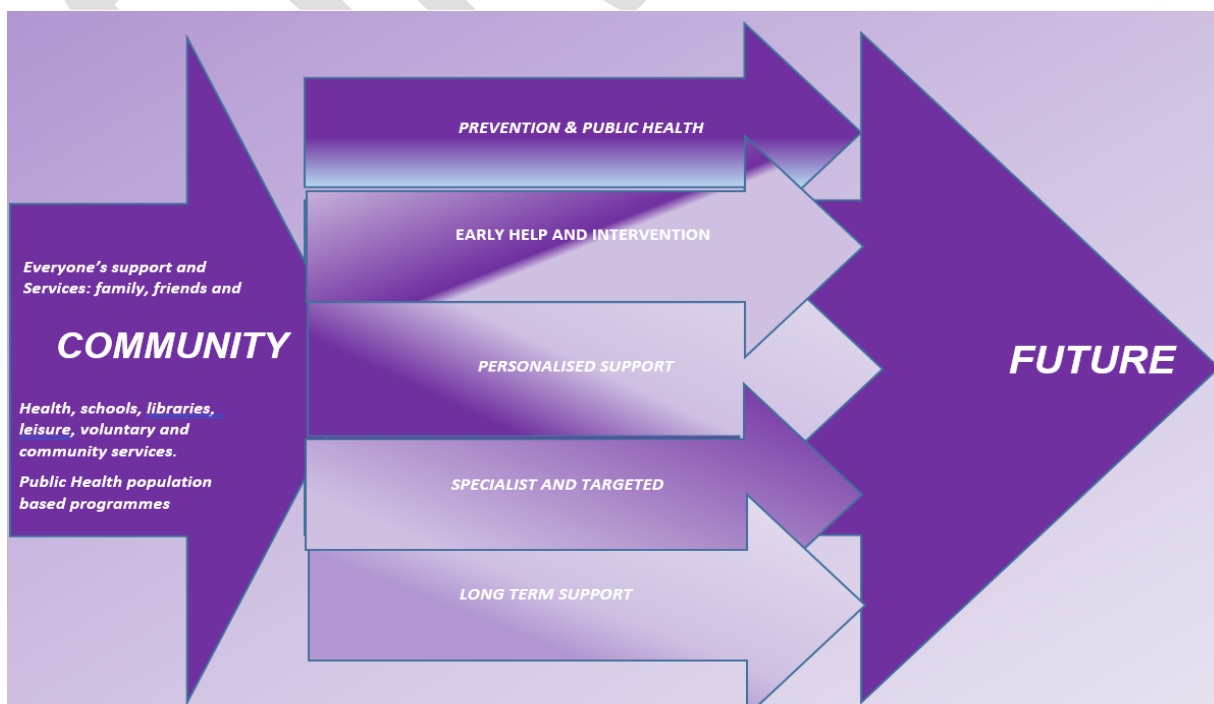
1.1 Vision

In this People Directorate Commissioning Strategy, on behalf of people living in the City of Wolverhampton:

- We embrace a positive, asset-based approach

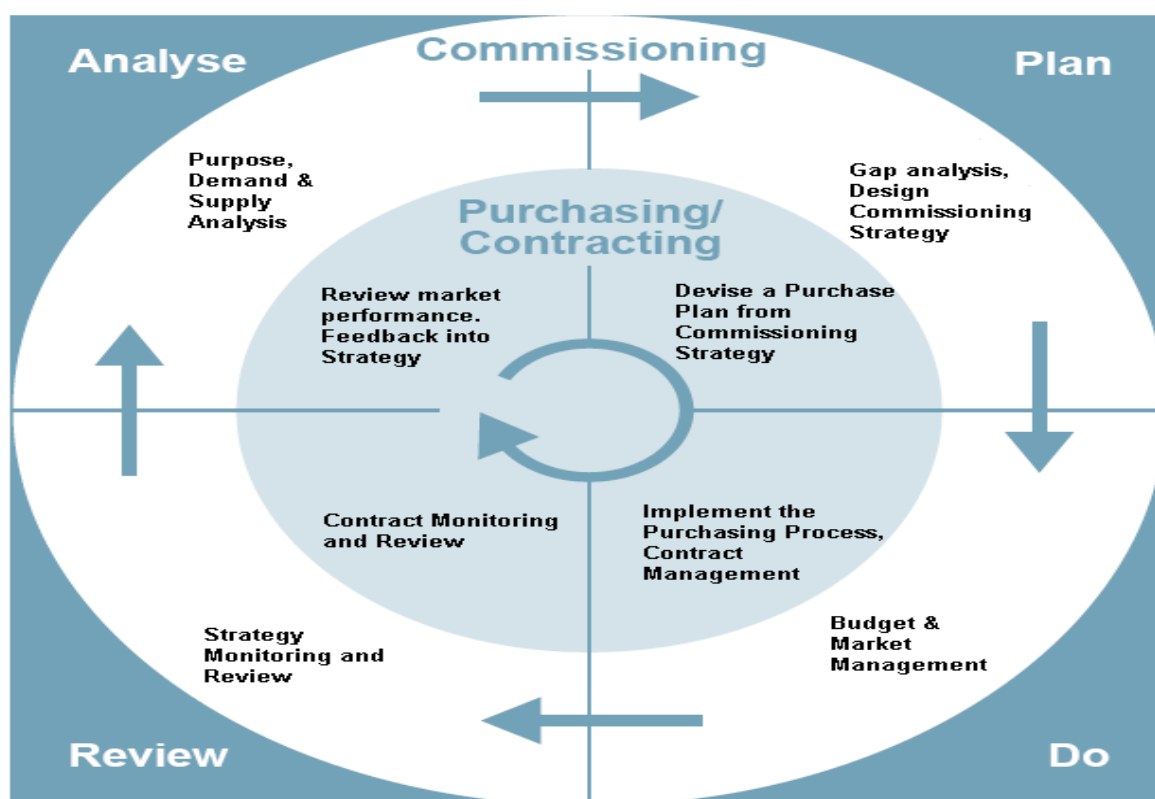
- We are using our resources to shape and investing in a better future.
- We know these are challenging times but we will not simply manage decline.
- Individuals will be at the centre of the commissioning process -
Commissioning is for people
- We are working to ensure that people benefit from a well-shaped market where commissioned services are local, provide social value, high quality, capacity rich, citizen-led and cost effective
- We recognize the contribution of the voluntary and community sector to the successful delivery of our vision
- Our interventions are evidence-based and we will learn from best practice in other places
- We focus on delivery of care to people in their own homes or as close to home as possible.
- We will provide people with the skills to live safely and independently
- We will co-produce with citizens
- We will jointly commission with partner agencies where possible so that people's experience of support and care is integrated

In this strategy we adopt HM Treasury's approach used in the context of "value for money" work as '*...the optimum combination of whole-of-life costs and quality (or fitness for purpose) of the good or service to meet the user's requirement.*'² In other words, we want to maximise synergies, shared learning and action of being a People Directorate (examples include - telecare, work on loneliness, foster/shared care;) ensuring waste is eliminated and we learn from each other in relation to what works; adopt a future orientated approach, and promote innovation as we take our relationship with citizens and communities across the City of Wolverhampton to a new phase through our **Shaping Futures, Changing Lives model** below for our commissioning strategy.



1.2 Commissioning – overall thematic approach

The People Directorate has adopted the “*analyse, plan, do, review*” Institute of Public Care (IPC) “*commissioning cycle*.”³



Our understanding and approach to commissioning in the People Directorate is that commissioning -

- is *everyone's responsibility*
- is a *process and continuum* - it includes many contributors working together – at all or some stages - the person seeking support and colleagues working to support the person / citizen
- requires *agreed strategic frameworks* such as Appendix 1 which shows our Commissioning Pathway
- is *not restricted* to or identified solely with the functional activity of the People Directorate Commissioning Unit who lead work with stakeholders to agree strategic frameworks with operational services
- *allows practitioners freedom* to focus on the assets of individuals, families and communities, applying the right intervention at the right level, purchasing services within an agreed strategic framework to meet need
- Is underpinned by the *values and principles* espoused by the City of Wolverhampton Council, People services and care /health professions
- promotes approaches which are *preventative, asset-based, whole-family, personalised and focused on well-being and safety*
- acknowledges *responsible use of resources* for all citizens and communities in the City

- must work closely with corporate colleagues in procurement and the Place directorate to ensure consistency and meet citizen need.

Amongst the factors included which have influenced the development of this new strategy, the March 2016 Adult Services Peer Review proposed a more thematic approach to People Services commissioning.

During 2016, the People Leadership Team led significant activity to embrace the opportunities offered by a thematic approach for People Services as a whole. Benchmarking was undertaken with a Council which had already developed a thematic approach. Reflection was undertaken about informing concepts such as whole-life approaches. Local realities were also considered as a result of which five over-arching themes or categories were agreed:

- Public Health
- Early Intervention and Prevention
- Personalised Support
- Specialist Targeted Support
- Long Term Support

The rationale for these themes is underpinned by factors which include our overall commitment to prevention which the City Cabinet agreed is “everybody’s business;”⁴ strengthening families; supporting family, kinship or other forms of ‘informal’ care; an asset-based approach to individuals, families and communities; being effective and efficient in our use of resources including value for money; and using our staff resources to best effect.

These themes determine our ***Shaping Futures, Changing Lives*** model above (cf. p.6)

This approach strengthens our overall analysis as we take a more sustainable, longer-term view of support and needs and how commissioning can best be used to shape markets to promote wellbeing, respond to demand from people for care and meet those needs for which the Council is responsible.

After outlining our overall approach to commissioning, our strategy starts with our Commissioning Intentions which are the basis of a separate Action Plan. The background local and national context follows.

2.0 Commissioning Intentions

- 2.1 Commissioning Intentions
- 2.2 Joint Strategic Needs Assessment
- 2.3 Joint Health and Well Being Strategy 2013-18
- 2.4 Market Position Statements

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2.1 Commissioning Intentions

2.1.1 *Early Intervention and Prevention*

- Short Breaks- New contracts for Short breaks for children with disabilities were awarded in in 2016. It is our intention to conduct a review of the provision and the allocation of resource to ensure services are meeting needs. This will include project management of a new facility within Wolverhampton to provide overnight short breaks
- Domestic Violence - It is our intention to recommission accommodation based support for victims of domestic abuse and develop a city wide approach to commissioning that will look to draw funding from a wider range of sources including the Police and Crime Commissioners and Department for Communities and Local Government.
- “Floating Support” - Current provision is targeted at Learning Disabilities and Mental Health. It is our intention to commission generic floating support on outcomes basis. (Contract by May 2017)
- Mental Health Preventative Service - Commission new range of preventative services – In place at April 17
- Advocacy / Information, Advice and Guidance - it is our intention to review existing disparate advocacy arrangement and develop strategy for Information, Advice and Guidance including advocacy. By April 2018
- Carers - Monitor and update implementation plan for the Carers Strategy
- Young Carers- Review of provision for young carers (particularly 15-25) – recommendations on need and recommission. Collaborative – funding from other sources
- Telecare –
- No Recourse to Public Funds (NRPF) - Commission service to support NRPF by May 2017
- Reablement - To develop a comprehensive range of intermediate care services – linked to the Better Care Fund (BCF.) This will include outsourcing the current internal reablement service and developing a clear Discharge To Assess (D2A) process (linked to BCF) April 2017
- Review of Community Resources - Review of community based assets and development of seed funding programme to meet identified gaps.
- Money Management Services - Support with direct payments and welfare advice and guidance for self-funders.
- Community Equipment - To Jointly commission a new Community Equipment service in partnership with the CCG.
- Pathways to Support - More info needed
- Telecare – to be confirmed
- BCF – Guidance received w/e 31/03/17. Work on stream.
- Dementia – cross-refer to Long-Term Support Section
- Adult and Community

- Mental Health - Accommodation review
- CAMHS - Early intervention (Tier 2) work.
- Integration

2.1.2 Specialist and Targeted

2.1.2.1 Children and Young People

Preamble - Mindful of the balance between meeting the needs of children and families and getting the best value for money the Integrated Commissioning Team will commission the following over the next five years:

Prevention – Supporting the development of family based early intervention services that help to keep families together where it is safe and reasonable to do so including;

- tendering for Therapeutic support services to support edge of care services and prevent children/young people coming into care
- supporting micro commissioning for the Strengthening Families Partnership Hubs to enable them to respond quickly to need
- tendering for Tier 2 CAMHS services to augment the CAMHS Transformation Programme
- supporting the development of solutions for families with *No Recourse to Public Funds* including the tendering of an accommodation framework

Placement – Ensuring that where children who must come into the care of the Council are in placements that most closely meet their needs including;

- retendering MSW Children’s Home for Complex Needs
- developing a Regional Residential Block Contract
- reviewing options for future delivery of fostering services
- reviewing options for the procurement of residential and fostering placements
- supporting foster carer households in line with regulations
- reviewing the effectiveness of the intensive support pilot delivered by Family Action
- developing supported housing options with a view to tendering a range of services that meet identified needs and priorities

Permanence – Support the promotion of options for permanence where it is not possible to reunite children and young people with their families including;

- establishing and participating in a Regional Adoption Agency

Leaving Care/Transition – Supporting the development of services which help in:

- returning young people home as soon as possible in the right circumstances
- ensuring that when young people reach adulthood they achieve a successful transition to adult life

2.1.3.2 Adults

Preamble - Specialist and targeted services work with the client groups with the highest level of need due to their mental health, learning disabilities or other related social care needs. Historically, many of this service user group would have been institutionalised in residential or hospital settings but it is now recognised that it important for the quality of life of these people that all efforts are made to ensure they are able to access the support they need in a community setting as soon as possible, where appropriate.

- Promote and expand supported living arrangements and provision to enhance life choices and quality of life for service users.
- We will be reviewing the current Supported Living Framework which will include reviewing current provisions and referrals, evaluating the reasons for any failures in the framework placements, liaising with providers, social workers, and family and carers and garnering feedback about what is currently successful. Following the review a decision will be made about either extending the current contracts on the framework or going back out to tender for part or the whole of the Supported Living Framework.
- extend our Shared Lives provision enabling more service users to live in a family setting and developing their life skills in the community. This service will be going out to tender in 2017.
- We are also working with residential care home and nursing providers who wish to deregister with Care Quality Commission for this type of provision and register as Supported Living providers. A number of providers have already an interest in going through this process and the Specialist and Targeted services commissioning team are supporting them with this endeavour.

2.1.4 Long Term Support

Preamble - We are committed to delivering quality outcomes for people. This means changing the way in which we commission care and support for those people who need long term support. The Council is committed to working with our partners to develop care and support that will deliver quality outcomes though truly promoting independence in a safe environment.

- Childrens - shape the quality of provision in the local market through work with Providers to develop a new Quality Assurance process (short-term
- Older People - New models of care provision – we will continue to develop more housing options for people so that they can age in the same place with increased levels of support available to them e.g. Extra Care Housing projects (“pipeline housing developments”)
- Remodel the provision of long term support to enable people to achieve independence, choice and control
- Reduce the number of residential placements and the proportion of spending on residential care. The reduction in residential care will enable the Council to divert resources to deliver personalised care such as supported and very sheltered housing.

- Work with providers to develop a new business model that includes supported living, very sheltered housing and extra care models instead of residential care.
- Provide Wolverhampton citizens who have long term support needs and who currently live out of the City, the opportunity to move back, into services that meet their individual needs and circumstances.
- Support the development of a range of new housing and support options for people within the city for people who need long term support.
- *Workforce - As demographic trends indicate, people in the UK are living longer and their needs are becoming more complex. This need reinforces the growing demands on social care services and the changing expectations of service users who require a workforce which is highly skilled and supported, and able to work in flexible ways.*
 - Commission services from organisations that evidence that they have an appropriately skilled and trained work force e.g. Through the Better Care Fund we are seeking to make sure that all staff have received dementia training at a level that is relevant to the job they are doing.
- Dementia - Take an integrated approach across health, social care and the third sector to respond to the need for; appropriate information advice and guidance, early diagnosis, living well with the condition, support when a person's needs change, access to quality secondary care and dignified end of life care.
- *Long term support needs – living with Long Term Support should not mean living a poor quality of life. It is our intention to ensure that people live well, are active members of their community, maximise their independence and receive high quality services.*

2.1.5 Public Health and Well Being

- The Healthy Child programme; 0-5 (Family Nurse Partnership and Health Visiting) and 5-19 (School Nursing) is currently out to tender and mobilisation will commence with the successful bidder from April 2017. The new service commences on 1 August 2017
- Health Protection services; Tuberculosis and Infection Prevention. Planning commences between Public Health and Wellbeing and the CCG in February 2017. Progress will be reported to the Commissioning Executive Board in June 2017 for further discussion around contract and procurement options.
- A drugs and alcohol prevention, treatment and recovery system commissioning programme commenced in December with a scoping meeting held between Public Health and Wellbeing and Wolverhampton CCG. A multi-agency steering group met for the first time in January. Engagement and consultation processes will run

between March – June. All drug and alcohol services commissioned by Public Health and Wellbeing and expiring in March 2018 are currently in scope. A tender will be published during Autumn 2017 with a new service commencing in April 2018.

- A registration process for revised Primary Care sexual health services ended in January (YEAR?) , a number of accredited practices will be offering contraception and screening services from 1 February 2017. Practices that were transferring to new organisational arrangements via practice groups or alignment with the Royal Wolverhampton NHS Trust were given the opportunity to register an interest in delivering these services on a phased implementation so as not to disadvantage any interested GPs.
- Joint / collaborative
 - Health Protection; Tuberculosis and Infection Prevention services will be redeveloped as a joint pathway with the WCCG. Currently both organisations commission elements of these pathways separately. Alongside this arrangements for joint contracting and pooled or aligned resources will be developed.
 - Substance misuse services (drugs and alcohol) will be re commissioned during 2017. This programme will require input across NHS, Council and Community and Voluntary sectors. Public Health and Wellbeing and the WCCG are working collaboratively to ensure primary care, mental health and acute responses to substance misuse are developed to support earlier identification and reduce admissions. Alignment with children, young people and family services are fundamental to this model and the multi-agency steering group includes representation from both Council and WCCG on this area. Programme costs are being developed and a review of current investment to support joint resource planning is proposed.
 - The development of the children and families 0-19- Healthy Child Programme and SWITCH; Befriending service for women at risk of having children taken into care have been jointly undertaken by Public Health and Wellbeing and Children and Family services within the City of Wolverhampton Council. This has led to the development of integrated models of delivery, featuring colocation shared infrastructure and joint pathways. The perinatal mental health offer and a review of maternity pathways is also being jointly undertaken between Public Health and Wellbeing the WCCG, Royal Wolverhampton NHS Trust and Black Country Partnership NHS FT in relation to mental health pathways.
 - The Infant Mortality Plan has initiated a number of collaborative commissioning arrangements with the CCG and Royal Wolverhampton NHS Trust. This has focused on increasing the

uptake of breastfeeding, and a successful, targeted neonatal programme [STORK] commenced in 2016 and is being continued and developed this year. Smoking cessation activity within maternity has increased the numbers of women and families receiving support and pregnant women who misuse substances have a dedicated pathway and treatment programme between maternity and Recovery Near You. Aligned to this is the distribution of healthy start vitamins for under 5's supported by children's centres, strengthening family hubs, the health visitor service, maternity, RMC and the healthy lifestyles service.

- Migrant health needs have been a key focus for Public Health and Wellbeing, the WCCG and RMC during 2016/17. A number of joint initiatives have been collaboratively developed. A new Public Health and Wellbeing service offer is now available to cover the enhanced aspects of clinical care of patients newly arrived in the Country and who register with Wolverhampton GPs. This service is also aligned to the Wolverhampton Refugee and Migrant Centre (RMC).
- Public Health and Wellbeing contributes to the housing initiative 'Rent with Confidence' scheme. The scheme aims to transform the way the Council works with private sector landlords and tenants to ensure people have access to high quality, secure tenancies in the private sector. Public Health and Wellbeing also adds value by helping to shape this support so that people who may find it hard to access for a range of different reasons and/or vulnerabilities also are enabled to participate and inequalities in access are not widened.
- Collaborative GP practice quality visits have been undertaken with the WCCG since October 2016. The Public Health and Wellbeing team are part of the review group and any relevant Public Health and Wellbeing service contracts are also quality assured at the time of the visit.

2.1.6 Personalised Support

- Care homes – we believe that there is an over-supply in the City and accessible at city border locations. *To be inserted*
- Domiciliary support – *to be inserted*

2.1.7 Workforce

- Ensure recruitment and retention to all posts, especially Social Work posts
- Support continuing professional development of all staff to meet current and future needs
- Work proactively through the *Careers into Care* partnership with the wider care sector to ensure sufficiency of supply of well qualified and skilled staff across all disciplines and sector serving Wolverhampton people

2.1.8 Quality – to ensure equality is part of the overall approach to quality

2.1.9 Co-production – we will strengthen our approach to co-production including better use of social media through:

- the recruitment of two Commissioning Support Officer posts in early 2017 to work with corporate colleagues and all stakeholders
- co-operating with new Council capacity to deliver stronger engagement

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3.0 Commissioning and People Directorate Service areas

3.1 Commissioning for Public Health and Well-Being

3.2 Commissioning for Children and Young People

3.3 Commissioning for Adult Social Care

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3.1 Commissioning for Public Health and Well-Being

The Public Health and Well-Being Service brings together a range of services including the statutory responsibilities of the Director of Public Health for the City of Wolverhampton.

Analysis – The wider JSNA described above (cf p XX) impacts on the Health and Well-Being service area. Some further, indicative items include:

- infant mortality rate of 6.4 per 1,000 (2012-14) one of the highest in E&W compared to 4.0 per 1,000 for England and Wales.
- statistically significant worse than average levels of obesity⁵:
 - In 15/16 the rate of obesity for children aged 4-5 years is 12.2% (Nat. Ave. in 14/15 was 12.3%)
 - In 15/16 the rate of obesity for children aged 10–11 years is 26.8% (Nat Ave 14/15 was 19.1%)
- Under 18 conceptions age 15-17 years (2014) is 29.6 per 1,000 - a 6% reduction in the 2013 reported rate of 31.5 per 1,000 and consistent reduction since 2007

Plan and Do -

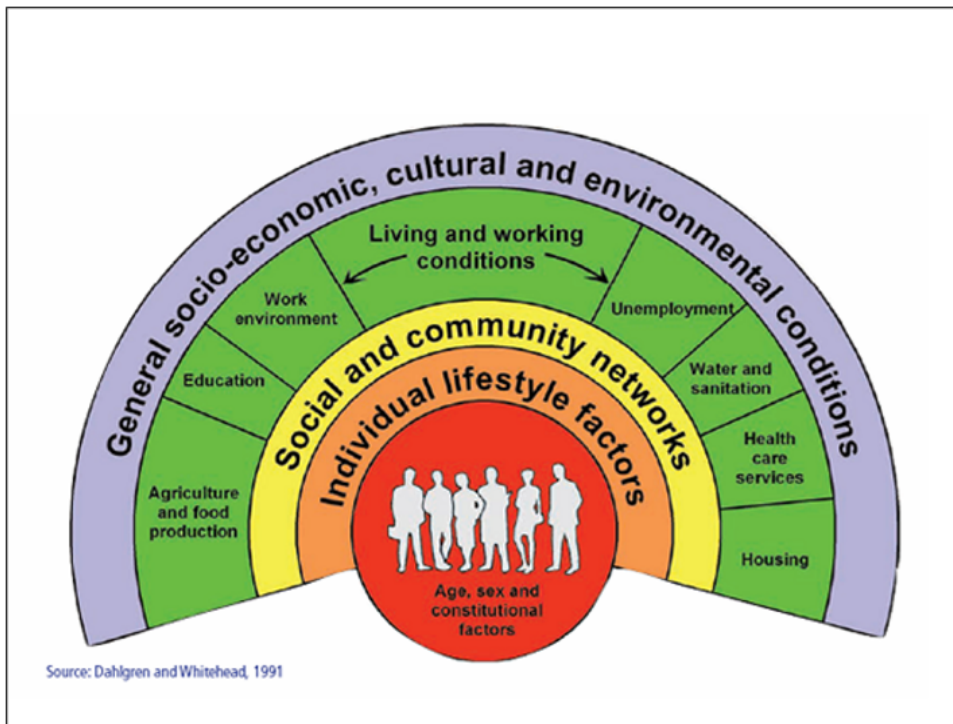
Using a whole-systems approach, we seek to influence action across a range of factors in the life of individuals and communities through their whole life. This encompasses prevention, accommodation and employment to those more traditional lifestyle aspects such as smoking or weight as shown in the “rainbow” diagram below.

This approach supports our commitment to exploit synergies in the People Directorate and beyond to focus on vulnerable groups in more targeted ways through individual casework and whole-population interventions.

For the Public Health and Well Being Service, the focus for this over-arching Commissioning Strategy is on the influence which the service can bring to bear on a range of activities undertaken by the Council and its partners to help improve the health of the City population

The Service area has established principles of effective commissioning which are consistent with this over-arching strategy:

- alignment of services to meet need
- to achieve the best public health outcomes from public health interventions and council services focused on improving wider determinants of health and reducing inequalities



- impact on the delivery of public health outcomes framework,

Moreover, for the Public Health and Well-Being Service, in commissioning the focus is on

- outcomes and evidence based practice supported by strong information and intelligence systems.
- joined up commissioning at a local level with the Wolverhampton CCG and other NHS services through the JSNA and health and wellbeing board
- a business model used in collaborative commissioning which integrates stakeholder consultation, citizen involvement and empowerment into commissioning process.

The vision for the Public Health and Well Being Service is to influence the whole Council, the NHS and other partners in transformation activity to bring about improved health and reducing inequalities.

Overall, people in Wolverhampton are living longer than ever before and the gap between life expectancy in the city and the national figure is closing. We know that socio-economic factors affect life expectancy. In Wolverhampton and similarly disadvantaged communities, the determinants of health such as skills, jobs and housing, are well below the national average.

Knowledge of the six conditions which account for over half of the difference in life expectancy that exists between Wolverhampton and England informs our overall strategy. These are: heart disease, stroke, infant mortality, lung cancer, suicide and alcohol. This is seen disproportionately in the most disadvantaged communities. Deaths due to alcohol and those occurring in infancy are the major reasons why life expectancy has not improved.

Therefore, there will be a rigorous focus on public health and wellbeing strategic ambitions, local priorities and action to support people throughout their lives to ensure a preventive approach is embedded in the local system.

The established Public Health Commissioning, Procurement and Project Management process (overleaf) is consistent with the IPC approach adopted through this Strategy.

Public Health Commissioning, Procurement & Project Management Process

Fig 2.

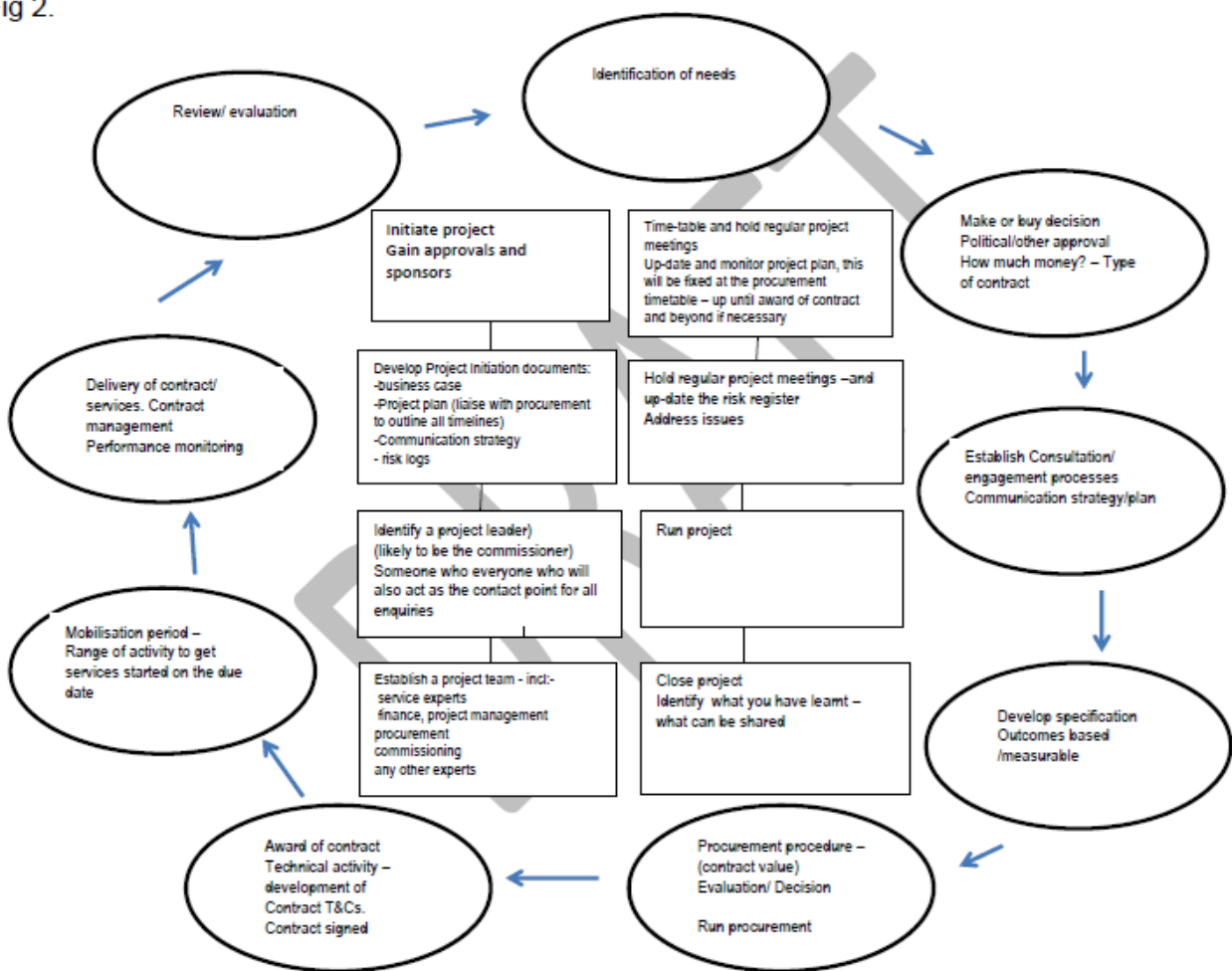


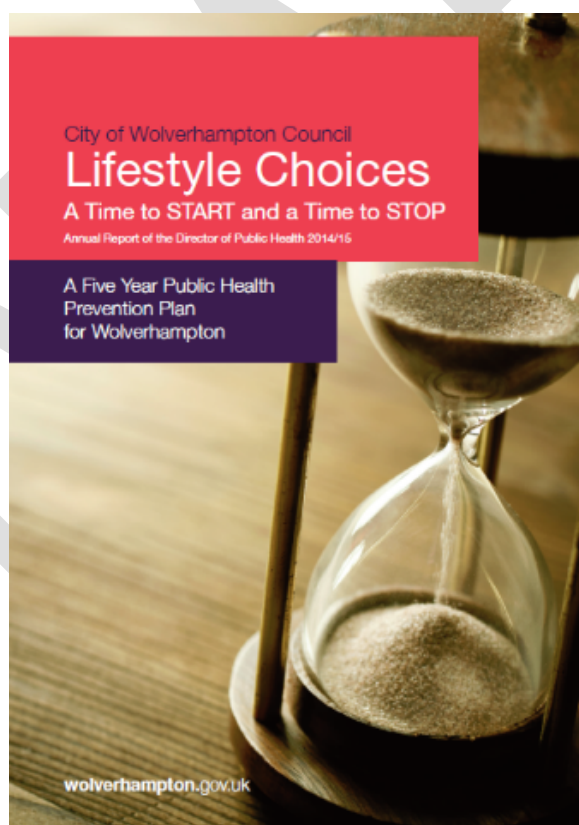
Figure X Public Health Commissioning, Procurement and Project Management process

The first focus of our *Shaping Futures, Changing Lives* model is prevention (cf. 2014/15 Annual Report of the Director of Public Health – “*Lifestyle Choices*” – below right) is led by, amongst other contributions, continued public health focus on influencing the behaviour of the whole population as well as activity aimed at specific segments e.g. on smoking cessation, etc.

Priorities for public health and well-being up to 2019 are:

- *embed public health into local authority organisation and embed processes that will ensure public health outcomes are in the centre of improving the wider determinants of health.*
- *Focus contract monitoring and commissioning improvements on the services that perform significantly lower or worse than the England value as measured on the public health outcomes framework*
- *Continue securing quality and performance of legacy and new public health contracts*
- *To develop the future commissioning business plans for the big six priorities Healthy weight and keeping active, smoking, mental wellbeing, health inequalities and life expectancy, alcohol and substance misuse and sexual health*

A “Prevention Pledge” signed by the Health and Well Being Board in 2015 supports activity across all service areas to embrace a preventative, asset-based approach. To deliver its aims and transform activity through influence and direct delivery, the Public Health and Wellbeing portfolio has been assimilated into six core work streams covering the healthy child programme, health protection, drugs, alcohol and community safety, healthy lifestyles, sexual health and workforce.

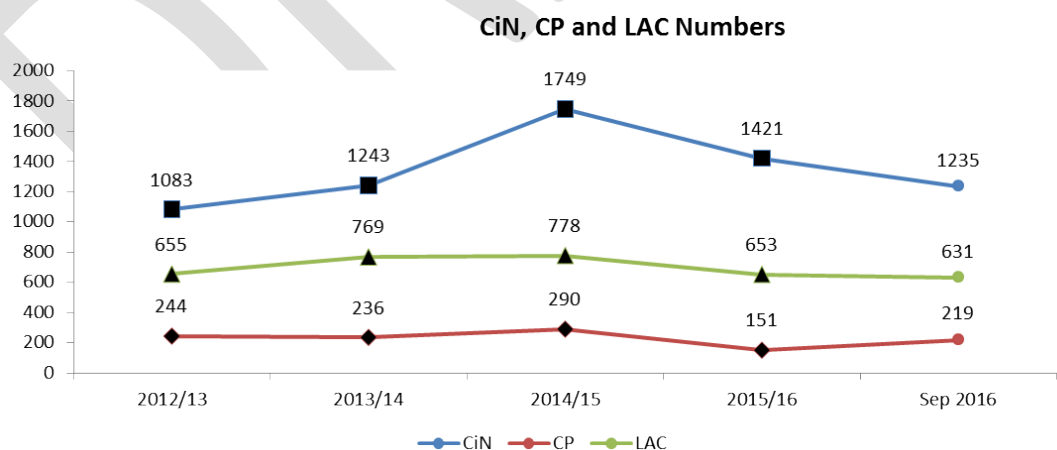


3.2 Commissioning for children and young people

Analysis – key facts on children and young people in the City of Wolverhampton include:

- 58,167 children and young people under the age of 18 years live in Wolverhampton – about 22.9% of the total population. 40,798 pupils on roll in 114 schools.

- Approximately 31.5% of Wolverhampton’s children and young people (aged 0 – 17) are living in poverty⁶; this rises to 50% in 10 Lower Super Output Areas.
- Children and young people from BME groups account for 41.6% of all children living in the area compared with 21.5% in England. Approximately 42.7% of children aged 5-17 are from a BME group compared with 24% in England.
- 60 (53%) primary and secondary schools in Wolverhampton are in the most deprived quintile nationally as defined by Ofsted. The proportion of children and young people with English as an additional language: (a) Primary schools - 27.2% (Nat Avge 20.1%); and (b) Secondary schools - 22.5% (Nat Avge 15.7%)
- 6,935 pupils receive SEN provision of which 5,782 (83%) received SEN support, 972 (14%) received a SEN statement and 181 (2.6%) received an EHC plan in 2015/16. 851 children with SEN or EHC Plans have accessed social care services (04/15)
- In 2014, significantly higher prevalence of moderate (59.2 per 1,000) and severe (5.34 per 1,000) learning difficulties (England prevalence is 28.6 per 1,000 and 3.8 per 1,000 resp.
- 1,030 children and young people in Wolverhampton with learning disabilities (04/15)
- 4668 referrals to childrens social care 19/15 - 09/16 – a 16.4% increase on the number received in 2015/16. Prior to 2015/16 the number of referrals had remained relatively static over the past four years fluctuating by just 4.5%. The increase in referrals coincides with the introduction of the MASH and will continue to be monitored.
- Adoptions have increased by almost 30% in 2012-2015 to 137 in comparison to 106 in 2011-2014. This is also an increase of 80% from 2010-2013 where just 76 adoptions occurred.
- 14% of the YOT caseload is looked after children
- Numbers of children in need, those on child protection plans and looked after children are as follows:



Planning and Doing – In response to the overall analysis, our overall service model starts with a focus on early help and prevention. We are ensuring families are strong, resilient and can create an environment in the home and community in which children and young people can flourish and be kept from harm.

WOLVERHAMPTON CHILDREN & YOUNG PEOPLE SERVICE MODEL

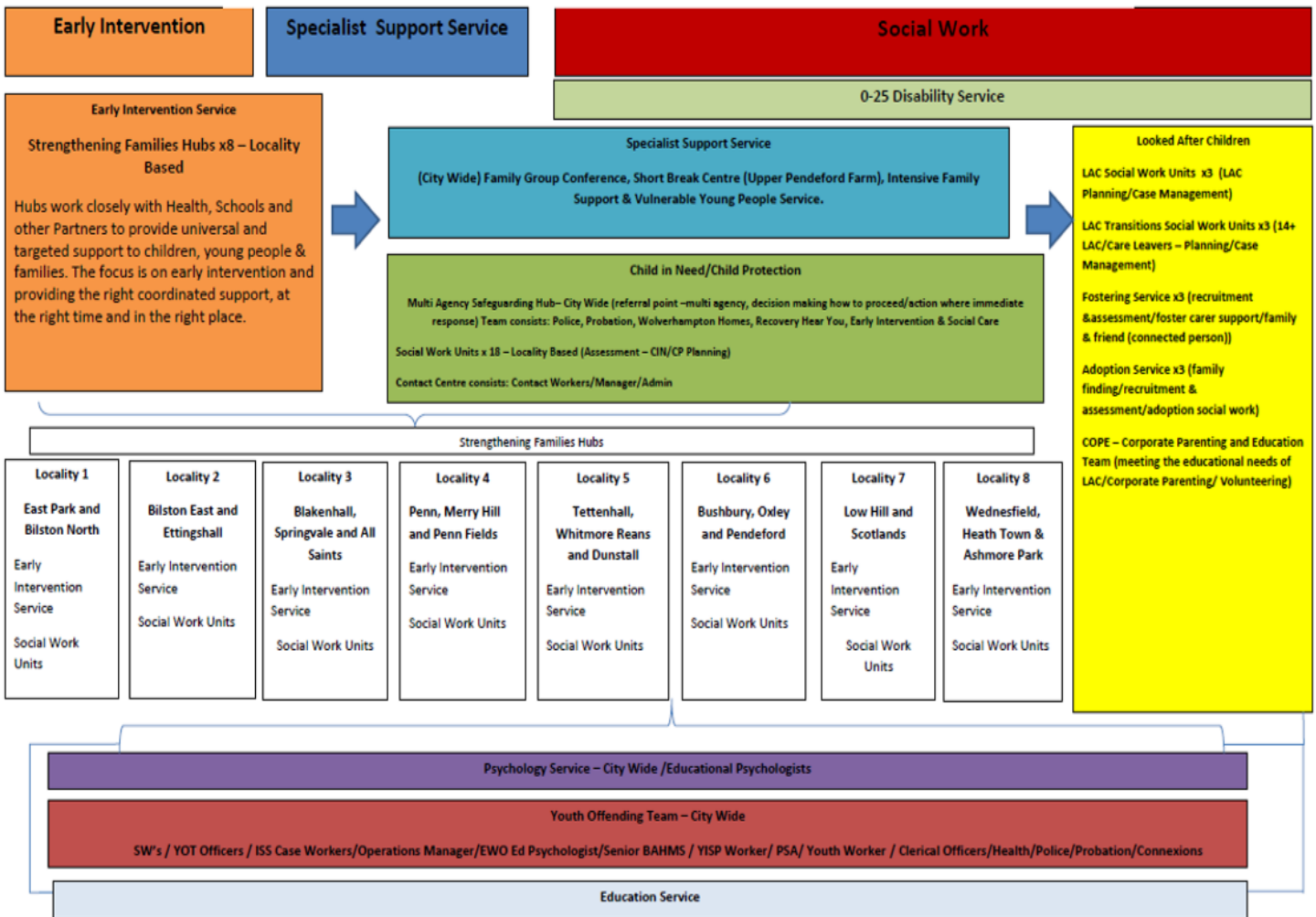


Fig XXX xxxx

The Children and Young People's Service area has been very focused on delivering the right outcomes at the right cost to ensure that we provide good value for money with our commissioning and contracting arrangements within our overall service model.

Our underpinning approach of restorative practice and our approach to thresholds (below,) is ensuring that preventative services are available to identify and support children and families early and reduce escalation into specialist support services.

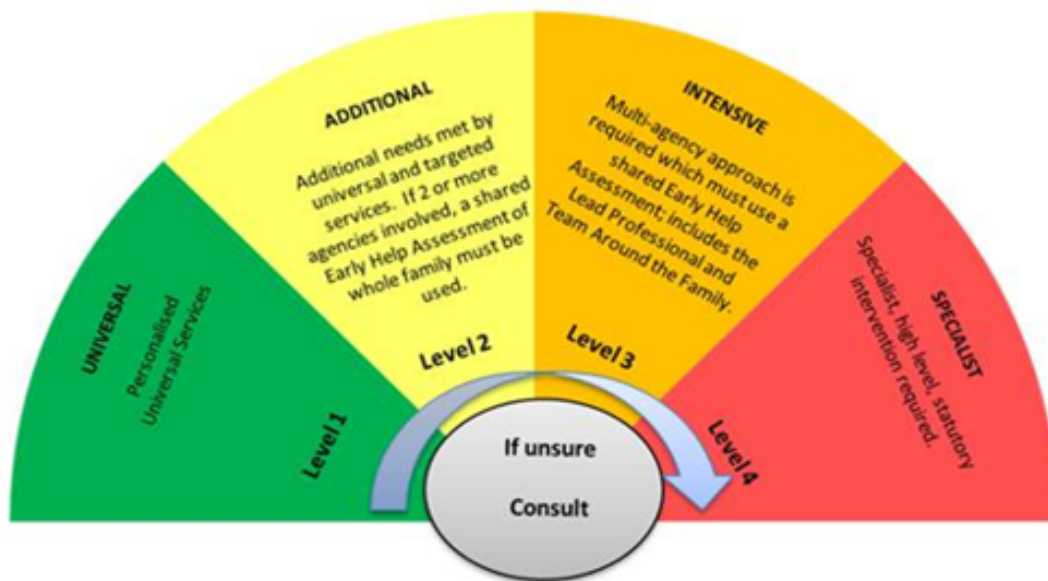


Fig XXXXX XXXXXXXXXXXXXXX

In seeking to balance Cost and Quality, a “paying for what we need and getting what we pay for” approach is adopted. Current specific initiatives include:

- A micro-commissioning framework for use by Family Support Workers in localities providing swift access to interventions as need arises
- project on residential and fostering placements for looked after children, we are improving market shaping, getting a better understanding of need and business intelligence. This enables improved matching and scrutiny of placements reducing unnecessary placement spend.
- Our overall Sufficiency Strategy is an outcomes based action plan covering the main themes of residential, fostering, edge of care etc.
- Regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed and the sufficiency strategy implementation plan has recently been extended to include specialist support services.
- New services have been commissioned to support both prevention of admission to care, e.g.
 - establishment of a short break residential service,
 - to promote placement stability, e.g. the introduction of Safe Haven, which is a specialist intensive support service to work with young people
- planning for re-commissioning domestic violence service
- currently procuring a single provider of therapeutic support for the specialist support service.
- Analysis of the split between “internal” and “external” providers which varies across different service areas, for instance (September 2016 figures):
 - foster care placements ratio of 57.44% external, 42.56% internal
 - residential provision has been more evenly balanced over recent years but the review (and subsequent changes to “internal” provision means

that in future the proportion of external residential placements may well increase (albeit against a background of falling proportions of Looked After Children in this type of placement).

- New services have been put in place to prevent admissions to care including the establishment of a short break residential service.
- Possible use of an Outcomes Based Commissioning framework through Outcome based Tenders / changing relationship with partners
- Regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed and the sufficiency strategy implementation plan has recently been extended to include specialist support services.
- Strengthen the capacity of Social Workers and other professionals working with families to ensure that they can access the right level and type of services at the right time

The Transforming Children Services programme (below) seeks to ensure that there is a whole system approach. Service re-configurations are key ways in which we seek to make the commissioning continuum better for children, young people and families more efficient

- the establishment of the Multi-Agency Safeguarding Hub (MASH) for children and young people in January 2016,
- re-design of Early Intervention to support commissioning including use of locality budget.
- the Specialist Support Service supported by the therapeutic commissioning framework

We are using an integrated locality approach with staff deployed across 8 localities, co-located in multi-disciplinary teams - social care, early intervention, police and health. This provides the environment for effective joint case management across social care and early intervention and enables more effective application of “step-up/down” processes. Successful delivery of the children’s transformation programme is underpinned by a stable and skilled workforce together with robust commissioning arrangements.

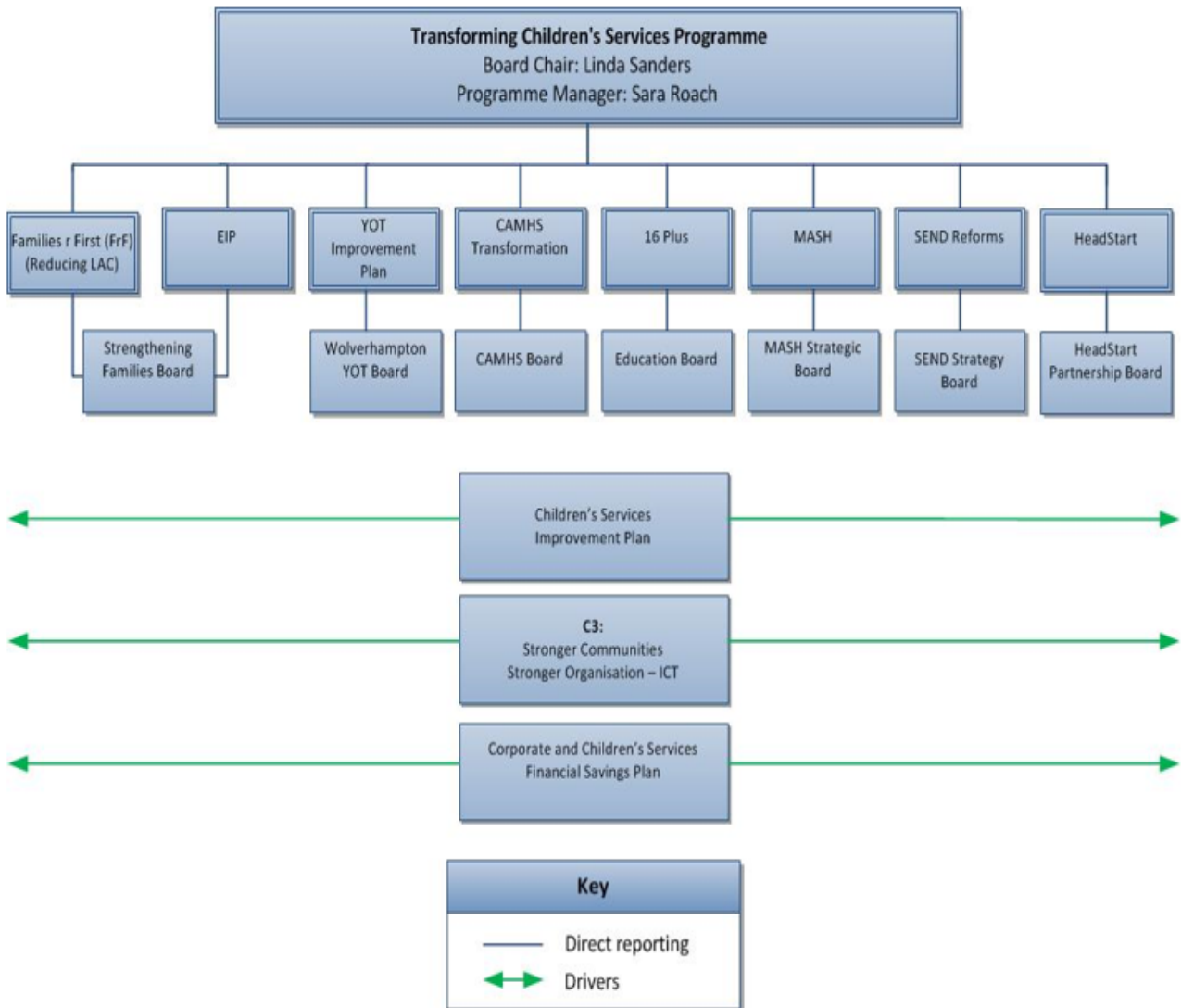


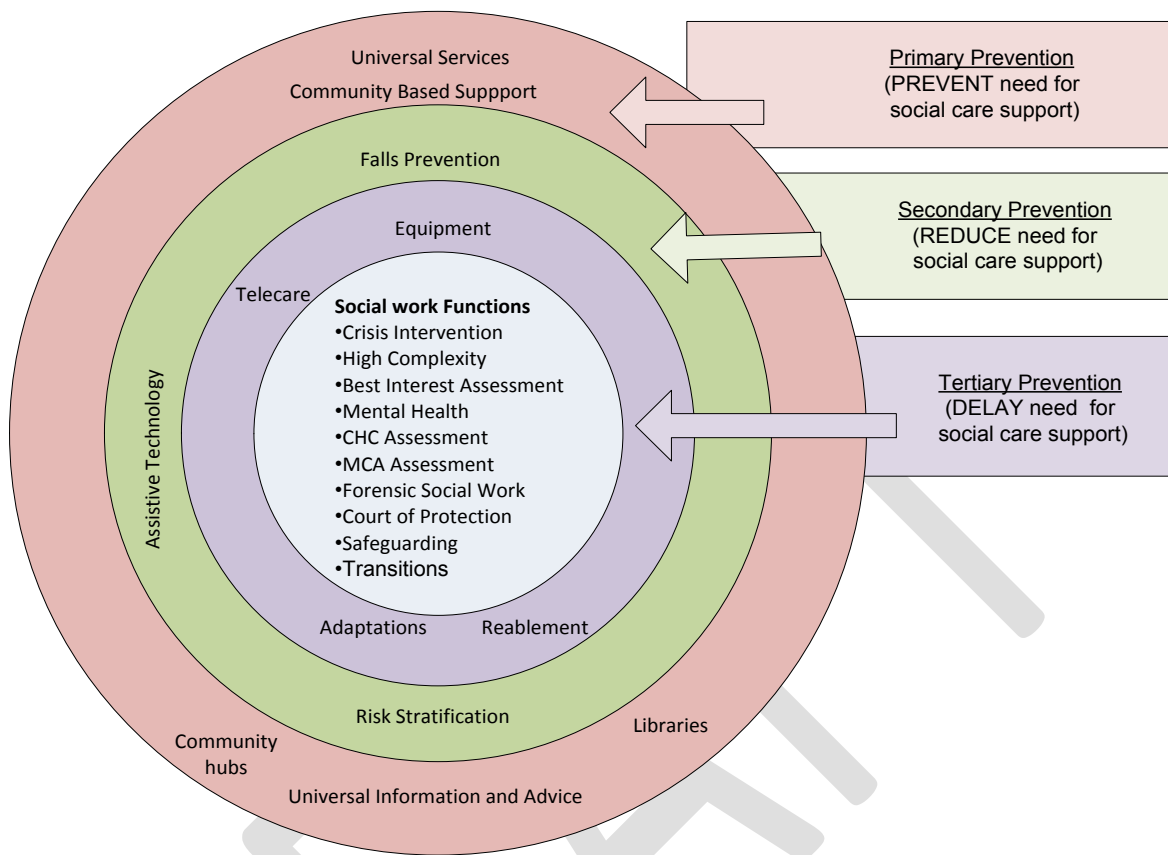
Fig XX - XXXXXXXXXXXXXXXXXXXX

3.3 Commissioning for adult social care

Analysis: – key facts on adults in the City of Wolverhampton include:

- The numbers of older people in the City of Wolverhampton are projected to rise from 41,400 in 2012 to 59,900 in 2037, a net gain of 18,500 people, or 44.7% growth
- Over 27,136 people in the City of Wolverhampton identified themselves in the 2011 Census as “Carers” who provide unpaid care in the locality
- 3,100 living with dementia
- 850 working age adults with moderate to severe learning disability
- 5.2% have a long-term mental health problem
- 60% of people with a disability living in Wolverhampton are over the age of 60
- Nearly 10,000 City of Wolverhampton citizens have their ability to be more economically active promoted through their eligibility for the Disabled (Blue) Badge Scheme
- Estimated 500 “self-funders”
- 2,895 people in the City of Wolverhampton have Personal Budgets paid directly to service providers for their social care.
- 644 Personal Budgets taken as Direct Payments in the City who may be buying in micro-enterprises to provide a service
- About 800 people living in care homes supported by the Council

Plan and Do - a target operating model ⁷ for adult social care based on LGA approaches including *Commissioning for Better Outcomes* was agreed by the Council’s Cabinet based on a prevention approach at their meeting of 15 April 2015 as follows:



This model informs and shapes our approach to commissioning for adults. Some key features of the “*Promoting Independence*” model informing our commitment to personalisation and commissioning encompasses duties for Councils to:

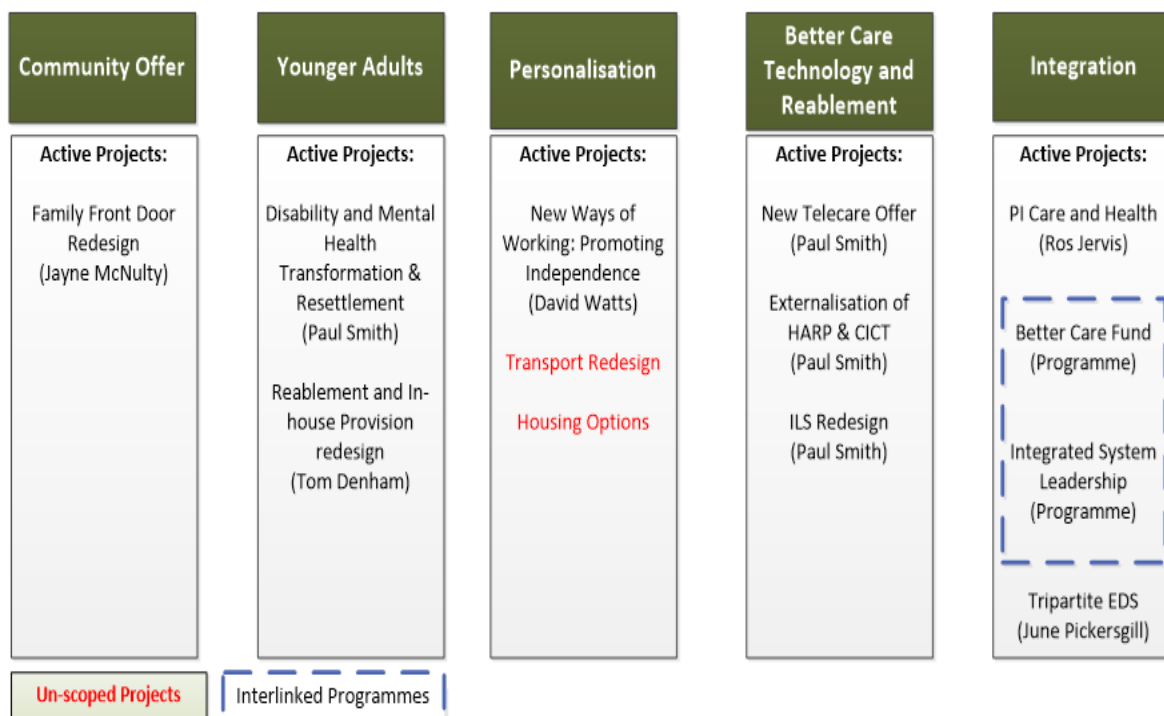
- promote the well-being of individuals
- provide a range of preventative services
- provide adults and carers with information about care and support
- ensure that the eligible needs of self-funders are met
- integrate services with the NHS

The model for adults starts with the positive principle that public services should support the individual citizen and communities in the responsibility which they have for their own lives, using individual strengths and assets as well as those of the wider community. Mental capacity and safeguarding concerns are always paramount.

The model requires on-going change to be led in the organisation and the wider community. For instance, change is required to recognise that the role of adult social care has been changing from assessing and delivering services to one which supports individuals to meet their own outcomes, often without the need for publicly procured service provision using community-based solutions. This has been a move away from assessment and care management to engaging in partnership roles with individuals, families and carers so as to best ‘promote independence.’

A Community Offer is being developed ranging from the provision of information through the Wolverhampton Information Network (WIN), community-based services. A wide-ranging Transformation programme is in place with a range of workstreams as follows

The Transforming Adult Social Care Programme



Close work with the NHS in both commissioning and provision is key to adult social care as more integrated approaches are developed. The Adult Social Care Transformation Programme incorporates the programme to develop the community-based approach.

The opportunities for people in the City are:

- continued focus on assets, reablement and recovery, supporting people at home will lead to a reduction in people using Care Homes and long term care;
- supporting the Promoting Independence agenda will result in reduction in dependency on care and support services;
- ensuring a sustainable provider market and avoiding market failure;⁸
- encouraging providers to focus on quality and so help retain care workers
- having an integrated commissioning approach will ensure resources are used effectively and will reduce or eliminate duplication of redesigns/provision
- service design linked to 'need and outcome' rather than age specific
- leading culture change in our own and partner's services

A continued shift to a clearer "community offer" is being made and further analysis as a basis for the next stage of planning and action has been made during 2016/17 by "impower" to support the next stages of transformation.

4 Commissioning contexts

- 4.1 Commissioning and the corporate context**
- 4.2 Corporate Procurement links**
- 4.3 Commissioning and value for money**
- 4.4 Evidence-based commissioning**
- 4.5 Commissioning and the community context**
- 4.6 Commissioning and the legislative context**
- 4.7 Commissioning, engagement and co-production**
- 4.8 Commissioning, partnerships and integration**
- 4.9 Commissioning and workforce context**
- 4.10 Commissioning – quality and clinical governance context**

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4.1 Commissioning and the corporate context

Our People Services Commissioning Strategy is established within our overall local Democratic commitment – commissioning for and with people in the City of Wolverhampton represented by their Elected Members.

The voice and leadership of Elected Members provides overall direction for this strategy as part of the Council's 2030 Vision.

The City of Wolverhampton “one-Council” approach provides a supportive and enabling corporate framework through which our People Services strategy is delivered.

In taking its lead from the Council's 2030 Vision, success will be based on collaboration across the city and beyond, using an approach which recognises that we are far more effective when we pool our resources, ideas and work together.

The Council's strategic approach to address its challenges is to:

- Manage demand for core services by using early intervention to help families and individuals of all ages to live unsupported, safe, independent lives;
- Improving educational attainment and skills;
- Work together to make sure that every child in their early years has the opportunity to be the best they can be
- Encouraging enterprise and business, and private sector employment; and
- Stimulating economic activity through capital investment;

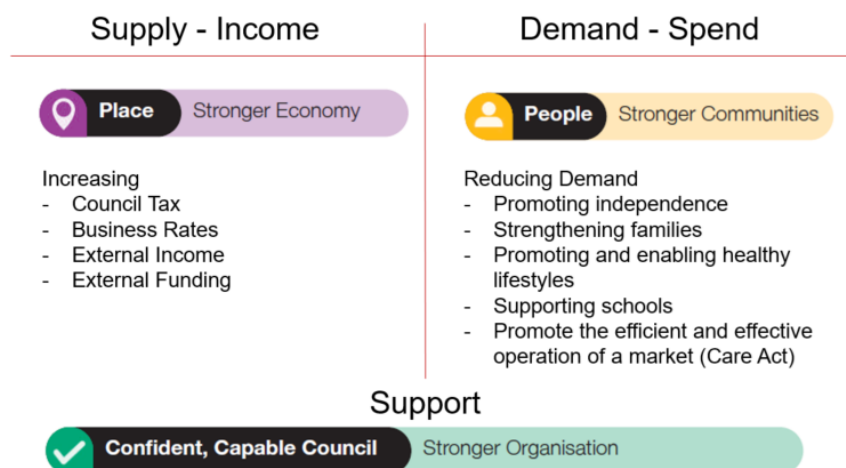
People Services contributed to shaping the priorities of the Corporate Plan (HYPERLINK) in collaboration with the Corporate Procurement function which include:-

- **Promoting and enabling healthy lifestyles** - Tackling lifestyle issues will improve quality of life, reduce the time spent with illness and have a positive effect on life expectancy in the city.
- **Promoting independence for older people** - Older people in the city are able to live full and active lives, with support where necessary to promote independence and choice.
- **Strengthening families where children are at risk** - Targeting effective early help and support will strengthen families, keep children and young people safe and improve their life chances.
- **Enabling communities to support themselves** - Supporting communities to develop local support will build resilience in the city.

- **Keeping the City Safe** - A safe city creates a stable economic climate and a vibrant night time economy which improves the experience of residents, workers and visitors
- **Challenging and supporting schools to provide the best education** - Raising expectations, securing swift school improvement and ensuring sufficient school places and resources to support children's learning is essential to providing the best education for our young people.
- **Adults and children are supported in times of need** - Safeguarding people in vulnerable situations; and Strengthening families where children are at risk

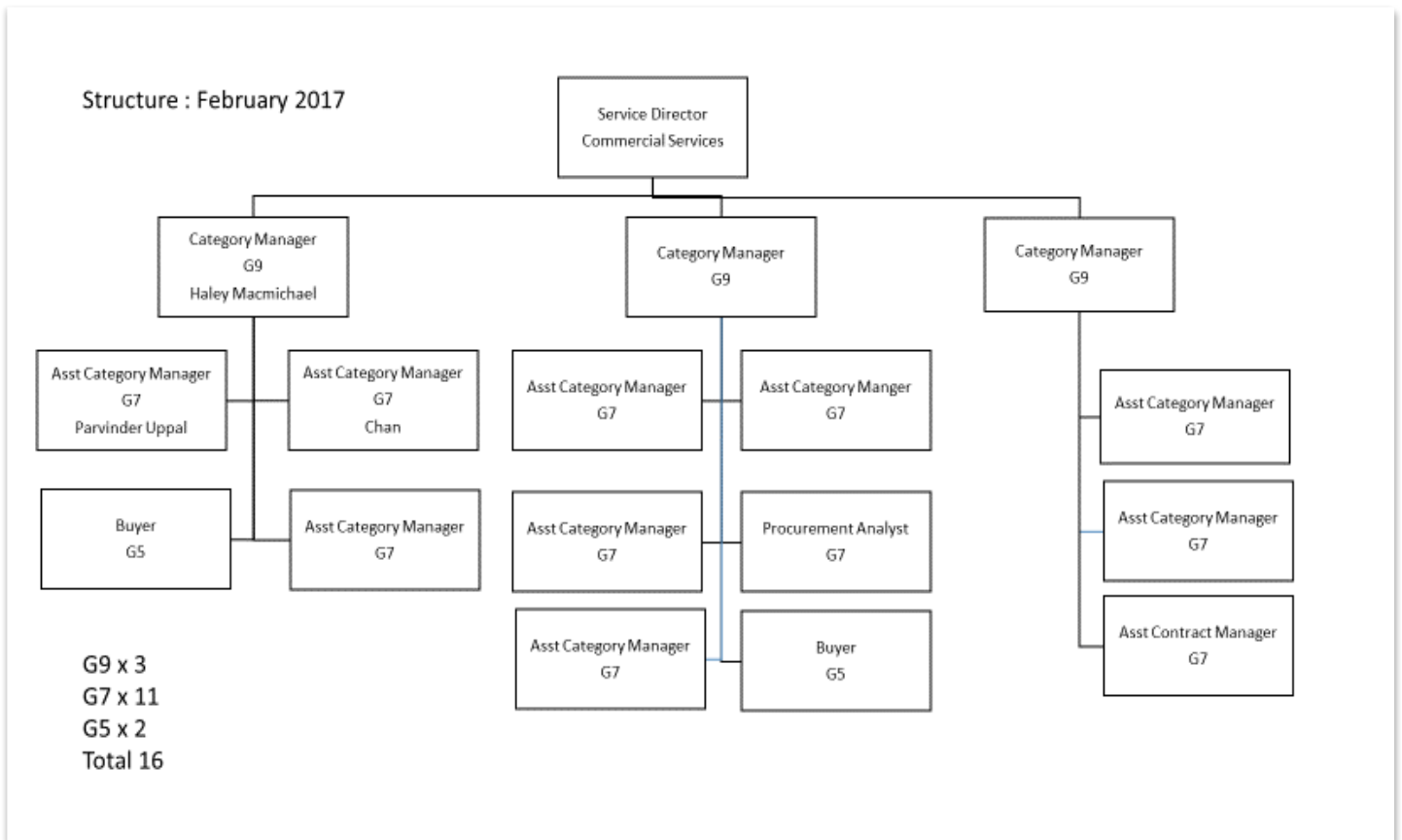
4.2 Corporate Procurement links - In this context, People Services strategy as part of the Council drives the process adopted for procurement. People Services work closely with corporate procurement colleagues and a **Corporate Procurement Plan 2015-2018** (HYPERLINK) sets the framework which is in turn driven by the commissioning strategy. The Public Services (Social Value) Act 2012 and the Public Contracts Regulations ⁹ provide a significant element of the framework. The organization commissioning principles (below) apply for the People Directorate as part of one Council. Other strategies and principles which affect People Directorate practice at this time - such as integration between care and health and the context of the family and community offers of children's and adult services - all provide added context for service-specific development as outlined later in this document. People Services and corporate procurement are using the opportunity of developing this strategy to work more closely together on specific issues e.g. contract management and engagement with citizens, providers and staff.

Organisation Commissioning Principles



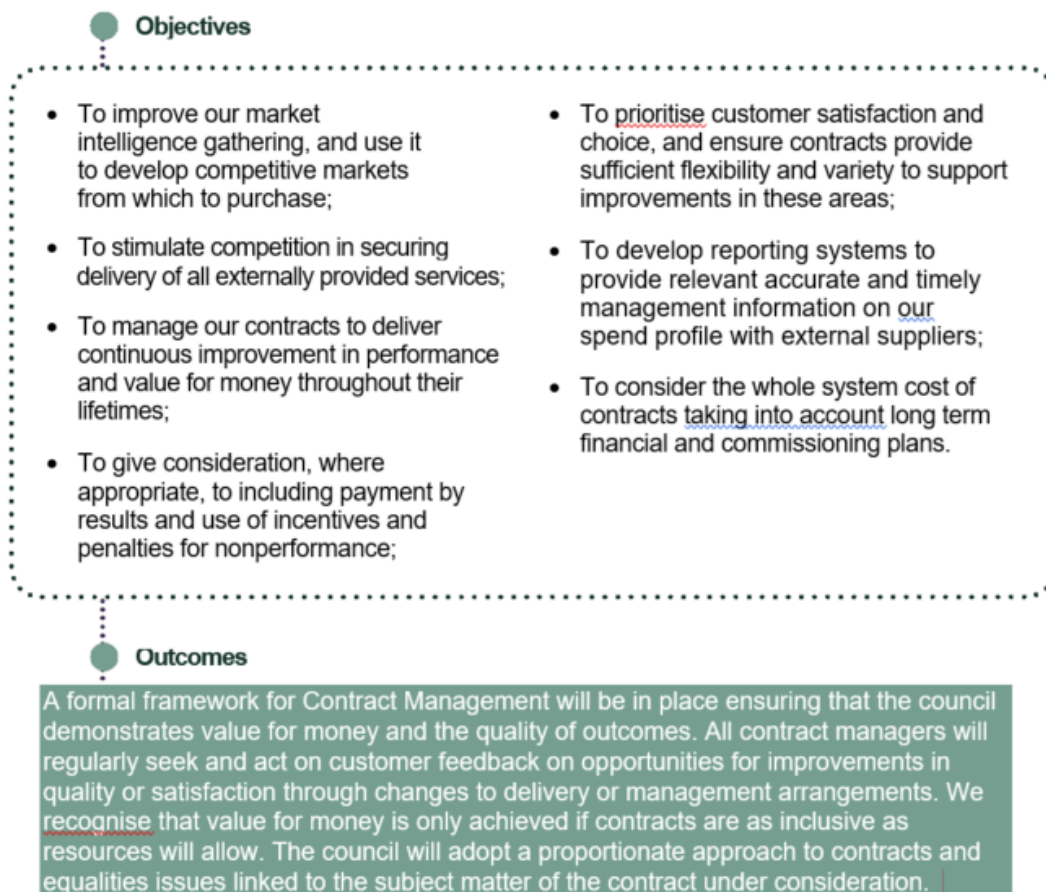
wolverhampton.gov.uk

The structure of the corporate procurement team and the new People Services Commissioning structure (see below p x) are the practical arrangements for closer working.



4.3 Commissioning and value for money

The City of Wolverhampton’s Corporate Procurement Plan states that “*Achieving value for money and being able to demonstrate it are essential as the resources we have must be used in the most effective manner to provide high quality services.*” It includes a set of objectives / outcome through which we work as follows:



Our commissioning intentions (see Section xx) include actions to address current known challenges across our service areas in terms of value for money.

4.4 Evidence-based commissioning

Knowing our challenges is key to our success. Great leadership and management is being self-aware and knowing what our challenges are. For that we use evidence and colleagues work closely across a range of activity to make this happen including:

- *Public health and wellbeing* – provide whole population needs analysis and assessment. This analysis and assessment supports improvement in evidence-based commissioning and co-ordination of activity for our whole family and prevention focus.

- *Business Intelligence* – the provision of dashboards, performance reports and information governance / freedom of information advice are all key areas in which co-working on a range of commissioning issues is required
- *Finance Services* - our work on value-for-money is supported by the business partner model of the City which allows colleagues to work together on areas of shared interest. Finance analysis and support is used for all commissioning projects. The stated commissioning intentions (section xx) use financial data so that commissioning plans are rooted in available resources as part of our commitment to our values and principles.
- *Corporate procurement team* – using frameworks and processes as outlined above promotes evidence based commissioning through the procurement element of the commissioning cycle (see section xx) .
- *Workforce* – ensuring all practitioners are skilled and have access to good evidence. This also encompasses the role and contribution of the Principal Social Worker. (see p xx on engagement)

4.5 Commissioning and the legislative context

Amongst the law relevant to the development of our People Directorate Commissioning Strategy are:

- The Health and Social Care Act 2012 section 192 (amending the Local Government and Public Involvement in Health Act 2007 section 116 (as amended by the Act – section 192) require a “responsible local authority” and each of its partner CCGs to prepare Joint Strategic Needs Assessment and Joint Health and Well Being Strategies; and section 116A (as inserted by the Act – section 193); Section 196 provides that these functions are to be exercised by the health and wellbeing board established by the local authority.
- The Care Act 2014 –
 - Section 3 establishes legal basis of integration of care and support with health services
 - Section 53ff. establishes requirements relating to market oversight
- Children’s Act 1990 Section 22G creates a statutory requirement for a Sufficiency Strategy for accommodation of children looked after by the council under which is an important part of the commissioning
- Children and Families Act 2014 introduced new requirements including
 - those on adoption, special educational needs or disabilities

- statutory requirements on Integration with health and joint commissioning with health partners (Sections 25-26)
- Health and Social Care Act 20XX INSERT PHWB items c/o RJ
- Public Contracts Regulations 2015 ¹⁰ updated the context for procurement for Councils
- Public Services (Social Value) Act 2012 requires public authorities to have regard to economic, social and environmental well-being in connection with public services contracts and connected purposes
- The Transfer of Undertakings (Protection of Employment) (or “TUPE”) Regulations 2006 ¹¹ as amended by the "Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014" for business transfers and service provision transfers.

4.6 Commissioning and the community context

In March 2016, the Council approved the City of Wolverhampton Charter with other partners working in the City.¹² This confirmed our joint approach to procurement and commissioning.

This aimed to help “increase the levels of local expenditure with local businesses and other local agencies and to increase the impact of public expenditure on the Wolverhampton City Strategy priorities to increase local jobs, increase economic activity and employment, reduce child poverty and health inequalities.”

The City of Wolverhampton Charter

The Charter establishes five principles that will underpin the commissioning and procurement activities of key partners in the City. These are set out below along with the measures to be used annually by the City Board to monitor progress. The City Board have committed to using their commissioning and procurement processes to:

Develop and grow a skilled workforce through: *Creating employment and training opportunities for local residents including supporting people into work and providing work experience placements; mentoring and supporting personal development and, where appropriate incorporating provision within contracts to offer training and employment opportunities for local people*

Encourage healthy lifestyles and independence by: *Encouraging the adoption of workplace health initiatives which keep people in work, reduce sickness and also create a workplace that is more conducive to good health. Promoting active travel such as walking, cycling and public transport use*

Support more people to be active within their communities by: Building the capacity of local voluntary and community organisations and schools through the provision of resources and expertise in areas with the greatest need e.g. mentoring and the provision of meeting facilities etc.

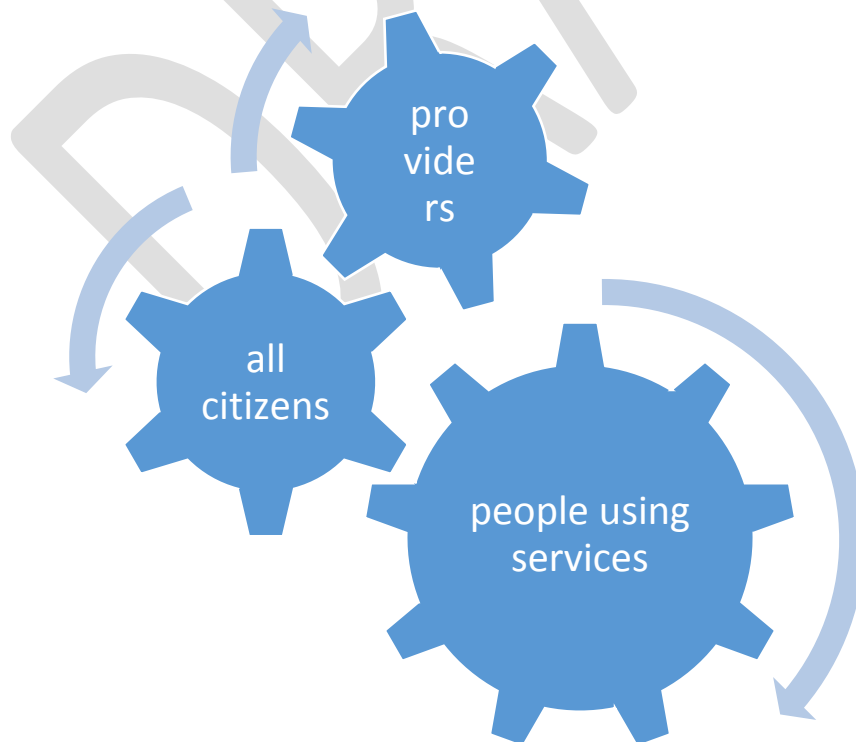
Support business to develop and grow by: Having a preference to buy locally on the condition that a suitable supplier exists and that this provides value for money.

Support the reduction to the carbon footprint and eliminate unnecessary waste by: Specifying good and services on the basis of whole life costing and which minimise the use of resources and the creation of pollution and greenhouse gases

4.7 Commissioning, engagement and co-production

Engagement with citizens, providers and staff are recognised as key activity in the JSNA, market shaping and subsequent commissioning so that current needs are understood, changing needs identified, and problems responded to.

To take previous achievements forward into the next stage of development and building on best practice, the City of Wolverhampton agreed a new focus to engagement and co-production in December 2016. This will be an important contributor to the success of our Commissioning Strategy.



Some examples of activity which is informing our developing commissioning strategies across a range of groups include:

ELECTED MEMBERS – the Council’s Cabinet sets direction for policy. Local democracy process ensures decisions are made through relevant Committee or Decision by Cabinet Members for People Directorate Service Areas

PEOPLE USING SERVICES & CARERS / Citizens – Forums used to maintain dialogue with specific groups include (1) *Corporate Parenting group*; (2) *Over 55’s Forum*; etc.

Specific strategies in which engagement undertaken are:

- Consultation on the draft Joint Autism Strategy 2016 – 2021 07/06/16 – 30/08/16 **130 engaged**
- Joint All Age Carer Strategy 2016 – 2020 Exec Summary identified themes to shape strategy
- Consultation - proposed new service model/ options for Community Based Preventative Mental Health Services 05/05/16 – 28/07/16 - Shaped the model. **419 engaged**
- Wolverhampton Children and Young People's Health Related Behaviour Survey 2016 HRBS 2016 was completed by a total of **7930 pupils**
- Consultation on proposed options for the future for Recovery House 11/15 – 02/16 - **90 people engaged**
- Proposals: Regarding Services for People at Risk of Violence and Abuse 11/08/16 – 03/11/16 **75 engaged** in shaping proposals
- Redesigning Day Opportunities Review 11/15 – 03/16 **92 engaged**
- Special Educational Needs 09/12/15– 14/02/16 Strategy amended as a result of consultation

Planned events:

Transition Board Events 2017

Early Years Strategy Consultation Plan Jan-Apr 2017

Staff – dialogue maintained by:

- Supervision & line management
- Service Area Events e.g. Childrens Services
- Directorate Events (800 attendees 11/16)

CARE PROVIDERS

Routine meetings bring care providers and commissioners together to maintain dialogue on issues of mutual interest.

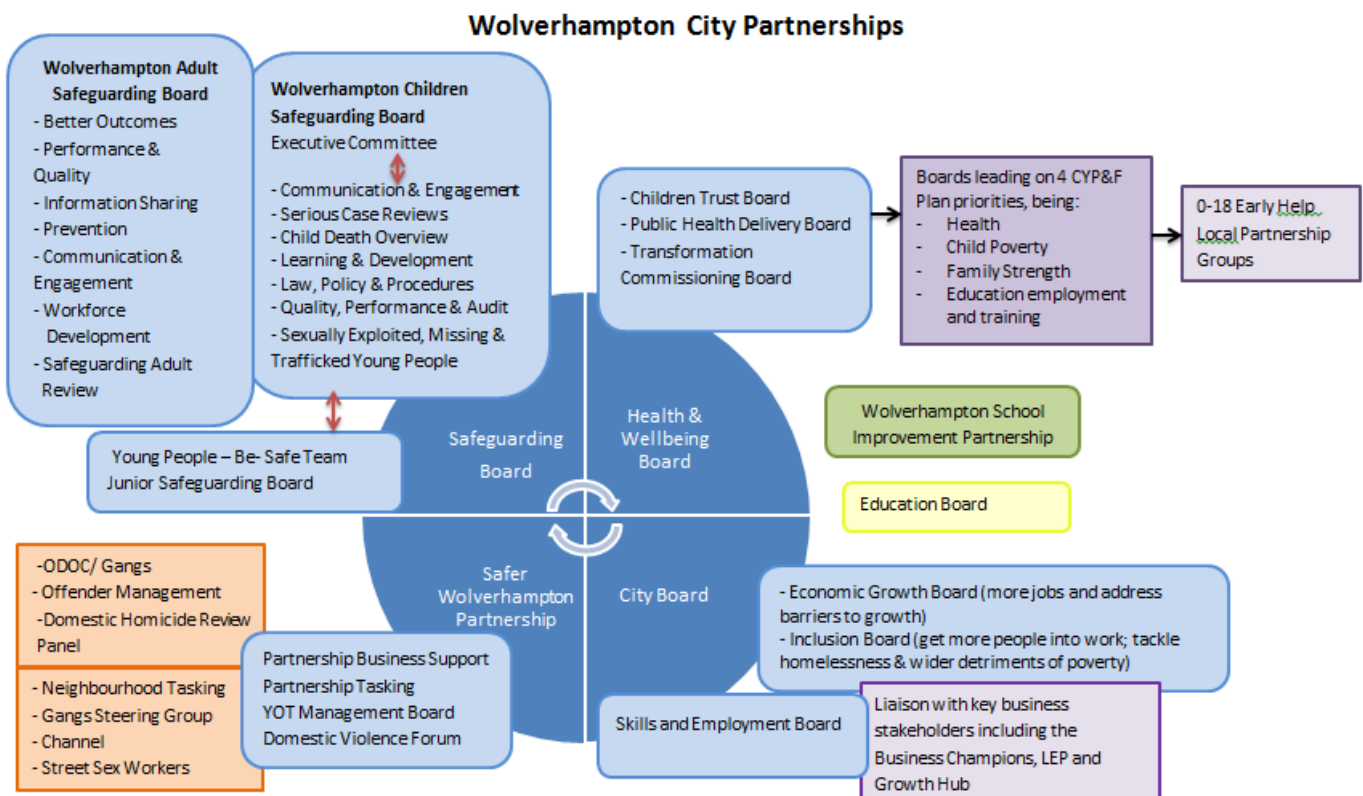
“Foster Talk” – nearly 500 contacts

The role and wider contribution of the voluntary and community sector in relation to engagement and consultation is valued especially the offering of Healthwatch Wolverhampton. Collectively, they generate their own contribution to our knowledge for analysis of the City.

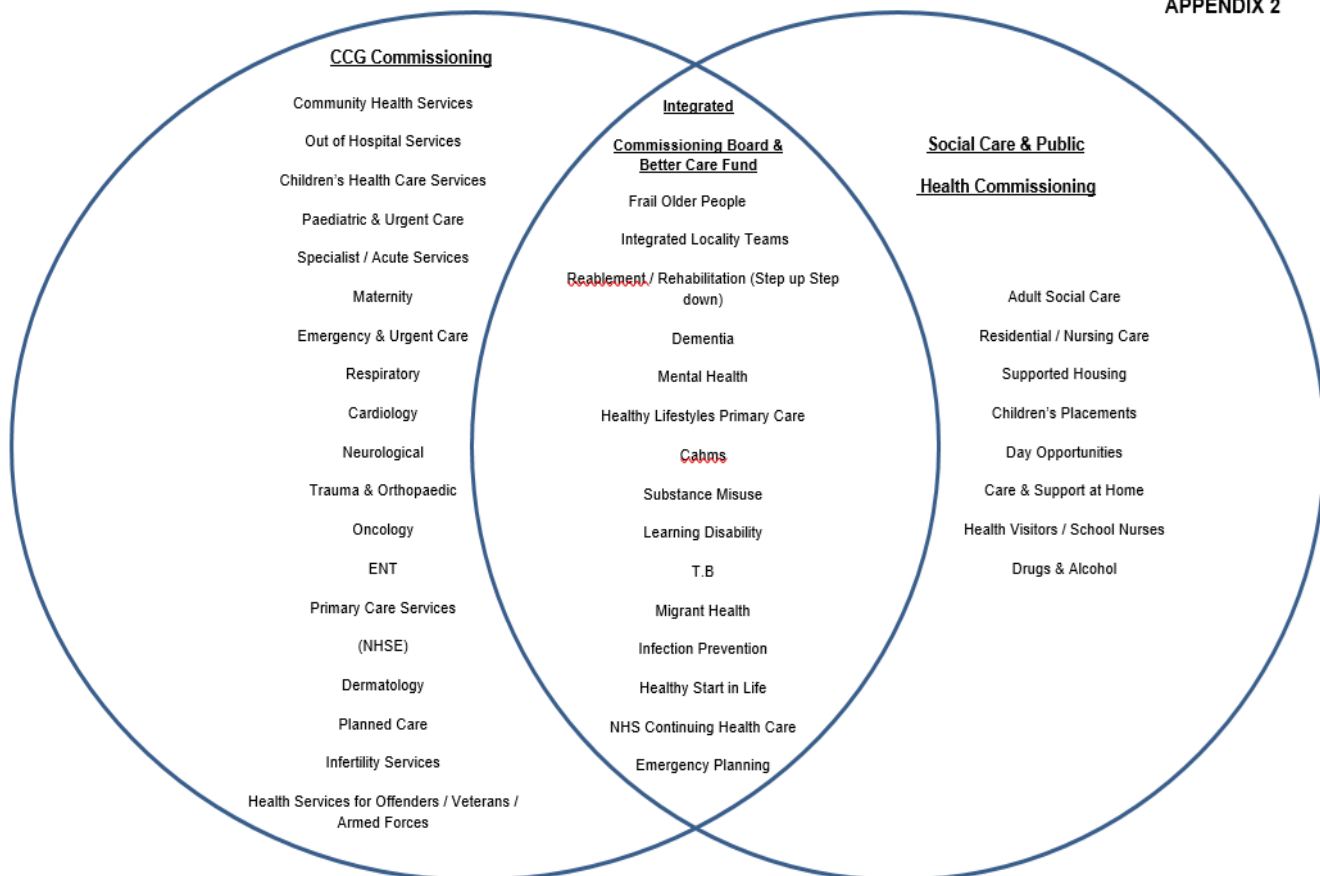
Two Commissioning Support Officers are being recruited in early 2017 to develop the wider co-production process including use of social media to ensure increased consumer-driven responsiveness in the commissioning process

4.8 Commissioning, partnerships and integration

The need and importance of local democratic leadership is reflected in many ways in the City of Wolverhampton e.g. through the Council’s Leader chairing the Health and Well-Being Board. This shows how the Council is committed to act as a good partner to ensure that the Council represents the best interests of the citizens in the City of Wolverhampton in a variety of ways.



The overall partnership environment shown above is the current way in which the Council acts in partnership with colleagues to ensure vulnerable people are kept safe and positive outcomes are achieved.



2 separate statutory organisations. Suggest explore scope for co-location and strengthened joint commissioning arrangements. Suggest retention of clear lines of accountability of the NHS and the Local Authority with stronger integrated collaborative approach and overlapping circle area to drive real change. Growth of Integrated Community BCF and pooled budget over time and health and social integrated approach to prevention and to shifting the balance of resources and diverting people from acute care to community health and social care

Figure XX

In order to ensure that local people benefit from closer integration of health and care commissioning and services, the Council has proposed the approach outlined in Fig XX above. This has been developed through the successful experience of the Better Care Fund arrangements in the period leading up to the launch of this Commissioning Strategy. It reflects an understanding where one partner is best placed for leadership on designated activity or for commissioning on a single agency basis. The model assumes the benefit of pooling activity and interest where it is agreed that such pooling is required. This may result in the use of a Section 75 Agreement or other agreed approach e.g. budgets for the Better Care Fund or children with disabilities [CHECK]

It is also important to note that XX% (CHECK) of the activity of public health and well-being services is dedicated to supporting NHS commissioning. This reality supports all activity in which the Council exercises its statutory responsibility to improve the health of the local population and the CCG's statutory responsibilities for the quality of health services. This links to clinical governance responsibilities.

In this context, People Services have worked closely with Wolverhampton CCG to define a person-centred model of delivery represented below.

This reflects our shared view that community assets best support many people in the first instance. It supports our vision that expensive public sector resources are best provided within an overall asset-based, preventative approach. Given a preventative approach, people should then be able to access services easily to step-up or step-down with or without support.

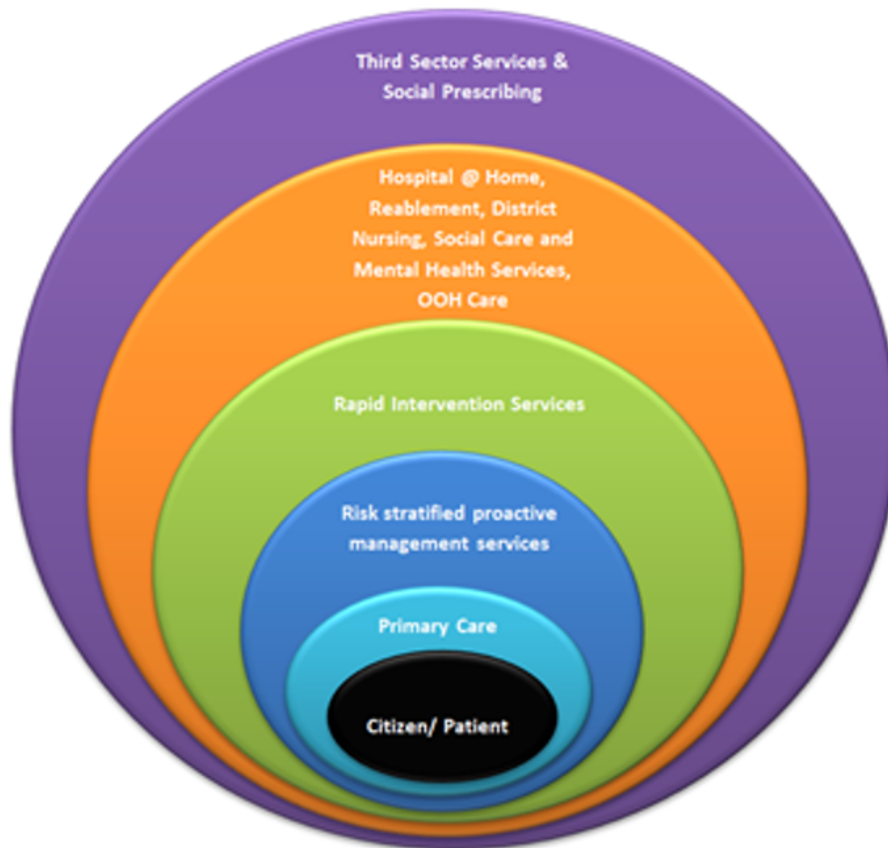


Fig XXXX XXXXX

A locality-focus is a key part of the model. During 2016, based on the achievements of our Better Care Fund approach, a series of Workshops resulted in the formation of a Transitions Board to oversee a range of work programmes to support overall integration. Work clarifying how geography and estates will be best used is underway.

4.9 Commissioning and workforce context

This strategy takes the view that commissioning is “everybody’s responsibility.” However, what is required of staff will be different according to their role. 1369 people work within the People Directorate. Types of role occupied by staff include leadership and management; social work; direct care provision; family support; and administration. Everyone’s contribution makes a difference to efficient use of our resources in supporting people and communities to use their own strengths and ensure council contribution is efficiently allocated based on local priorities, values and statutory requirements.

Our overall commissioning approach needs a well-skilled workforce for all people working in the wider sector. In 2016, the Council undertook work under the heading of “*Care and the Economy*.”¹³ This showed the economic contribution of the workforce within and connected to the People Services as part of the Council’s overall contribution to regeneration strategies. This found that:¹⁴

- there are 8,190 businesses in the City
- 80% of these businesses are “micro” i.e. with 1-9 employees
- There are about 110,00 jobs in the City with approximately 16,300 of jobs in the care and health sector
- Between 1996 - 2006, there was a 120% growth in “health and social work” reflecting changing patterns of commissioning and greater diversification in the social care sector
- There are about 6,500 jobs in the adult social care sector in Wolverhampton where there are about 1500 vacancies (2016)
- the wider children’s workforce who are strengthening families (in childrens centre, school class; nursery; pre-school playgroups; childminders; etc.) nationally amount to 350,000 in that sector (08/09.)

Social Work recruitment and retention is a key activity so that the continuum of commissioning is effective. Social Workers work at the cross-section of preventative and asset based work with individuals as well as commissioning specialist, targeted services. A Social Work Development Group (CHECK – LINK?) oversees recruitment and retention strategies and activity. A Principal Social Worker role has been established to support wider practice quality improvement. The wider strategic commissioning framework needs to be supportive and responsive in this context as part of a mutual responsibility for excellence in practice.

A partnership between the People and Place Directorate with local care and training providers has established a “*Careers Into Care*” initiative in 2016/ 17 to support recruitment into the wider adult care workforce. Our Commissioning Strategy will add force to leadership on this important activity and will also use national tools.¹⁵

4.10 Commissioning – quality and clinical governance context

An updated People Services Quality Strategy is giving renewed focus to quality.
[INSERT LINK]

That Strategy embraces the positive approach to quality adopted in the City of Wolverhampton as well as the requirements of external regulators and inspectors such as the Care Quality Commission (CQC) and OFSTED or the role of Public Health England (PHE.)

For children's services – (NB THEME LINK) Quality Assurance and Compliance officers work in partnership with providers and stakeholders to ensure agreed outcomes are being delivered. Levels of risk and quality of provision in care and support services for children and adults purchased by the council are monitored with the aim of:

- monitoring the quality and compliance of care services in accordance with agreed strategies, priorities and systems;
- inform commissioners and stakeholders of issues relating to services and make recommendations for improvement;
- advise and support services to enable them to achieve required levels of quality.

For adult social care services, likewise, there is a commitment to quality services and support through the responsibility of the DASS for the wider workforce and therefore, the quality of provision.

At the strategic and monitoring level, we work with partners in the CQC and CCG to monitor quality of provision in care home and domiciliary care environments.

For public health and wellbeing, the council's overall involvement and contribution to **clinical governance** is a key issue. The link between NHS services and the role of public health and well-being is a vital connection in the local arrangements for integration.

- Collaborative GP practice quality visits have been undertaken with Wolverhampton CCG since October 2016.
- The Public Health and Wellbeing team are part of the review group and any relevant Public Health and Wellbeing service contracts are also quality assured at the time of the visit

We use wider partnerships to maintain quality and appropriate sharing of information such as in our routine liaison with the Care Quality Commission.

Likewise, the quality of the **workforce** in the Directorate and beyond is supported by our internal Quality Assurance Framework, routine liaison with partners such as the CQC and our "Careers into Care" partnerships through which we are promoting values-based recruitment cf. Section XX above.

The Directorate Equalities Group lead equalities work which feeds to commissioning processes as required in terms of analysis or action.

5 Commissioning Unit

- 5.1 Commissioning Unit - functional design**
- 5.2 Analysing**
- 5.3 Planning**
- 5.4 The Commissioning Pathway and Unit Governance**
- 5.5 De-commissioning – our approach**

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5.0 Commissioning Unit

5.1 Commissioning Unit - functional design

A £2 million budget is allocated to the Commissioning Unit to develop and maintain the overall strategic framework for the People Directorate.

Embracing the opportunities offered by a thematic approach and responding to other drivers such as the recommendation of the March 2016 Adult Services Peer Review, the Commissioning Unit has been re-organised on a thematic basis (see p.XX.)

This supports leadership of a Families First and personalised approach, supporting individual and communities to improve their capacity and resilience with access to graduated levels of support linked to assets and needs. The Commissioning Unit's themed approach supports a preventative, whole-family and life-long approach.

The Commissioning Unit restructure was undertaken with an objective of assessing the visible effectiveness, potential efficiencies available, value for money, resources available, and opportunities for collaboration and general approach to commissioning projects. The intention is to remove areas of duplication, reducing waste and exploiting potential synergies across adults and children.

The new model moves People Commissioning to a thematic model with lead commissioners for the following themes and service approaches:-

- Early Intervention, Prevention and Public Health
- Personalised Support
- Specialist Targeted Support
- Long Term Support

It is further intended that all commissioning activity will be underpinned by a common set of principles: personalisation; citizen led service design and co-production; maximisation of the use of Better Care technology; and Delivery of the corporate savings objectives

For practical reasons, a functional design for staff who are delivering the strategic thematic element of the "*analyse, plan, do, review*" model is required to achieve success as shown right.

5.2 Analysing

5.2.1 Joint Strategic Needs Assessment (JSNA.) - The IPC Commissioning Cycle begins with analysis. The main source for Commissioning Unit analysis in the City of Wolverhampton is the process and product of the Joint Strategic Needs

CITY OF WOLVERHAMPTON TODAY...

- 254,406 (2015 MYE) population - Gender: 50.5% female; 49.5% male
- Average Age – 39 yrs. 196,239 (77%) are 19+. 58,167 aged under 18. 6,000 85+
- Ethnicity - 64.5% white; 35.5% BME. 42.7% of 5-17 years from a BME group
- About 31.5% of children and young people (0 – 17) living in poverty
- About 20% of children are entitled to free school meals in primary and secondary schools
- Population density (2011) increase to 36 people per hectare (PPH), (34 PPH in 2001)
- Unemployment rate double the national rate
- Life expectancy lower than England average, 20th out of 326 local authority areas in the Indices of Deprivation 2010
- 27,136 Carers (Census 2011)
- 21% retired. 43000 economically inactive of whom 11200 are long-term sick
- 3,100 living with dementia
- 850 working age adults with moderate to severe learning disability
- 5.2% have a long-term mental health problem (GP Survey)
- 60% of people with a disability living in Wolverhampton are over the age of 60
- 4668 referrals to childrens social care (09/15-09/16)
- 631 LAC, 1235 CiN and 219 CP
- 104,000 dwellings (housing, flats, etc.) - 75,900 private dwellings (65,000 owner occupied, 10,900 privately rented;) 21,700 Council owned, 2080 Council owned with TMO; 4,320 rented from housing associations

Assessment (JSNA.)¹⁶ Illustrative analysis includes:

Moreover, the JSNA includes **forecasts** based on analysis which help us show what the City of Wolverhampton might look like in the near-future. Issues include:

IN CITY OF WOLVERHAMPTON TOMORROW - THERE WILL BE...

- More people overall - growth of 8.9% by 2037, to 273,300
- more older people (aged 65+) 44.7% increase to 59,900 residents.
- more younger people – U19's increase by 7%.
- fewer working age people.
- more Dementia - 44% rise in next 20 years i.e. extra 75 people per year
- impact of socio-economic factors on people's health, resilience, family and community bonds
- more people – young and old – living longer with complex conditions and disabilities

The JSNA is more than data. It is also a process. This process incorporates the outcome of “softer” data available through engagement with the public and people directly using our support (see section xx.) Some **emerging issues** based on this and wider analyses feeding into this strategy for the people of the City and its leaders therefore are:

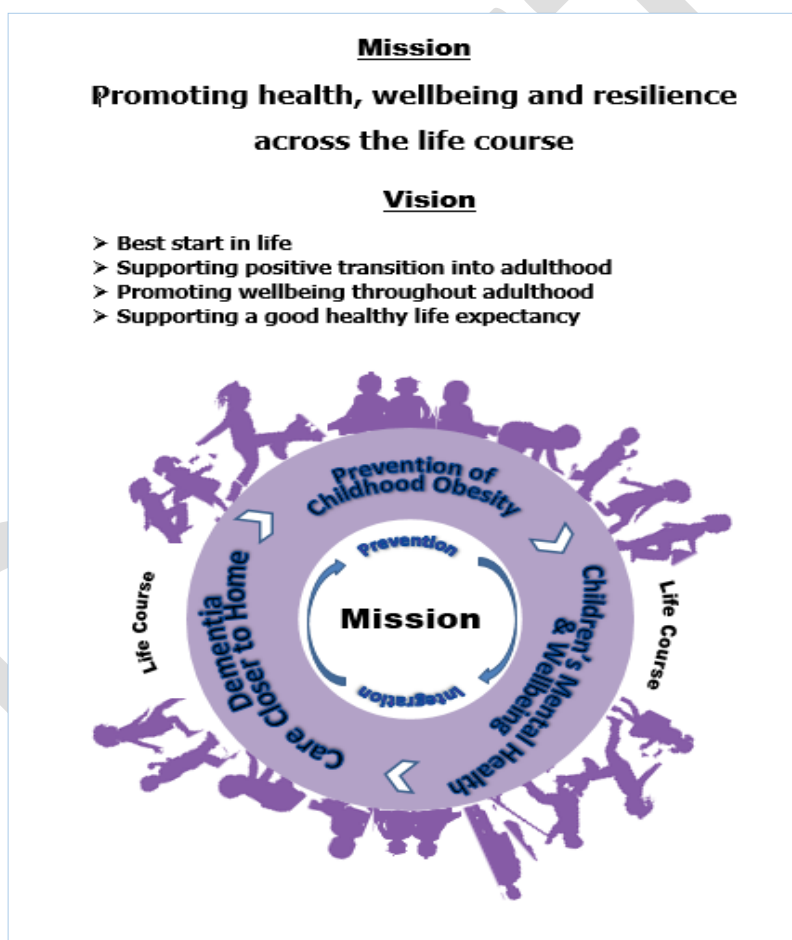
- People living for more years with significant health issues (“long term conditions”) and many conditions together (“co-morbidities”) requiring more complex support
- Housing – sufficiency of nature and supply
- Employment - effects of austerity or other issues on resilience of individuals and families
- potential increased tax burden to support care provision and/or
 - individuals / families / communities to do more
 - market opportunity for private sector to deliver products and services
- continued support for parents and carers under pressure
- making the care system more flexible and integrated through personalisation and more outcome-focussed contracts
- creating more options for people to meet their own support needs
- *Life expectancy is an overarching measure of health and wellbeing within the City and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.*
- *Healthy Life expectancy is key summary measure of population health and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.*
- *The relationship between personal wellbeing and local circumstances is complex and can influence health and social care outcomes. Commissioned services should consider how the overall wellbeing of the population can be improved through the services provided.*
- *HRQoL is a multi-dimensional concept that goes beyond direct measures of population health, such as life expectancy and mortality, and focuses on the impact of health status on the quality of life.*
- *Commissioned services should aim to assess how the service provided has improved the quality of the life of the service user.*
- *Commissioned services should aim to assess how the service provided has have met the needs of the service user and how unmet needs can be identified and addressed.*
- *Improving the risk factors through various commissioned services including*
 - *promoting early booking and attendance for antenatal care*
 - *preventing poor lifestyle choices including smoking during pregnancy, obesity and teenage conceptions*
 - *improving outcomes for premature births, low birth weight babies and babies from deprived areas of the City*
- *Overall, premature mortality rates for the majority of conditions in Wolverhampton is worse than the England average. Lifestyle risk factors such as smoking, obesity and alcohol misuse are major contributors to the rate of premature mortality. Commissioned services need to focus on promoting healthier lifestyles and preventing the development of long term conditions that lead to premature mortality.*
- *This can be achieved through training service providers to Make Every Contact Count across health, social care and the voluntary sector*

5.2.3 Joint Health and Well Being Strategy 2013-18

The Joint Health and Well-Being Strategy (JHWBS) ¹⁷ is based on the wide analysis of the JSNA product and process. Informing perspectives for the JHWBS included from the outset *Knowledge-led decision making; innovation; integration; being outcome focused; and value.*

Health and Well Being Board Key Priorities agreed in 2014 were re-focussed during 2016 in an updated Mission and Vision and focus on three areas:

- Childhood obesity
- Mental health of children and young people
- Dementia and care closer to home



Each Service area within People Services has a Transformation workstream or Business Plan (outlined below – see pp xxx.) These bring together its work on key improvement areas based on engagement with the public and people using our support, analysis, local and national policy and best practice requirements.

Our Commissioning Strategy takes forward previously agreed delivery arrangements which are being updated as a result of this strategy.

Other sources: An indicative list of documentary sources of information and strategies for all thematic areas of the Commissioning Unit includes:

- Law: e.g. Care Act 2014, *Children and Family Act 2014* SEND Reforms
- Best Practice:
 - Local Government Association - Commissioning for Better Outcomes¹⁸
 - Think Local Act Personal - Making it Real Plan
 - SCIE
- External provided Data
 - POPPI and PANSI
 - National Minimum Data Set for Social Care - NMDS-SC
- Internal – Council
 - Corporate Plan/Priorities
 - Finance information
- Internal – People Services data and Strategies
 - JSNA 2016 – 2020
 - JHWBS 2013-17
 - All Age Disabilities Strategy 2013-2016
 - Early Years Strategy 2017-2021;
 - CYP Sufficiency Strategy
 - Children, Young People & Families Plan 2015-25
 - Early Intervention and Prevention Strategy
 - Balancing Cost and Quality
 - Public Health Commissioning Strategy / Contracting Plan 2014 -2019
 - Children, Young People & Families Plan 2015-25
 - Refresh Joint Reablement and Intermediate Care Strategy 2014 -2016
 - Joint All Age Carer Strategy 2016 – 2020
 - Living Well In Later Life 2013- 2015
 - Joint Dementia Strategy: 2015-2017
 - All Age Autism Strategy 2016 – 2020
 - Joint Learning Disability Strategy 2011 – 2015
 - Obesity Call to Action
 - Prevention Strategy
- Internal – Commissioning Unit
 - Market Position Statement for Care and Support for Adult Services in Wolverhampton 2015-2017
 - Market Position Statement for Adults with Disabilities and Mental Health 2015-17
 - Providers/Suppliers
 - Contract Finder
 - CM2000 – Electronic Home Care Monitoring system

- West Midlands ADASS
 - Commissioning Network
 - Balanced Score Card metric for measuring progress with personalisation

Co-production takes the task of analysis further in debating and coming to conclusions together with people using our support or services as well as the wider voice of all citizens in the City of Wolverhampton.

5.3 Planning

5.3.1 Market Position Statements

Building on acquired previous experience in social care, the Care Act 2014 made market shaping a statutory duty for Councils. Therefore, People Services commissioners have been working on “market shaping” activity for sometime. This duty also builds on the responsibility of People Services through the statutory duties of the Director of Childrens Services (DCS) and those of the Director of Adult Social Services (DASS.) In the City of Wolverhampton, these are combined in the post of Strategic Director:

- *The DCS is responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers.... The DCS is responsible for ensuring that effective systems are in place for discharging these functions, including where a local authority has commissioned any services from another provider rather than delivering them itself* ¹⁹
- *(The DASS is) “...responsible for the management, welfare and professional development of all local authority staff involved in planning, commissioning and/or providing social services. This includes shared responsibility for staff appointed to jointly funded posts between the local authority and other agencies/organisations involved in adult social care or healthcare.”* ²⁰
- *(The DPH) ...is the principal adviser on all health matters to elected members and officers (on) health improvement, health protection and healthcare public health.... contribute(s) to and influences the work of NHS commissioners, ... take steps to improve the health of the people in its area”* ²¹

People Services Commissioning Unit already have three Market Position Statements either complete or in an advanced stage of development and available at:

<https://www.wolverhampton.gov.uk/mps> for:

- children and young people
- children and young adults
- older adults

The content of those documents is not repeated here but they are an important part of the “architecture” to make this Commissioning Strategy a success. This strategy is initiating work to ensure that the Market Position Statements are developed in their next stage to reflect the thematic approach to commissioning now being taken.

This Commissioning Strategy will also inform the **Children and Young People's Services - Sufficiency Strategy**. The Sufficiency Strategy recognises commissioning as “*the process for deciding how to use the total resource available for children, parents and carers in order to improve outcomes in the most efficient, effective, equitable and sustainable way*” states national guidance aimed at looked after children.²² It is part of the wider commissioning approach with specific focus on looked after children. In updating the strategy, there will be renewed emphasis on (1) engaging service users / co-production in the strategy and commissioning services which prevent admission to care and promote placement stability and (2) Good use of regional and sub-regional framework agreements for residential and foster care and specialist support services.

5.3.2 Opportunities across thematic areas

Opportunities created for people in the City of Wolverhampton across the thematic areas include the following:

Early intervention

- needs based interventions rather than service led interventions.
- driving culture change through the Early Intervention focus
- Co-produced commissioning with broad range of individuals, organisations and specific user groups.
- For children and young people:
 - Developing a family based approach.
 - Minimising / eliminating challenges at transition to adult services
 - Not replicating effort and money by addressing issues in themes

Specialist targeted support

- real improvements to communities and the lives of people most in need
- The opportunity to identify and address deep rooted social issues that affect the majority of people who use our service in an efficient way rather than tackling them by client group.
- (FOR TEAM) Increased learning and an enhanced collective understanding leading to improved skills and confidence of commissioners with regards to the development of generic commissioning skills.

Long term support

- whole city approach to the market,
- ensuring equality of access regardless of a person's needs.
- enabling People Services commissioning work closely with council priorities such as regeneration, placing “pipeline” housing schemes into city wide housing developments context
- Develop Extra Care schemes to respond to the needs of vulnerable, integrating disabled people into bigger extra care developments.
- Use extra care schemes focus to achieve better use of residential and nursing market

- engaging with the market to be solution focused
- support a whole -family approach linked to the City's regeneration plan
- Develop integration with health colleagues
- support engagement with the third sector

Personalisation

- continued focus on assets, reablement and recovery, supporting people at home will lead to a reduction in people using Care Homes and long term care;
- supporting the Promoting Independence agenda will result in reduction in dependency on care and support services;
- ensuring a sustainable Provider market;
- encouraging providers to focus on quality and so help retain care workers
- having an integrated commissioning approach will ensure resources are used effectively and will reduce or eliminate duplication of redesigns/provision
- service design linked to 'need and outcome' rather than age specific
- leading culture change in our own and partner's services

Public Health and Well-Being

- Six health conditions account for over half of the difference in life expectancy that exists between Wolverhampton and England - heart disease, stroke, infant mortality, lung cancer, suicide and alcohol.
- This is seen disproportionately in the most disadvantaged communities. Deaths due to alcohol use and those occurring in infancy are the major reasons why life expectancy has not improved.
- People in Wolverhampton are living longer than ever before and the gap between life expectancy in the city and the national figure is closing. We know that socio-economic factors affect life expectancy.

5.4 The Commissioning Pathway and Unit Governance

To support overall **governance** and increased consistency of commissioning processes within the People Directorate as part of one Council, a "commissioning pathway" (see p. xxx) below establishes general guidelines for the commissioning cycle process.

Some generic aims for the integration of the Commissioning Unit include:

- Standardising commissioning approach e.g. contract monitoring
- Understanding spend and making it smarter
- Outcomes -based commissioning / impact
- Smart PBR
- Agreeing strategic approach to SIBs

- Synergy with children’s and adult transformation programmes
- Shared understanding of the model and alignment across themes
- Stakeholders - communicating change externally: maintaining dialogue with those affected by our activity and sharing decisions with directorate and corporate Stakeholders
- budgets/finance and thematic scheme synergy
- Innovation, working differently
- utilising/growing internal skills,
- public health access to health (NHS) intelligence
- Business intelligence gap; data management, monitoring and analysis is weak
- Regional opportunities – making best use of wider frameworks and starting them where agreed helpful
- Digital information and communications

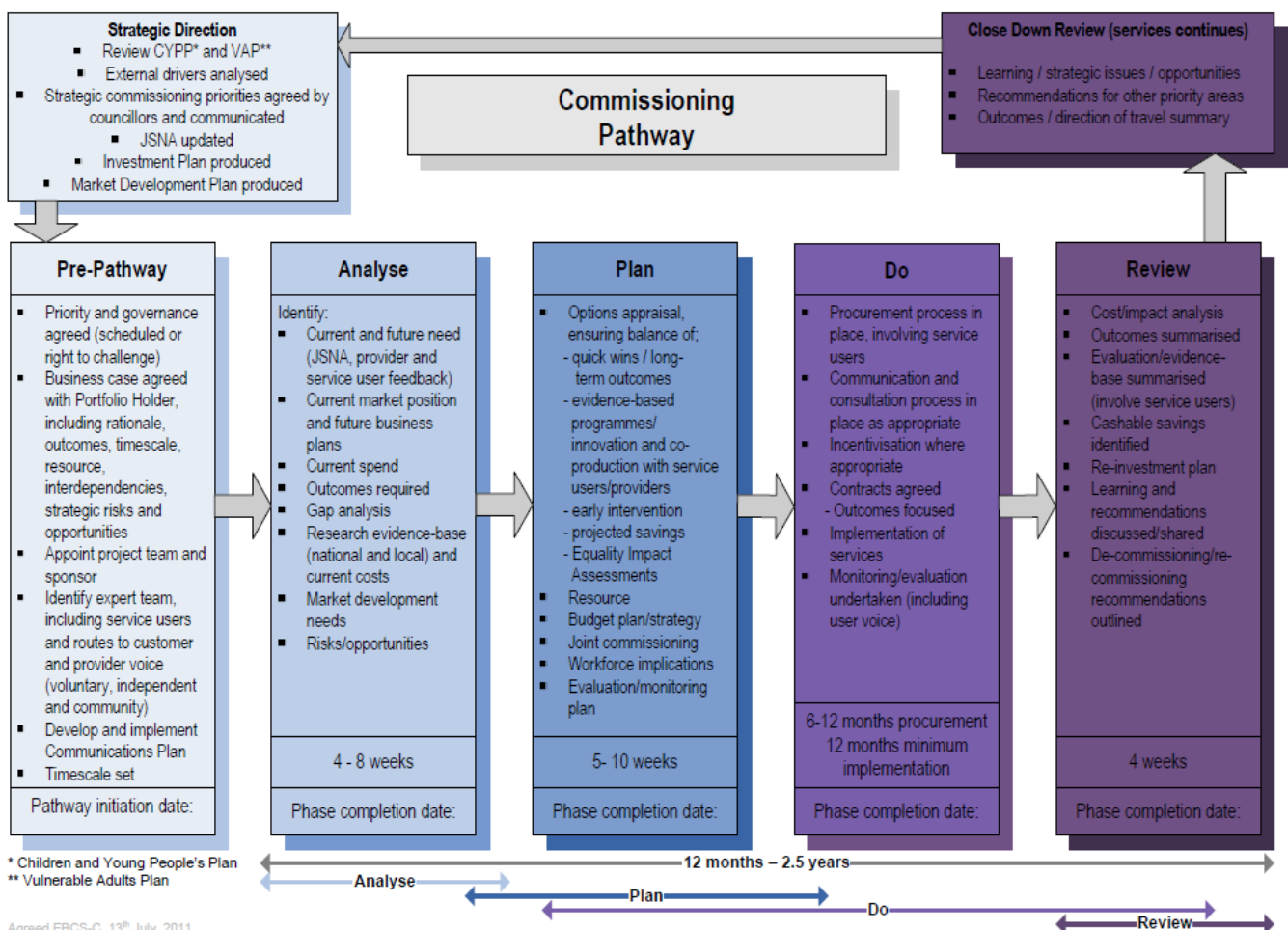


Fig XXXX XXXXX

5.5 De-commissioning – our approach

The “*analyse, plan, do, review*” commissioning cycle approach is a dynamic process. It allows us to be more responsive to change. Change may include:

- developing needs and aspirations of people living in the City of Wolverhampton
- overall direction determined by the Council’s Cabinet
- responding to changes to the way other agencies deliver their services
- improved ways of working e.g. through provision of new evidenced based approaches or more efficient process design
- change in commissioning resource allocation
- market failure ²³
- Council decision to terminate poor quality provision
- provider decision to terminate local activity
- overall analysis of population need e.g. JSNA
- end of agreed contract

Where such changes occur, it may be right to de-commission existing activity. However, the procurement and contract process allows some commissioned services to end naturally as the time period covered by the contract expires.

Where appropriate, a key part of de-commissioning is the need for effective engagement, scrutiny and challenge. Appropriate engagement with all concerned may be required given all the circumstances of the possible decision. This will be determined in dialogue between all leaders and managers using the relevant procedures. Where required, impact analysis will focus on professional judgement which weighs up various factors such as:

- Defined need of individual or community
- quality
- Budget requirements
- Statutory basis
- Elected Member views and leadership
- Staff deployment and views
- Public perception
- Media interest

For example, a decision may be small from the perspective of budget allocation but high in potential impact on individuals or on the reputation of the council.

Decisions will be made according to the agreed de-commissioning procedures as relevant to the circumstances with leadership from the Cabinet, engagement with Elected Members, people using services, members of the public, providers, partners and any other relevant stakeholder. In particular, our de-commissioning processes will cohere with frameworks established by corporate framework which in turn will respond to practice realities. De-commissioning procedures are available at: [INSERT HYPERLINK – DE-COMMISSIONING PROCESS..]

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Endnotes

- ¹ Department of Health (2006) *Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services*; Department for Education (2013) *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services or local authorities*; Department of Health (2013) *Directors of Public Health in Local Government - Roles, Responsibilities and Context*
- ² HM Treasury (2006) *Value for money guidance*, p11. http://www.hm-treasury.gov.uk/d/vfm_assessmentguidance061006opt.pdf The quote continues: "Value for money is not the choice of goods and services based on the lowest cost bid."
- ³ <http://ipc.brookes.ac.uk/> accessed 20/02/17
- ⁴ City of Wolverhampton Health and Well Being Board July 2016 *Making prevention everyone's business*
- ⁵ *Wolverhampton Child Health Profile, March 2016*
- ⁶ *Wolverhampton's Child Poverty Strategy 2013-2018*
- ⁷ http://www.local.gov.uk/care-support-reform-/journal_content/56/10180/6520234/ARTICLE and *LGA Commissioning for Better Outcomes 2015*
<http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab>
- ⁸ <https://www.adass.org.uk/ncasc-2014-market-oversight-and-provider-failure>
- ⁹ <http://www.legislation.gov.uk/uksi/2015/102/contents/made>
- ¹⁰ Available at: <http://www.legislation.gov.uk/uksi/2015/102/contents/made> accessed 20/02/17
- ¹¹ Available at: <http://www.legislation.gov.uk/uksi/2006/246/contents/made> accessed 20/02/17
- ¹² <https://wolverhampton.moderngov.co.uk/documents/s22708/City%20of%20Wolverhampton%20Procurement%20Charter.pdf>
- ¹³ Available at: <http://www.investwolverhampton.com/assets/pdf/care-and-the-local-economy.pdf>
- ¹⁴ From: "Care and the Local Economy" City of Wolverhampton Council
- ¹⁵ For instance, Skills for Care's *Workforce commissioning – workforce shaping and commissioning for better outcomes* at: <http://www.skillsforcare.org.uk/Documents/Leadership-and-management/Workforce-commissioning/Workforce-shaping-and-commissioning-for-better-outcomes.pdf> accessed 20/02/17
- ¹⁶ Available at: <http://www.wolverhampton.gov.uk/article/3647/Joint-Strategic-Needs-Assessment-JSNA>
- ¹⁷ Available at: <http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=2944&p=0>
- ¹⁸ http://www.local.gov.uk/care-support-reform-/journal_content/56/10180/6520234/ARTICLE
- ¹⁹ Department for Education (2013, April) *Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services or local authorities* p.5 para 1
- ²⁰ *Department of Health (2006) Guidance on the Statutory Chief Officer Post of the Director of Adult Social Services* Para 18 p5
- ²¹ Department of Health (2013) *Directors of Public Health in Local Government - Roles, Responsibilities and Context*
- ²² *Sufficiency Statutory guidance on securing sufficient accommodation for looked after children* - Department P.16
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273812/sufficiency_-_statutory_guidance_on_securing_sufficient_accommodation_for_looked_after_children.pdf
- ²³ ADASS & LGA - *Adult social care, health and wellbeing: A Shared Commitment - 2015 Spending Review Submission* September 2015

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SHAPING FUTURES, CHANGING LIVES – Draft People Directorate Commissioning Strategy

CO-PRODUCTION AND ENGAGEMENT PLANNER

APRIL 2017

NOTES

Corporate / Directorate processes: Consultation / Engagement Planning document available c/o Liz Phillips, Commissioning

“Lead” names – are identified. It is understood that other staff may be the lead. Nominated names are requested to confirm leadership with the other person where that applies.

Engagement and consultation ends: 30 June 2017

| | | | |
|-----------------------|------------------|---|-----------|
| Enquiries – to | Brendan Clifford | email: Brendan.clifford@wolverhampton.gov.uk | tel: 5370 |
| | Paul Brown | email: paul.brown@wolverhampton.gov.uk | tel: 5497 |

| | GROUPS / INDIVIDUALS | MEETINGS / HOW | LEAD | WHEN | COMMENT |
|----|--|--------------------------------|-------------|------------------------|---|
| 1. | Elected Members Cabinet / Council Committees | Cabinet | LS (PS/BC) | 26 April 2017 | NB. Confirm any Purdah Period implications. |
| | | Scrutiny Board | LS (PS/BC) | 30 May 2017 | n/a |
| | | Scrutiny - Adults | LS (PS/BC) | 13 June 2017 | n/a |
| | | Scrutiny – Children’s | LS (PS/BC) | 14 June 2017 | n/a |
| | | Health and Well Being Board | LS (PS/BC) | 28 June 2017 | n/a |
| | | Cabinet | LS (PS/BC) | 19 July 2017 | n/a |
| | | | | | |
| 2. | All Elected Members | | PS/BC | TBC | Idea: consider Workshop Meeting in Council Chamber? |
| | | | | | |
| | PARTNERS | | | | |
| 3. | Partners | Health and Well-Being Board | LS (PS/BC) | 28 June 2017 | As above |
| | | CCG Commissioning Cttee | PS/BC | TBC | PS attends |
| | | Children’s Trust Board | PS/BC | TBC | LS/EB/RJ attend |
| 4. | Partner organisation | Internal news items | PB | 27 th April | Article post Cabinet decision (note Purdah) |

| | | | | | |
|----|---------------------------------------|-------------------------------|--|--|---|
| | employees | | | 27 th May | Reminder to take part in consultation |
| 5. | Systems / Transition Board | Systems / Transition Board | LS/DW/RJ/EB/BC | Draft Plan in place c/o Healthwatch | This activity will secure citizen engagement via Healthwatch This will need staff from the Council to be designated to participate in the planned events |
| 6. | | Executive Commissioning Board | BC | 04 May 2017 | |
| 7. | | BCF Board | BC | 11 May 2017 | |
| | | | | | |
| | ADULT CARE / SERVICE PROVIDERS | | | | |
| 8. | Care Providers | WMCA c/o | | | Monthly meeting (wed) Sue Lennon |
| | | Careers into Care Partnership | Commissioning Mgr Workforce Lead (BC) | 25 May 2017 | |
| | | Domiciliary Care Forum | Jaz Kakkar | TBC | |
| | | Disability providers | Kathy Roper | TBC | <i>Ad hoc</i> – needs to be organised |
| | | Very sheltered Home providers | Jaz Kakkar Kathy Roper | YBC | |
| | | SUIT | Juliette Grainger | TBC | |
| | | | | | |

| OTHER BOARDS / MEETINGS | | | | | |
|----------------------------------|---------------------------|----------------------------------|--|-----|--|
| 9 | | Safer Wton Partnership | Check with: • Lynsey Kelly • Karen Samuels | TBC | |
| | | | | | |
| | | | | | |
| | | | | | |
| Children and Young People | | | | | |
| 10. | Children and Young People | Foster Care Group | Jan Barlow | TBC | |
| | | Corporate Parenting | Carol Bourne | TBC | |
| | | Children in Care Council | Carol Bourne | TBC | |
| 11 | | Care Leavers Forum | CB / Alice Vickers | TBC | |
| | | | | | |
| People who use services | | | | | |
| 12 | People who use services | Day opportunities | Tom Denham | | |
| | | <i>Idea:</i> 1:1's. Home Visits? | | | Select xx people who use services in consultation with SWs/TMs to whom we could visit to discuss |
| | | Beacon Centre | | | c/o hbrown@beaconvision.org |

| | | | | | |
|----|---|--|----------------|--|---|
| | | | | | |
| | | “Hear Our Voice” Headstart (young people) | Kevin Pace | TBC | |
| | | Carers Forum | Lesley Johnson | TBC | ?Newsletter / e-zine? Melinda Kaur |
| | | | | | |
| | The Public / citizens | | | | |
| 13 | <i>“Talking Care in the City”</i> Supermarkets / High Street | | | TBC | <ul style="list-style-type: none"> • Check: links to Healthwatch activity? • Commissioning Support Officers to coordinate? • Identify locations – Wulfrun Centre is usually good (under cover, good footfall); • need city-wide locations |
| 14 | Media | Press releases interview opportunities | PB | 27 th April 27 th May | <ul style="list-style-type: none"> • Article post Cabinet decision (note Purdah) • Reminder to take part in consultation |
| 15 | Web presence | Survey Monkey | | | <ul style="list-style-type: none"> • People Commissioning have Survey Monkey |

| | | | | | |
|----|--------------------|----------------------|---|--|--|
| | | | | | <ul style="list-style-type: none"> • Need to clarify questions • Post draft strategy on the Web |
| 16 | | Twitter Account | | c/o Project Support Officer | <ul style="list-style-type: none"> • PB enquired. Agreed. • How could questions be chunked up? • Link to website location |
| 17 | | Facebook presence | PB | | PB – will upload onto “Wton Today” Can target Wton citizens |
| 18 | | Website | PB | | PB to clarify |
| | | | | | |
| | Staff | | | | |
| 19 | People Directorate | Localities - | Commissioning Managers Heads of Service? | As per Team Meetings | |
| 20 | Council employees | City People articles | PB | 27 th April 27 th May | Article post Cabinet decision (note Purdah) Reminder to take part in consultation |
| | | | | | |
| | | | | | |