| Key | Sourc | e | Ke | y | Source | | | 1 | | | Кеу | Urgency |
|---------------------------------|--|---|---------|--------------------------------------|--|---------------------------|---|-----------------------------------|--|---|----------------|---|
| IN T | | Target from the Improvement Notice | AI | SG | Announced inspection - Safeguarding | | | | | | 1 | 1 month |
| IN | | Improvement Notice | AI | LAC | Announced inspection - Looked After Children | | | 1 | | | 2 | 3 months |
| | | 1 | - | | i | | | 1 | | | 3 | 6 months |
| | | | | | | | | | | | 4 | 12 months |
| | | | | | | | | | | | 5 | > 12 months |
| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / N details |
| Them | e One: | | - | | itegrated children's services in Leeds ernance arrangements for Children's Services, includi | ng developing a | an accountability framework fo | r the delivery o | of outcomes for children and young pe | ople at a local level | | |
| | | | | | Main Action 1: Establish an effective improvement board | | | | | | | |
| | to estab and sup effective partners sustaina | | | | 1a. Inform Executive Board of the Improvement Board | 6/1/2010. | _ | | | 1. 2010: Unannounced Inspection : no areas for priority action are found | | |
| | | Cooperate with the independent chair | | | 1b. Produce draft Terms of Reference for inaugural meeting of Improvement Board | 19/1/2010. | | | A board is in place. The Board provides effective | 2. 2010: CAA / Annual Children's Services Performance Rating : | | |
| | | to establish an Improvement Board and support the Board in providing effective challenge across the partnership to drive swift and sustainable progress through a robust improvement plan. | 1 t | 01/03/10 | 1c, Produce Executive Board paper about operation of the Improvement Board including links and key relationships | 10/03/2010. | Assistant Chief Executive | | challenge across the partnership, drives swift and sustainable progress and regularly monitors a robust improvement plan. | | | |
| | | improvement plan. | | | 1d, Review operation of the board every 6 months | Sept 2010 / March 2011 | | | Progress made at each formal review period. | Children's Services in Leeds are rated as performing well | | |
| | | | | | | | | | | | | |
| | | | | | Main Action 1: Develop a robust improvement plan | | Deputy Director Children's Services Innovation and Change | | | | | |
| | | | | | 1a, Agree outline for improvement plan | 19/1/10 | Improvement Board | | | | | |
| | | | | | 1b, Produce first draft of improvement plan | 31/1/10 | | | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--|---|---------|---|--|--|---|--|--|--|--|--|
| IN 3.2 and 16 AI SG 1 | 1.1.2 | Prepare a robust Improvement Plan, which is agreed with the Improvement Board, for delivering improvements across children and young people's services, addressing all areas of weakness highlighted in: Ofsted inspections; the 2009 Comprehensive Area Assessment; other areas of concern as appropriate and the outcome of the Council's review of service delivery. | 1 | 01/E0/10 | a, Improvement Board; b, Executive Board and to DCSF 1d, Agree monitoring process for Improvement Plan 1e, Determine programme management arrangements to support delivery of improvement plan and ensure the required capacity is available to support implementation 1f, Submit regular monitoring reports to the Improvement Board at each of their monthly meetings | 17/3/10 Tstri March 12th April 18th May 14th June 13th July 17th August 13th Sept 11th Oct | Deputy Director Children's Services Innovation and Change | SC 3 - IN 4.1 | Clear and succinct action plan is in place which reflects all actions from the announced inspection and the wider improvement priorities Improvement plan agreed / approved Regular updates and robust evidence of both quantitative outcomes and qualitative processes is provided to the improvement board, Progress made at each review period | 2010: Unannounced Inspection : no areas for priority action are found 2010: CAA / Annual Children's Services Performance Rating : Children Services in Leeds are rated as performing adequately 2011: CAA / Annual Children's Services Performance Rating : Children's Services in Leeds are rated as performing well | CYPP and the LSP (and their reviews) | Yes - Corporate Support |
| Lead (| Officer : | Deputy Director of Children's Services | s Par | tnerships and | d Governance | | | | | | | |
| | mcer : Deputy Director of Children's Services Pa | | | Main Action 1: : Implement the new Children's Trust Board | 1/4/10 | | | | | | | |
| | | | | | 1a, Develop a project lead and project plan | 31/1/10 | | | | | | |
| | | | | 1b, Development of proposals and consultation with key partners and stakeholders | 28/2/10 | | | 1. Governance arrangements in place which meet the updated governance | | | | |
| | | | | 1c, Draft constitution, supporting paperwork, proposals for support arrangements, membership, work programme, communications plan | 26/3/10 | | | guidance and the Council's requirements for Significant Partnerships . 2. Partners are well represented on Boards/Partnerships at appropriate Juvala of conjustiv | | DCSF - ACSL Act Nov 09, | Additional Capacity | |

| Source of the Recommendation | ommen | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|-------|--|---------|---|--|--|-----------------------------|-----------------------------------|---|--|--|---|
| NA | 1.2.1 | Create a new Children's Trust Board to strengthen partnership and co- operation arrangements and strategic oversight. | 2 | Phase 1: April 10 Phase 2 : April 11 | 1e, inaugural meeting of new Board 1f, proposal for development and realignment of sub- groups and supporting partnerships 1g, Ensure that progress is made in line with the project plan and that this progress can be evidenced at the mid and end of year reviews of the programme | 07/04/2010 30/4/10 30/4/10 12/10 30/4/11 | Project Lead | NA | Remit of the boards and sub board arrangements, partnerships, partner roles and linkages are well defined. Forward plans developed and in place which focus on partnership priorities, to deliver better outcomes. New style CYPP approved April 2011 Robust arrangements are in place for the CTB to oversee/monitor the implementation of the CYPP Progress is against the above and the broader project deliverables is in line with expectations at mid and end year review | | Children's Trust Guidance Nov 09, Working Together Guidance Dec 09. Leeds - Leeds Initiative, Vision for Leeds, CYPP (ref 1.3) | in place to support Phase One to April 10 Phase Two being scoped; will include requirement to support new Children's Trust Board and area/locality arrangements |
| МА | 12.2. | Refine area (wedge) and locality (cluster) arrangements to become significant partnerships linked to the Children's Trust Board | 3 | 30/05/10 | tb, Project lead and project plan developed tc, Consultation with area based partners d. Develop constitution, supporting paperwork, support arrangements, membership, work programme, communications plan te, Confirm partnership arrangements with the new CTB | 1/5/10 1/12/09 1/1/10 Mar 10 Feb /Mar 10 From May 10 | Project Lead | | Governance arrangements in place which meet the updated governance guidance and the Council's requirements for Significant Partnerships . Partnerships at appropriate levels of seniority. Remit of the boards and sub board arrangements, partnerships , partner roles and linkages are well defined. Forward plans developed and in place which focus on partnership priorities, to deliver better outcomes. Measured by mid-year and end-year reviews. | | DCSF - ACSL Act Nov 09, Children's Trust Guidance Nov 09, Working Together Guidance Dec 09. Leeds - Leeds Initiative, Vision for Leeds, CYPP (ref 1.3) Locality Pathfinder | Additional Capacity in place to support Phase One to April 10, Phase Two being scoped; will include requirement to Support new Children's Trust Board and area/locality arrangements |

Theme one: Outcome Three : Review the Children and Young People's Plan

Lead Accountable Officer: Deputy Director of Children's Services Innovation and Change

| Source of the | E E | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------|-------|---|---------|---|--|--|--|-----------------------------------|--------------------------------|---|---|--|
| | | | | | | 15/2/10 30/4/10 30/6/10 Q4 - 19th May | Education Leeds Director of Learning Environments | | | | | |
| | | Review of the Children and Young 2 | | | 1d, Deliver quarterly performance monitoring report | 10 Q1 - 10th Aug 10 Q2 - 9th Nov 10 Q3 - 8th Feb | Strategic Leader Performance | | Review that meets the guidance | 1, Overall improvements in LAA indicators relating to children's services and statutory attainment targets through the period of the improvement notice are demonstrable (Source: Improvement Notice IN2.2) 2, The Council will demonstrate | JSNA LSP 08-11 | Additional |
| | 1.3.1 | Review of the Children and Young People's Plan | 2 | 01/04/10 | Main Action 2: Deliver a fundamental review of the CYPP for 2011 in line with national guidance 2a, Agree a process, timeline and tasks for the fundamental review of the CYPP for 2011 | 30/4/10 30/4/10 | | PI 1 - IN 2.2 | | improvements in the satisfaction of children and families with the services they receive (measured through various specific surveys) through the | LSP 11-14 2009 - 14 CYPP Vision for Leeds | performance management |
| | | | | | 2b, Ensure the review of the Children and Young People's Plan is complete | 30/4/11 | Strategic Leader Performance | | | 3, Measurements to be included once developed | | |
| | | | | | Main Action 3: Improve customer satisfaction | 31/10/10 | | | | | | |
| | | | | | 3a, Establish measurement methodology | 30/3/10 | | | | | | |
| | | | | | 3b, Establish and report baseline/ frequency | 30/4/10 | Strategic Leader Performance | | | | | |
| | | | | 3c, Service action plans to deliver improvements developed and agreed | 31/5/10 | | | | | | | |

| Source of the | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------|--------------------|---|---|--------------------------------------|--|------------------|--|-----------------------------------|---|--|---|--|
| | | | | | 3d, Produce update reports in line with reporting timetable | ТВС | | | | | | |
| | | Outcome Four: Establish robust commit table officer : Deputy Director of Childre | | | | | | | | | | |
| | | | | | Main Action 1: As in recommendation column | 1/4/10 | | | | | | |
| AI SG 14 | 1.4.1 | Within six months ensure that there is a suitably trained, experienced paediatrician available across the city 24 hours every day of the week to support effective child protection medical examinations involving | 3 | 01/08/10 | 1a review current medical provision and investment (for in and out of hours provision) against Royal College guidelines/Working Together | 1/5/10 | Project lead Dr Sharon Yellin; Consultant in Public Health Medicine, NHS Leeds | N/A | Medical service in place which consistently meets requirements and core standards | | PCT Children's Commissioning Priorities | No – within existing resources |
| | | children. | | | 1b, Secure agreement on process and model of provision with West Yorkshire Police for the joint commissioning of this service | 1/6/10 | | | | | | |
| | | | | | 1c, Ensure all partners are aware of any subsequent service changes that may occur | 1/7/10 | | | | | | |
| | | | | | Main Action 1 : Ensure all current commissioning capacity is consolidated to form a single children's services commissioning service | 30/10/10 | Deputy Director - Commissioning | | | | | |
| | | | | | 1.a Identify all current children's commissioning capacity and related budgets within LA | 15/3/10 | Head of Finance Children's Services | | 1, All current commissioning capacity is consolidated to form a single children's services commissioning service, this will include the following: | | | |
| | | | | | 1.b Agree structure and budget for a consolidated children's commissioning service | 31/5/10 | CSLT | | a, Single service in place with clear | | | |
| | | | 1.c Successful implementation of the new structure for commissioning | 31/09/10 | Deputy Director - Commissioning | NA | b, Capacity pressures absorbed from | | | | | |

| Source of the Recommendation | | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|-------|--|---------|--------------------------------------|---|-------------------|--|-----------------------------------|--|--|-------------------------------------|--|
| | | | | | 1.d Delivery of agreed savings targets as part of children's services finance plan (cross ref outcome 1.6.3 - Review the council's five year budget strategy in light of the challenges faced in children's services) | 30/10/10 | Deputy Director - Commissioning | | functions and working processes c, Savings made on contracts are improved through the commissioning process | | | |
| | | | | | Main Action 2:A schedule of all commissioning activity (including that in place as well as planned) is to be compiled | 31/09/2010 | Deputy Director - Commissioning | | 2, A schedule of all commissioning | | | |
| | | | | | 2.a, Urgent review completed on all commissioning activity | 1/6/10 | Head of Commissioning | | activity (including that in place as well as planned) is compiled which identifies: | | | |
| | | | | | 2.b All commissioning budgets identified | 1/4/10 | Head of Finance Children's Services | | a, Existing spend against commissioned services | | Children's | |
| | | | | | 2.c All contracts identified | 1/4/10 | Head of Finance Children's Services | NA | b, Existing commissioning budgets | | Services Budget Plan | |
| N/A | 1.4.2 | Create a single commissioning function made up of all relevant | 4 | 01/01/10 | 2.d Review of all contracts completed | 1/7/10 | Head of Commissioning | | c, Current performance against contracts | | Implementation Plan arising from | Support from Human Resources, |
| 2 | - | commissioning resources from across council provided children's services. | | 01/ | 2.e Savings plan agreed | 1/5/10 | Deputy Director - Commissioning | | d, Opportunities for savings and service | | the children's services review | Procurement Unit and Finance |
| | | | | | 2.f Agreement on areas for service redesign and improvement | 1/8/10 | Deputy Director - Commissioning | | improvements | | Service/ Budget Plans | |
| | | | | | Main Action 3: Review current governance arrangements for commissioning and make recommendations for revised commissioning , which are in line with new children's trust arrangements, | 30/6/10 | | | 3, Current governance arrangements for | | | |
| | | | | | 3.a. Identify requirements for commissioning from new children's trust legislation | 1/4/10 | Deputy Director - Commissioning | NA | commissioning are reviewed and clear recommendations for revised commissioning, which are in line with | | | |
| | | | | | 3.b. Engage with partners re options for joint commissioning and commissioning governance | 1/5/10 | | | new children's trust arrangements, are made. | | | |
| | | | | | | 1/5/10 1/10/10 | | | | | | |
| | | | | | Main Action 4 : Develop a commissioning plan / prospectus setting out commissioning practices underpinning the Children and Young People's Plan and Improvement Plan Priorities. This will focus on commissioning activity to deliver improved outcomes and value for money. | 1/10/10 | Deputy Director - Commissioning | NA | A commissioning plan / prospectus setting out commissioning practices underpinning the Children and Young People's Plan and Improvement Plan Priorities is developed which | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--|---|----------|---|--|--|-------------------------------------|--|--|--|---|--|
| | | | | | Template for commissioning plan/prospectus agreed | 1/5/10 | Priority Outcomes Commissioner | | focuses commissioning activity to deliver improved outcomes and value for | | | |
| | | | | | 4.b. Workstream commissioning leads identified | 1/6/10 | | | money. | | | |
| | | | | | 4 d Aroos for decommissioning/service | 1/6/10 | Deputy Director - Commissioning | | | | | |
| | | | | | change/commissioning agreed | 1/10/10 1/10/10 | - | | | | | |
| | | | | | H.e. Gavings plan agreed | 1/10/10 | | | | | | |
| | | | | | Main Action 1: See Recommendation Column | 1/7/10 | Deputy Director CS Commissioning | | | | | |
| | | | | | . 1 3 5 | 1/6/10 | Priority Outcomes Commissioner | | 1, Areas for re-investment identified in | | | |
| | | Within six months develop and begin implementation of a service review | | | 1b, Define and agree review capacity 1c, Agreed priorities with focus on Improvement Plan | 1/6/10 | | | support of budget re-alignment across | | | |
| | | 2 | 01/02/10 | areas and those where there are the greatest potential for change | 1/6/10 | Deputy Director CS Commissioning | | children's services 2, Achievement of planned savings in: | | CS review implementation plan | Performance management, finance and | |
| | ÷ | | - | 01/0 | 1d, Review programme agreed and implementation commenced | 1/6/10 | | | - Business Support functions | | Service and budget plans | procurement capacity |
| | | following CAA and announced inspection | | | | | | | Integrated front-line service delivery 3, 11/12 Budget reflects re-alignment of spending. | | | |
| | | Outcome 5: Develop a strong performa table Officer: Deputy Director - Partner | | | t culture and framework, and develop robust quality assur- nance | ance systems | I | | I | | I | ſ |
| | | | | | Main Action 1: Develop an effective performance management framework to aid monitoring of the Care Promise | 2/4/10 | | | | | | |
| 9 | Within three months develop a clear and understandable set of measures | | 0 | 1a, Draft proposals for a framework which encompass feedback from children and young people received during the development of the Promise presented to the Care Council, MALAP Exec and Elected Member Corporate Carer Group | 31/3/10 | Head of Virtual School for Looked After Children/ Head of LAC Services - When appointed | | 1. Performance measures and QA framework in place and agreed by 'Have | | MALAP Exec and Corporate Carer | Yes - the collection and analysis of additional data, focus group responses, and satisfaction measures will require additional | |
| AILAC | 1.5.1 | and understandable set of measures and targets for the achievement of the Care Promise. | 2 | 02/04/10 | 1b, Agreed framework in place | 31/3/10 | | N/A | Your Say' Council. 2. Service plans reflect partners contributions to meeting core promise. | | forward plans Service Delivery Plans | Performance Management |

| Source of the Recommendation | mmen | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|-------|--|---------|--------------------------------------|---|------------------|--------------------------------|-----------------------------------|--|--|---------------------|---|
| | | | | | 1c, Ensure effective governance of performance against the promise through the development and agreement of regular reporting arrangements to the Care Council, the MALAP Executive and the Elected Member Corporate Carer Group, and from there to the Exec Board. | 31/3/10 | | | | | | The implementation will need more resource but development can be done within existing resources |
| | | | | | framework. | 30/4/10 | Chair of MALAP | | | | | |
| | | | | | 1e. Develop and agree a process for monitoring the Promise year on year | 30/4/10 | CO - CYPSC | | | | | |
| | | | | | Main Action 1 : Improve the regularity and timeliness of information-gathering on the progress of looked after children by the Leeds Virtual School | | - | | | | | |
| | | | | | attainment and progress to the Leeds Virtual School. | 2/6/10 | | | | | | |
| | | | | | 1b. The Virtual School provides feedback on school compliance with data collection requests to the School Improvement Service and School Improvement Partners to challenge headtachers if necessary. | 2/7/10 | | | | | | |
| | | | | | Main Action 2: Enable regular tracking of pupils' progress | | _ | | 1, 90% of schools agree to provide termly data on attainment and progress | | | |
| 10 | | Within six months improve the regularity and timeliness of information-gathering on the progress of looked after children at a strategic | | 10 | 1a. Education Leeds Data Management team migrate looked after children and care leaver data into the SIMS Management Information System to enable the Leeds Virtual School to use SIMS to track pupil level progress. | 2/5/10 | Head of the Virtual School for | | to the Extended School by June 2010. 2, Data on attainment, progress and attendance is available for all looked after children in education on a termly | | LEXS | Yes - resource need |
| AILAC | 1.5.2 | level, to enable regular tracking of pupils' progress and more timely evaluation of the impact of actions and interventions on progress and learning of looked after children. | | 02/07/10 | 1b. Education Leeds Data Management team provide training to allow the Leeds Extended School to make effective use of the SIMS Management Information System to track individual pupil progress against planned interventions from 1 September 2010. | 2/7/10 | Looked After Children | | basis from December 2010 onwards. 3, Summaries of the attainment, progress and attendance of looked after children, and the evaluation of the | OC2 annual return | Improvement Plan | to be identified as the solution is implemented. |
| | | | | | 1c. Integrate pupil level attendance information into the data set held by the Virtual School in the SIMS Management Information System. | 2/7/10 | | | impact of interventions, are reported to the MALAP Exec and Elected Member Corporate Carer Group termly. | | | |
| | | | | | Main Action 3: Provide more timely evaluation of the impact of actions and interventions on progress and learning of looked after children | | | | | | | |
| | | | | | 1a. The Leeds Virtual School provides a manually produced report to MALAP Exec and Elected Member Corporate Carer Group which identifies the predicted year-end outcomes of looked after children and the provisional impact of interventions on those outcomes. This report provides the template for termly reporting from the 2010-2011 academic year onwards. | 2/5/10 | | | | | | |

| Source of the Recommendation | 18 | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|-------|---|---------|--------------------------------------|--|----------------------------|-----------------------------------|-----------------------------------|--|--|-------------------------|---|
| | | | | | Main action 1: Establish a rigorous performance management and quality assurance system, to ensure the quality of referrals and assessments are monitored (including quality assuring recording) | | | | | | | |
| | | | | | 1a, Continue and develop, further the existing audit arrangements for referral quality and performance management | 28/2/10 | Head of Service Transformation | - | | | | |
| | | | | | 1b, Produce monthly report identifying trends, progress and issues; incl. development and resourcing requirements. | Monthly from March 2010 | Head of Service Transformation | | | 1, NI 59 - whilst maintaining high quality, increase the percentage of | | |
| | | Monitor improvements in children's social care, by establishing rigorous performance management and quality assurance systems which deliver regular monitoring, scrutiny and quality assurance of Social Care performance | | | 1c, Establish targets at team level and a mechanism through which this can be managed and monitored | from Feb 10 | Chief Officer - CYPSC | | 1, The quality of performance is available at team level and monitored | initial assessments for children's social care carried out within timescale to 72% for the month of March 2010, to 80% for the month of October 2010 and to 80% by end of | | |
| IN3.3 | 1.5.3 | | 2 | | 1d, Establish a lead Service Delivery Manager in each area of the city to audit performance and quality in relation to Initial and Core Assessments within the context of the quality assurance framework | 31/1/10 | Chief Officer CYPSC | PI 2 - INT 1.2 | closely and a consistent improvement is demonstrable. Full team in place. Data collection and reporting arrangements in place. QA framework completed and | March 2011 (i.e. the annual cumulative figure) 2. NI 60 - whilst maintaining high quality, increase the percentage of | LSCB - Business Plan | Additional resources identified Recruitment to quality assurance and performance management team underway |
| | | | | | 1e, Complete recruitment to CYPSC performance and quality team. | 31/3/10 | Chief Officer - CYPSC | | | core assessments for children's socia care that were carried out within 35 working days of their commencement to 80% for the month of March 2010, to 84% for the month of October 2010 and to 85% by the end of March 2011 (i.e. the annual cumulative figure) | | |
| | | | | | 1f, Develop ESCR dashboard to proactively report on individual and team performance. | 28/2/10 | Head of Service Transformation | - | | | | |
| | | | | | | Monthly from March 2010 | Chief Officer - CYPSC | | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--------------------|---|---------|--------------------------------------|--|------------------|---|-----------------------------------|--|--|--|--|
| | | | | | Main Action 1 : For details regarding delivery of this action see Theme 2 - Outcomes 2 and 3 | | | | see relevant outcomes | | | |
| | | | | | Main Action 2 : Establish a process for delivering audit information on the effectiveness of training to the LSCB to enable them to provide effective scrutiny of the training provided | 30/6/10 | LSCB Manager | | 1, Performance is regularly reported to the LSCB and they are able to challenge performance where appropriate (see recommendation 2.2.2) | | | |
| IN1.7 | 1.5.4 | The Council will establish clear and agreed processes with partners in the Children's Trust and LSCB to ensure effective scrutiny and training takes place so that the quality of contacts, referrals and assessments improve. | | | 1. Establish reporting arrangements to CTB and LSCB | 31/3/10 | Governance and Partnerships Project Lead LSCB Manager | | 2 Annual calendar in place detailing reporting arrangements to CTB and LSCB. 3, LSCB standards and effectiveness unit in place. | | Children's Services Priority Improvement Plan 2.2 and 2.3 | |
| | | | | | 2. Safeguarding unit re-design to include formal arrangements for QA of individual cases/files. | 30/4/10 | Deputy Director Partnerships and Governance | | Standards and effectiveness unit work programme for 10/11 in place LSCB minutes demonstrate regular performance and quality reporting and subsequent actions. | | | |
| | | | | | Main Action 1 : Ensure all current performance capacity is consolidated to form a single children's services performance service | 31/06/2010 | | | | | | |
| | | Develop and agree an implementation | L | 10 | 1.a Identify all current children's performance capacity and related budgets within LA | 31/03/10 | D Deputy Director CS | | Effective system in place and efficiencies made | | | |
| N/A | | plan for a new and effective performance management arrangements for children's services. | 3 | 31/06/2010 | 1.b Agree structure and budget for a consolidated children's performance service | 30/04/10 | Partnerships and governance | | Jointly produced whole service management information, produced more frequently which enables managers to influence performance | | | |
| | | | | | 1.c Implementation plan for the new structure for the performance service | 30/05/10 | | | | | | |
| | | | | | | | | | | | | |
| | | Outcome 6 : Consider requirements for table Officer : Deputy Director of Childr | | | ent to support delivery of children's services priorities therships and Governance | | | | | | | |
| | | | | | 1 Main Action : Review the Service Level Agreement (SLA) with the Children's Rights Service | | | | | | | |
| | | | | | 1a , Undertake contract review with The Children's Rights Service provider. | 31/3/10 | Head of Commissioning | | | | | |

| Source of the | Recommendation Ref | Recommendation | 5 | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------|--------------------|---|----------|---|---|---|--|--|--|--|---|--|
| | | | | | 1b . Ensure full participation of children and young people in review | 31/3/10 | Chief Officer- CYPSC | | | | | |
| | | | | | 1c. Children's Services will identify a sustainable funding stream that will allow the Care Council to fulfil its role | 31/3/10 | Chief Officer - CYPSC | | 1, The Care Council will have sufficient resource to fund its current needs in the | | | |
| | | | | | 2 Main action: Increase awareness of the Care Council's role and revise its membership so that it is more representative of the looked after children population. | | | | 2010 - 2011 financial year 2, There will be a sustainable, annually reviewed, funding stream that will allow the Care Council to fulfil its growing role from April 2011. 3, There will be a Children's Rights Service improvement plan that describes how the involvement of | PI developed and performance evidences that Children and Young People understand the role of the Care Council - End of 2010 | | |
| AI LAC 7 | 1.6.1 | Within three months, review the level of resource available to support the children in Care Council and increase awareness of its role and membership so that it is more representative of the looked after children population. | 02/04/10 | 2a. The Children's Rights Service will submit plans that detail how it intends to broaden the involvement of children and young people with the Care Council to better reflect the age, ethnicity, placement type, SEN and physical disability profile of the looked after children's cohort as a whole. | 31/3/10 | Head of LAC Services (upon appointment) | | children and young people with the Care Council will be broadened to better reflect the age, gender, ethnicity, placement type, SEN and physical disability profile of the looked after children's cohort as a whole. 4, The revised service level agreement for the Children's Rights Service will | All residential homes have a house meeting where they establish if every child understands the role and function of the Care Council Year on year improvement shown through the LAC survey of the number of young people involved in the Care Council | | Yes - an additional level of resource will be required to suppor the changes in the SLA | |
| | | | | | 2b. An initial review of the service level agreement for the Children's Rights Service will be completed to ensure there are within it sufficiently robust targets and measures for the engagement of children and young people in the work of the Council. | 31/3/10 | Head of the Virtual School for Looked After Children (via the Children's Rights Service) | | include robust targets and measures for the engagement of children and young people in the work of the Council. 5, The Children's Services Participation | | | |
| | | | | | 2c Children's Services will review its participation strategy to determine how members of the Care Council should be rewarded for their contribution. | 30/4/10 | Head of the Virtual School for Looked After | | Strategy will clearly describe how members of the Care Council should be rewarded for their contribution. | | | |
| | | | | 3 Main Action :Develop a performance indicator | | | | | | | | |
| | | | | 3a, Review existing surveys (ECM, Care4me) to ensure they address awareness of 'Have Your Say' Care Council. | 30/9/10 | Head of the Virtual School for | | | | | | |
| | | | | | 3b, Ensure that statutory reviews consider awareness of 'Have Your Say' | 30/9/10 | Looked After | | | | | |
| | | | | 3c, Annual review to report on membership and | 30/9/10 | | | | | | | |

| Source of the | e | Recommendation | Urg | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------|-------|--|----------|--|--|------------------|--|---|---|--|---------------------|--|
| | | | | | Main Action: Evaluate the 2010/11 budget and realign resources to support the improvement plan | 31/03/10 | | | | | | |
| | | | | | Develop proposals to reduce caseload pressures and incorporate into 2010/ 2011 budget proposals | 31/01/10 | Chief Officer - CYPSC | | Management information is accurately | | | |
| | | Immediately undertake a full evaluation of | | | b. Develop and agree implementation proposals to maximise the use of additional investment, within the recruitment context for the service | 28/02/10 | Chief Officer - CYPSC | | presented in order to inform redesign of the service and to inform service development in order to achieve a reduction in caseload levels from 24 to 22 by 2010/11 and to 20 by 2011/12. Base budget capable of delivering our | | | |
| AI SG 2 | 1.6.2 | evaluation of the allocation of | 31/03/10 | 1c, Implement spending plans and saving plans, and regularly monitor | 31/03/10 | Interim DCS | N/A | plans and priorities Appropriate level of resource is allocated to children and young people's social Care Consistently good value for money is | | Section 5.3 of the Children's Services Priority Improvement Plan | Children's Services | |
| | | | | | Main Action 2: Put in place the Children's Services medium-term financial plan which links clearly to service improvement priorities, the commissioning framework and value for money | 31/03/10 | | | achieved in Children and Young People's Social Care and across children's services | | | |
| | | | | | 2a, Take stock of existing VfM work and analysis and produce position report | 31/3/10 | Head of Finance Children's Services | | | | | |
| | | | | | 2b, Consider options for realignment, link to service review programme and produce report for decision and developing implementation plan | 31/7/10 | | | | | | |
| | | | | Main Action: Implement the service review programme | 30/3/10 | | | 1, Improved performance against timeliness measure and reduction in | | | | |
| | | | | 1a, Review arrangements and role of conference chairs to ensure the 15 day timescales for Child Protection Conferences are met | 30/3/10 |] | | Child Protection Plans that have been in place for more than 2 years. | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--------------------|--|---------|--------------------------------------|--|------------------|--|-----------------------------------|--|---|------------------|--|
| | | Immediately ensure that the capacity for the delivery of child protection | | 10 | 1b, Increase note-taker capacity for initial conferences | 26/3/10 | | | | | Links to section | |
| AI SG 8 | 1.6.3 | conferences matches the demand for service, that child protection core group meetings are effective and actions and outcomes for individual | 1 | 30th March 2010 | 1c, Redesign standard documentation and process for management of CiN CPP and Conference and Core Group records | 12/2/10 | Senior Child Protection Officer | INT 2 | Revised arrangements in place for organisation and administration of child protection conferences. | The percentage of initial child protection conferences held within 15 days of referral is at 85% by March 2011 | 2.1 .6 of the | |
| | | children are monitored against their child protection plan. | | 30t | 1d. Review roles and responsibilities within the child protection conference system to strengthen quality assurance process, including core group attendance | 26/2/10 | | | 3, All agencies' QA frameworks include monitoring of conference and core group | | Plan | |
| | | | | | 1e. Plan inter-agency training programme to ensure all partners understand the status and role of core groups and ensure Quality Assurance of Child Protection Plans continue on a multi-agency basis | 26/2/10 | | | work. 4, LSCB audits demonstrate quarter by quarter improvement. | | | |
| | | | | | 1f, Ensure that a protocol and measures are in place for all agencies to monitor agency participation in conferences and core groups for children with CPP | 28/2/10 | | | | | | |
| | | utcome 1 : Establishment of high qua ntable Officer: Chief Officer Children' | | | procedures with strict compliance, good record keepi ople's Social Care | ng and clear ris | k assessed decision making b | acked up by e | cellent quality assurance processes | | | |
| | | | | | Main Action 1 : Develop systems , processes and performance measures to deliver improved timeliness and quality of initial assessments | 28/2/10 | | | | | | |
| | | | | | For NI 59: 1a Design new working practices for SDMs and TMs to focus on performance management approach to initial assessments, | 22/1/10 | Chief Officer - CYPSC | | | | | |
| | | | | | 1b Consult with and train staff to implement new working practices to improve timeliness | 30/1/10 | | | | | | |
| | | | | | 1c, Complete procurement for organisational development programme which includes training, coaching, mentoring and practice improvement partners | 30/1/10 | Head of HR Organisational Development | | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--------------------|--|---------|--------------------------------------|---|---|--|-----------------------------------|--|--|---|--|
| | | | | | 1d, Set individual and team accountabilities and performance targets aligned to the required corporate performance targets/outcomes and managed through the supervision and appraisal processes; set by 13/2/10; supervision monthly; and appraisal annually. | 13/2/10 | | | | | | |
| | | | | | Review the process for S47 referrals and specify changes required to ESCR/working practices to conform to best practice, | 30/1/10 | | | | | | |
| | | | | | 1f, Complete the data cleansing in ESCR for all referrals to remove those erroneously 'open' | 13/2/10 | | | | | | |
| | | | | | Re-run the Q3 performance analysis and establish the variance from original; inform further action required for main target, | 17/2/10 | Chief Officer - CYPSC | | | | | |
| | | | | | Design and produce ESCR based senior managers 'dashboard' showing weekly performance and trends, by team, area and city. | 13/2/10 | | | | | | |
| | | | | | 1i, Through ESCR Development Board prioritise and deliver any improvements identified in action 1g. | 3/4/10 | | | | | | |
| | | | | | Review the impact of prioritising assessments to ensure that quality of assessments and the timely | Ongoing on a monthly basis from Feb | | PI 1 - INT1.1 PI 2 - INT 1.2 | Performance targets are agreed and achieved. Culture of management using performance management and quality systems embedded. | 1, NI 59 - whilst maintaining high quality, increase the percentage of initial assessments for children's social care carried out within timescale to 72% for the month of March 2010, to 80% for the month of October 2010 and to 80% by end of | Children's | |
| AISG5 | 2.1.1 | Immediately improve the timeliness and quality of social work responses for assessments, case planning and resorting including the applying of | 1 | 28/02/10 | Main Action 2: Develop systems , processes and performance measures to deliver improved timeliness and quality of core assessments. | | | | PIPs are in place, and appropriate staff have completed the intensive training on assessment (this will be monitored in 5.3.3) | March 2011 (i.e. the annual cumulative figure) | Services Priority Improvement Plan 1.5.3 (Establishment of rigorous quality | |
| | | Immediately improve the timeliness and quality of social work responses for assessments, case planning and 1 recording, including the analysis of risk, to meet minimum standards. | | 3 | For NI 60: 2a Design new working practices for SDMs and TMs to focus on performance management approach to core assessments, | 22/1/10 | Chief Officer - CYPSC | | File audits and OD Partner reviews demonstrate improvement in quality of assessments. Improvements in data quality and compliance with ICS requirements | 2. NI 60 - whilst maintaining high quality, increase the percentage of core assessments for children's social care that were carried out within 35 working days of their commencement to 80% for the month of March 2010, to 84% for the month of October 2010 | assurance and performance management arrangements) | |
| | | | | | 2b Consult with and train staff to implement new working practices to improve timeliness | 30/1/10 | | | Impact assessments are recorded to show that risks are mitigated | and to 85% by the end of March 2011 (i.e. the annual cumulative figure) | | |
| | | | | | 2c, Complete procurement for organisational development programme which includes training, coaching, mentoring and practice improvement partners | 30/1/10 | Head of HR Organisational Development | | | | | |

| Source of the Recommendation | | | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--|---|---------|---|---|---|-----------------------------|-----------------------------------|---|--|----------------|--|
| | | | | | 2d, Set individual and team accountabilities and performance targets aligned to the required corporate performance targets/outcomes and managed through the supervision and appraisal processes; set by 13/2/10; supervision monthly; and appraisal annually. | 13/2/10 | | | | | | |
| | | | | | 2e, Review the process for S47 referrals and specify changes required to ESCR/working practices to conform to best practice, | 30/1/10 | | | | | | |
| | | | | | 2f, Complete the data cleansing in ESCR for all referrals to remove those erroneously 'open' | 13/2/10 | | | | | | |
| | | | | | 2g, Re-run the Q3 performance analysis and establish the variance from original; inform further action required for main target, | 17/2/10 | Chief Officer - CYPSC | | | | | |
| | | | | | 2h, Design and produce ESCR based senior managers 'dashboard' showing weekly performance and trends, by team, area and city. | 13/2/10 | | | | | | |
| | | | | | 2i, Through ESCR Development Board prioritise and deliver any improvements identified in action 1g. | 3/4/10 | | | | | | |
| | | | | | ensure that quality of assessments and the timely | Ongoing on a monthly basis from Feb | | | | | | |
| | | | | | 2k, Track all core assessments starting from 8/1/10 (i.e. those which will be complete in March 2010) and include two quality reviews in the process to ensure timely completion, to quality, will be achieved. | 31/3/10 | | | | | | |
| | | Immediately accelerate plans to introduce a comprehensive performance management and quality assurance framework to support casework practice relating to contacts, | | | Main Action 1: Introduce immediately all available performance management and quality frameworks and train key staff on utilising these to improve management and working practices. | 1/4/10 | Head of Service | | 1, All managers have completed training on and are using the quality assurance and performance management | initial assessments for children's social care carried out within | | |
| N 1.4 | | | | 0 | 1a, review the draft Quality assurance and performance management framework and launch the agreed version 1b, Develop team performance profiles | 31/3/10 28/2/10 | Transformation | | framework in: - their daily working routine; - monitoring: and - supervision. | timescale to 72% for the month of March 2010, to 80% for the month of October 2010 and to 80% by end of March 2011 (i.e. the annual cumulative figure) | | |
| AI SG 6 / IN 1.4 | | | 01/04/1 | 1c, Roll out manager training to embed the use of performance data | 31/3/10 | | | | 2. NI 60 - whilst maintaining high quality, increase the percentage of | ļ | | |

| Source of the Recommendation | | | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | аррисаріе | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|-------|---|---------|--------------------------------------|---|--------------------------------|--|-----------------------------------|---|---|----------------|--|
| | | referrals and assessments. | | | 1d, Establish performance and quality arrangements to measure effectiveness and quality of contact centre arrangements. | 1/4/10 | Chief Officer - Early Year and IYSS | | Process in place to track pathways of cases which are directed from contact centre to agencies other than social care. Results of case tracking reported on quarterly basis to Contact Centre board. | core assessments for children's social care that were carried out within 35 working days of their commencement to 80% for the month of March 2010, to 84% for the month of October 2010 and to 85% by the end of March 2011 (i.e. the annual cumulative figure) | | |
| | | | | | Main Action 1 : Ensure children and young people and their parents receive information on how to make complaints and gain access to the advocacy service | 2/4/10 | | | | | | |
| | | | | | 1a, Review service user information documentation. | 28/2/10 | Compliments and Complaints manager | | | Q1 in 10/11 establishes baseline for | | |
| AI SG 9 | 2.1.3 | Within three months ensure children and young people and their parents receive information on how to make | 2 | 02/04/10 | 1b, Include requirement to share information about how to make a complaint with children, young people and their families in the service standards and quality assurance requirements. | 28/2/10 | Head of Transformation CYPSC | N/A | | existing performance on ensuring service user awareness of complaints. Targets set for Q2, Q3 and Q4. Annual target of 80%. Target for | | |
| A | 2 | | | | Main Action 2: Monitoring the delivery of information to children and young people and their parents regarding how to make a complaint and gain access to the advocacy service | Ongoing | | | | 11/12 is 100%. Statutory reviews examined knowledge of complaints procedure at least annually and always at 28 day review. | | |
| | | | | | 2a, Introduce mandatory field in ESCR to identify that complaints documentation has been given to children, young people and their families. | 1/4/10 | Head of Transformation CYPSC | | | | | |
| | | | | | | Every quarter from April 10 | | | | | | |
| | | | | | Main Action 1: Ensure children, young people and their families are involved in the Child Protection Process. | | | | | | | |
| | | | | | 1a, Review and revise current arrangements for access to reports and participation in conferences | 31/3/10 | Senior Child Protection Officer | | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--------------------|--|------------------------------------|--------------------------------------|---|------------------------------|--|-----------------------------------|--|--|--|--|
| 10 | | Within three months ensure the involvement of children, young people and their families in the child | | :h 2010 | 1b, Deliver mandatory staff training on family participation in initial core and risk assessment | 31/3/10 | | | Increased and improved participation in | | | |
| AI SG 10 | 2.1. | protection process is consolidated and records demonstrate that practice is being implemented effectively and their views taken into account. | 12 | 30th March 2010 | 1c, Include participation in the service standards and quality assurance framework | 31/3/10 | | N/A | child protection process by children, young people and families | | | |
| | | ulen views taken into account. | | | 1d, Ensure children , young people and families are enabled to participate in the redesign of conference arrangements | 1/7/10 | Chief Officer Children and Young People's Social Care | | | | | |
| | | | | | Main Action 2: Ensure that we can demonstrate that children and young people are engaged with the Child Protection Process | 31/3/10 | Senior Child Protection Officer | | | | | |
| | | | | | 2a, Establish a baseline and set targets, for 2011, relating to participation in the Child Protection Process | 1/7/10 | Senior Child Protection Officer | | | | | |
| | | Within six months complete an | | | Main Action 1: See recommendation column | | | | | | | |
| AI SG 13 | 2.1.5 | analysis of why there is such a high proportion of children who are the subject of a child protection plan for two or more years. | 3 | | 1b, Initially undertake a review of the conference minuets for all cases where children have ceased to be subject to a child protection plan in the last year, but prior to this had been subject to a plan for two or more years, 1c, Establish key emerging themes and undertake further analysis where appropriate 1d Draw conclusions and make recommendations | 1/3/10 1/6/10 01/07/10 | Leeds Safeguarding Children Board Manager | N/A | Review completed with recommendations | | | No |
| | | | | | Main Action 1: See recommendation column | | | | | | | |
| | 6 | Improve the response to child protection referrals to meet statutory | | 10 | Review referral and assessment procedures to include clear definitions and recording protocols for contacts and referrals. | 31/3/10 | Head of Service W/NW | | Section 47 standards and procedures are reviewed and reissued. Baseline for frequency and recording of | | Section 1.6.3 of the Children's | |
| IN1.1 | 2.1.6 | guidelines, and ensure discussions with the police and other agencies take place in a timely manner in all | 2 | 31/03/10 | 1b, Review protocol of joint working between social care and the police / other agencies (where appropriate) | 28/2/10 | - | | strategy discussions is established and improvement demonstrated over a six month period. | | Services Priority Improvement Plan | |
| I | | | Main Action 2: Monitoring progress | | Chief Officer CYPSC/ Senior | | | | | | | |

| Source of the | Recommendation Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | erad Responsible Officer Child Protection Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------|--------------------------------------|--|---------|--------------------------------------|--|--|---|-----------------------------------|--|--|--------------------------|--|
| | | | | | section 47 procedures - including strategy meetings, in order to establish a baseline 2b, Subsequent audit of compliance to test effectiveness of the actions | 31/3/10 10/10/10 | - | | | | | |
| | | | | | Main Action 1: See recommendation column | | | | For electronic records; Demonstrable improvement in the quality and completeness of records in ESCR identified through analysis of revised dashboards which show | | | |
| | | | | | 1a) Develop and implement revised dashboards in ESCR to identify data completeness/quality issues by 13/2/10. | 13/2/10 | | | 'overdue' record keeping reducing as data cleansing achieved. Evidenced also through easier | | | Business Analysts for |
| 3 a | 7. | The Council needs to ensure that it has effective information management arrangements in place, ensuring that 2 records for all children and young people are up-to-date | | | 1b) Revise key forms (CIN,CPP etc) to streamline the completion process and release by 13/2/10 . | 31/3/10 | | | production of NI and other performance and management information (quicker, more accurate at source). | | ESCR Development | forms and process design ESCR development. QA & Performance |
| IN 1.3 a | 2.1 | records for all children and young | 2 | | 1c) Review record keeping as part of the QA process and development of new standards | Various dates for functional areas | Head of Transformation | N/A | Engagement in the use of ICS; ensuring appropriate design, implementation, training and development to ensure universal usage. For paper records | | Plan ICS Project Plan | Management staff (pending on-going recruitment) ICT for remote access (Budget & Staff to implement) |
| | | | | | 1d) Include information management arrangements in staff learning and development programme. | 1/7/10 | | | The findings from audit activity identifies any shortfalls in case file management and instigate corrective actions. | | | |
| | | | | | 1e) Provide remote access to staff so that records can be maintained from 'off-network' locations 1f, Continue programme of record keeping audit | Phased from 6/02/10 then 31/07/10 ongoing | | | Corrective action sheets are completed and audits of these demonstrate improved compliance | | | |
| | | | | | | ongoing | | | | | | |
| | | | | | Main Action 1: See recommendation column | 31/3/10 | Head of Service Transformation CYPSC | | | | | |
| | | | | | 1a, Ensure this activity is included in the revised Quality Assurance framework and service standards | 31/3/10 | | | Recorded evidence through ESCR that assessments are being shared with | | | |
| 3 b | 1.3 | Ensure that assessment reports are | | 3/10 | 1b., Communication of this requirement to Service Delivery Managers, Team Managers and Social Workers. | 31/3/10 | Head of Service Delivery WNW | | parents routinely Benchmark is set and performance is monitored through dashboards. | | Linked with | |
| N1 | | routinely shared with parents as appropriate | 2 | 31/03/10 | 1c, Revised documentation for assessments to ensure parental participation and agreement is recorded | 31/3/10 | | | Audit of case recording demonstrates compliance with the requirements | | section 2.1.4 and 5.34 | |
| | | | | | Main Action 2 : Develop clear monitoring arrangements to ensure that reports are shared with parents | 31/3/10 | Head of Service Transformation CYPSC | | User feedback in quality assurance framework shows increased participation in assessments and improved satisfaction with the process | | | |
| | | | | | 2a, Include in the case file audit | 31/3/10 | | | | | | |
| I | I | 1 | 1 | 1 | 2b, Include in the customer feedback questionnaire | 31/3/10 | | <u> </u> | 1 | I | I | I I |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|--|--|--|--|--|--|---|--|--|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | tcome 2: Revise the operation of the Lo table Officer: Deputy Director of Childre | | | Children's Board to ensure it is able to carry out all its fun nerships and Governance | ctions effectively | | | | | | • • A |
| | | | | | Main Action : See recommendation column | | _ | | | | | • LSCB bu dditional tra vartner Age of the |
| | | MPH 1. House and a factor | | | LSCB agreement to restructure training programme in order to agree arrangements for delivery of level one and two training | 26/1/10 | | | 1, Increase in training places available | | | • LSCB budget uplift agreed for 2010/11 enables recruitment of a Training Officer to the LSCB Support Team. • Additional trainer required to support the LSCB in delivering training, ir • Partner Agencies required to become active members of the LSCB Training Pool (required to deliver action 1b) |
| AI SG 11 | Within three months improve access to multi-agency child protection training delivered by the Leeds Safeguarding Children Board in order to ensure all parther agency staff are well informed and they know and understand their child protection roles and responsibilities. | 2 | 03/05/10 | 1b, Agree arrangements for the delivery of specialist multi-agency training | 26/1/10 | Leeds Safeguarding Children Board Manager | | (from May 2010) 2, Reduction in waiting lists (May 10 – July 11) 3, Evidence of impact on safeguarding | | LSCB Training Needs Analysis | greed for 2 ficer to the I ad to suppo to meet the red to ident ing Pool (re | |
| AI 8 | | | 03/ | 1c, Partner agencies to identify trainers for LSCB training pool | 28/2/10 | board manager | | practice using follow up evaluations to be completed by course attendee and line manager 3 months after course | | Neeus Analysis | 010/11 LSCB S rt the L succes succes | |
| | | | 1d, New training calendar to be issued (May 10 – March 11) | 22/3/10 | | | (May 2010 – March 2011) | | | enable Support SCB in ss criter to beck to deli | | |
| | | | | | 1e, Training for Trainers events to be held | 31/3/10 | | | | | | Tea Tea ome ver a |
| | | | | | 1f, LSCB Learning & Development sub group to agree revised contents of courses | 31/3/10 | | | | | | cruit m. verir actio |
| | | | | | 1g, Briefings for trainers on specific courses | 26/4/10 | | | | | | ng tra n 1b |
| | | | | | 1h, Delivery of new courses within new training calendar. | 3/5/10 | | | | | | t of a aining, iember |
| | | | | | Main action 1: Review the LSCB. | | | | | | | 0 <u>-</u> . |
| | | | | | 1a, Project lead and project plan to be agreed | 31/1/10 | | | | | | |
| | | | | | 1b, Development of proposals and consultation with key partners and stakeholders to take place | 26/3/10 | Partnerships and Governance | | | | | |
| | | | | | 1c, Draft constitution, supporting paperwork, membership, work programme, communications plan to be developed | 26/3/10 | Project Lead | | | | | |
| | | | | TBC - as it is dependant on other actions | LSCB Manager | | | | | | | |
| | | | | | 1e, Review recommendations to be incorporated into proposals for the new CTb and revised LSCB | 1/3/10 | твс | | | | | 1, LSCB budget uplift agreed for |
| | | | 1f, Implementation of the review's findings | TBC - as it is dependant on other actions | LSCB Manager/ Partnerships and Governance Project Lead | | | | | 2010/11 enables recruitment of : - a second Assistant | | |
| | | | Main Action 2: LSCB evaluation of the effectiveness of safeguarding arrangements in Leeds | | | | Main Action 1 - 1) Revised Board meets (end April) | | | Manager (with a lead on performance management) - Training Officer to | | |
| | | | 2a:Annual review to include a report to the Children's Trust Board evaluating the effectiveness of safeguarding activity in Leeds and identify areas for improvement | |] | | 2) LSCB Annual Review to include a report to the Children's Trust Board evaluating the effectiveness of safeguarding | | Independent | Training Officer to the LSCB Support Team. A permanent | | |

| Source of the Recommendation | nen | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|-------|--|---------|---|--|-------------------|--|-----------------------------------|---|--|---|---|
| | | Strengthen the Leeds Safeguarding Children Board arrangements in | | | 2b, Develop a proposal, and submit it to the DCSF, for the procurement of additional resources to provide performance management support, in order to inform the development of the CYPP | 30th March 10 | | | the effectiveness of safeguarding activity in Leeds and identifying areas for improvement. | | Review of LSCB • Review of Children's Trust arrangements | Quality Assurance Officer to LSCB Support Team - A further Admin Assistant post to |
| AI SG 12 | 2.2.2 | providing challenge and monitoring safeguarding across the partnership so that more rapid progress is made | 3 | 31/08/10 | 2c, Implement the proposals detailed in action 2b | From 1st May | Leeds Safeguarding Children Board Manager | | Main Action 2 - An effective annual review, which | | •Ofsted findings | LSCB Support Team |
| A | | in delivering robust safeguarding services across Leeds for children and young people | | e | Main Acton 3: Ensure that the learning for Leeds Serious Case Reviews is effectively disseminated and implemented | | | | includes a report to the Children's Trust Board evaluating the effectiveness of safeguarding activity in Leeds and identify areas for improvement is | | safeguarding inspections (unannounced, | 2, Immediate performance management |
| | | | | | 3a, Ensure that the learning from Leeds Serious Case Reviews is disseminated | Ongoing | | | complete and considered as required Main Action 3 - | | announced, settings inspections) | capacity in the LSCB Support Team is required to develop the LSCB |
| | | | | | 3b, Put in place arrangements for monitoring the effectiveness of individual agencies' approaches to implementing the recommendations from serous case reviews | 31/8/10 | | | Monitoring arrangements are in place and demonstrate effective implementation of the learning from | | | Performance Management Framework (for 2010/11) and to |
| | | | | | Main Action 4: Undertake an options appraisal and agree a proposal for the development of an integrated safeguarding unit in order to consolidate existing capacity relating to policy, performance management, QA and training for safeguarding | 30/4/10 | Deputy Director - Partnerships and Governance | | serious case reviews Main Action 4 - Proposal is agreed and resources are made available for implementation | | | collate and analyse available data from 2009/10. An individual seconded from a partner agency might be appropriate. |
| | | | | | 4.1 Audit existing safeguarding resources 4.2 Develop proposals for an integrated safeguarding unit | | - | | | | | |
| | | | | | | | | | | | | |
| | | Outcome Three : Improve Early Interve table Officer: Chief Officer Early Years a | | | tion by: good information sharing, adherence to clear three | sholds, use of CA | AF and effective interagency worl | king. | • | | | |
| | | | | | Main Action 1: See recommendation column | | | | | | | |
| | | | | | 1a, Review ESCR arrangements for identifying contacts and referrals. | 28/2/10 | | | | | | |
| | | | | 1b, Publish staff guidelines on new classifications | 28/2/10 | | | | | | | |
| | | | | 1c, Include in service standards and QA procedures. | 28/2/10 | | | | | | | |
| | | | | | 1d, Complete options appraisal from BPR review of contact centre procedures and identify preferred delivery model | 7/3/10 | | | | | | |

| Source of the Recommendation | Ъ | Recommendation | Urgenc | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|-------|---|--------|--------------------------------------|--|--|--|-----------------------------------|---|--|---|--|
| | | | | | arrangements 11, Ensure sufficient trained social care staff are in place to enable screening of calls 1g, Put in place a robust process to ensure that referrals | 31/05/10 and 31/08/10 31/3/10 31/3/10 | Head of Service Transformation CYPSC / Contact Centre Project Manager | | Classification arrangements revised and | Reduction of the number of repeat | | |
| AISG4 | 2.3.1 | Immediately re-configure the contact centre procedure and practice for the classification of contacts and referrals so that these are more closely aligned with the definitions set out in national guidance; and evaluate the implementation of recent improvements to consolidate and inform further development. | 1 | 31/03/10 | 1h, Ensure a robust process is developed and implemented for tracking the progress of cases not for action by CYPSC or progression through the common assessment process | 31/3/10 | | | new reporting in place. Identify preferred delivery model and action plan by the end of March Case tracking demonstrates timely response by agencies to cases not referred to social care producing good outcomes | referrals to 20% for 2009/10 NI 59 - whilst maintaining high quality increase the percentage of initial assessments for children's social care carried out within timescale to 72% for the month of March 2010, to 80% for the month of Cotober 2010 and to 80% by end of March 2011 (i.e. the annual cumulative figure) | Children's Services Priority Improvement Plan 2.1.6, 2.1.3 | Staffing required for the delivery of the new model |
| | | | | | processes | From March 10 | | | | | | |
| | | | | | produce an ISCB report for the March meeting to set out challenges of referrals to help manage the demand and ensure ownership of the issues and response to make improvements in each service area. | 22/2/10 | Chief Officer - Early Year and IYSS | | | | | |
| | | | | | Main action 2: Ensure robust data is available which reflects the referrals made into the contact centre | 31/3/10 | | | | | | |
| | | | | | 2a, Develop proposals for the implementation of robust processes for the collection and analysis of data on contacts and referrals | 31/3/10 | Head of Service Transformation CYPSC / | | | | | |
| | | | | | 2b, Develop a process for reporting the data emerging from the contact centre | 31/3/10 | Contact Centre Project Manager | | | | | |
| | | | | | 2c, Agree targets for the reduction of inappropriate referrals for each agency based on data collection and analysis | 31/3/10 | - | | | | | |
| | | | | | Main Actions 1: Establish and embed clear multi- agency thresholds | 30/1/10 | | | | | | |
| | | | | | 1a, Consider the appropriateness of and, if agreed, mandate the Integrated Processes Group to: | |] | | | | | |

| Source of the Recommendation | ne | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 1a i) Develop a communications plan for the implementation of the thresholds documentation | 1/6/10 | Chief Officer Early Years and IYSS | | | | | |
| IN 3 a | .3.2 | The Council will have clear multi- agency thresholds in place, shared with and understood by partners, in order for children and young people to | 1 | 31/01/10 | 1a ii) Review/ refresh existing thresholds guidance | 1/6/10 | | | Multi-agency thresholds documents are available in all agencies Quality Assurance process demonstrates consistent application of thresholds | | | |
| - | | access appropriate services and to ensure consistent and high quality referrals from other agencies. | | 31 | 1b, Produce an ISCB report for the March meeting to set out challenges of thresholds to help manage the demand and ensure ownership of the issues and response to make improvements in each service area. | 22/2/10 | | | All contacts into the contact centre are undertaken using the common referral form. | | | |
| | | | | | process in place | 30/3/10 | | | | | | |
| | | | | | 2a. Quality Assurance process is in place | 30/3/10 | Head of Transformation CYPSC | | | | | |
| | | | | | 2b. Develop a process for measuring the number of referrals made using the common referral form | 30/3/10 | CYPSC | | | | | |
| | | | | | 2c, Ensure ISCB members are asked to provide evidence of the processes they have in place to ensure that that the threshold documents have been effectively rolled out and embedded in their agency and establish the effectiveness through monitoring the number of inappropriate referrals on an agency by agency basis | 1/3/10 | Chief Officer Early Years and IYSS | | | | | |
| | | | | | Main Action 1: Further embed the use of CAF | | | | | | | |
| | | | | | | Ongoing from 30th April 10 | i) Trust Partners ii) Integrated Processes Manager | | | | | |
| | | | | | 1b, Review current arrangements and develop proposals for methods for establishing monitoring arrangements for: i) i) Embedding the common assessment ii) Establishing feedback on the common assessment process and responding to this as appropriate | 23rd April | Integrated Processes Manager | | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 1c, Establish a solution to the identified issues which are prohibiting the NHS from engaging fully in the CAF process | 30/4/10 | Chief Officer Early Years and IYSS / Acting Director of Operations - Children and Families Services - Education Leeds | | | | | |
| | | | | | 1d, Monitor compliance with requirements to undertake a common assessment prior to referring to the contact centre | From 30th March | Chief Officer Early Years and IYSS | | 1, Increase in the use of CAF 2, Reduction in the number of children that are looked after | 1, A 10 % reduction in referrals to specialist agencies where no CAF is completed | | |
| IN 1.5 | 2.3.3 | Further embed the use of the CAF in practice across children's services so that it is effectively used to inform early intervention. | 2 | 30/09/10 | 1e, Ensure 15 Intervention Panels and 3 Children Leeds Panels are established and functioning providing city wide coverage. | 31/3/10 | Children Leeds and Intervention Panel Manager | | 3 Reduction from the baseline of the number of referrals to social care and other specialist services which have not been subject to a CAF 4, A rise in customer satisfaction and on effectiveness measures which are taken | A 10% Increase in the number of CAFs successfully closed ensuring 90% of CAF meetings are held within 2 weeks of the designated date - 30/09/10 | Integrated Processes Project Plan | |
| | | | | | 1f, Ensure management information on training and initiation of CAFs is available for all agencies and is utilised to enable targeted support to be provided to agencies experiencing difficulties in undertaking CAFs. | 30/3/10 | Integrated Processes Manager | | after a CAF is closed 5, An increase in the number of agencies undertaking the common assessment process. | 4, ensuring 96% of CAF meetings are held within 2 weeks of the designated date - 30/09/11 | | |
| | | | | | 1g, Ensure that Integrated Services Leaders are in post | 1/2/10 | Strategic Manager Study Support | | | | | |
| | | | | | 1h, Improve timeliness of CAF process to ensure that 90% if CAF meetings are held within 2 weeks of the designated date (see Performance Target 3 and 4) | 30/9/10 | Integrated Processes Manager | | | | | |
| | | | | | 1i, Develop and implement a training programme to support 1) contact point ii) the common assessment is completed and sufficient practitioners are trained | 1/9/10 | Workforce Development Manager | | | | | |
| | | | | | 1j, Develop and launch the Family Hub directory service | 30/3/10 | CIS Manager | | | | | |
| | | | | | 1k, Produce an ISCB report for the March meeting to set out challenges of CAF to help manage the demand and ensure ownership of the issues and response to make improvements in each service area. | 22/2/10 | Chief Officer - Early Year and IYSS | | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | gend | achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| Then | ne three: | t Theme 3 : Improved outcomes for log | Looke | ed After Ch | ildren | | | | | | | |
| | | | | | Main Action 1: Strengthen the arrangements for monitoring the quality and outcomes of external placements | | Head of the Virtual School for Looked After Children and / Head of LAC Services - when appointed. | | | | | |
| | | Within three months strengthen the arrangements for monitoring the | | | 1a, Develop and publish the revised quality framework for monitoring outcomes in external placements . | 1/4/10 | Head of Service (Children's Residential) will work with Head of Commissioning and Contracts | | 1, The immediate and compulsory implementation of a contracting framework and supporting documentation will be introduced to all new placements and those placements | | | |
| AILAC | arrangements for monitoring the quality and outcomes of external placements, particularly in residential 2 special schools and for those children and young people who are in schools out of the city. | 01/04/10 | | Review existing contract template to ensure it is effective and includes the requirement to meet the national minimum standard | 1/4/10 | Head of Commissioning - CYPSC | | that will continue into 2011/2012. 2, All planned placements will be approved by the Chair of the | | | | |
| | | | | 1c, Review the current use of the independent visitor and Children's Rights Service functions for Children and Young People in external placements . | 1/4/10 | Head of Service (Children's Residential) | | Placements Group 3, Revised frameworks and SLA in place for financial year 10 / 11 | | | | |
| | | | | | 1d, Ensure that children and young people are involved in the redesign of the above commissioning and quality processes | 1/4/10 | Chief Officer Children and Young People's Social Care | | | | | |
| | | | | | Main Action 1: Review and revise the existing placement strategy. | 31/7/10 | | | | | | |
| | | | | | 1a, Review the needs analysis and develop a needs profile based on this. | | | | | | | |
| | Improve the range of placement choice available, particularly those from minority ethnic communities or for those children and young people with complex needs | | | 1b, Review statements of purpose and functions for all existing provision | | | | | | | | |
| 80 | | 10 | 2 | 1c, Review sustainability of the current mix of provision . | | Head of Service (Children's Residential) | | 1, New placement strategy in place 2, The provision of sufficient capacity and choice is in place to meet future | NI 62 - The stability of placements of looked after children; number of | Children's Homes Service Improvement | | |
| AI LAC | | 31/07/ | | 1d. Review menu of provision for unaccompanied asylum seeking children and develop an action plan to improve the range and quality of services | 31/7/10 | | | demand 3, The Care 4 Me survey indicates improved service user satisfaction with | looked after children; number of placements - improve performance against this indicator | Plans 2010 - 11 Residential review | | |
| | | | 1e. Monitor impact of the increased capacity provided by the new short breaks facility at Rainbow House and the Holton Unit to determine appropriateness of the work done to match needs and services for disabled children | | | | the available service provision | | | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | : Outcome 2: Reduce the number in c able Officer : Chief Officer Children an | | | | | Chief Officer Children and Young People's Social | - | | | | |
| | | | | | appropriateness of alternative orders 1b, Include within the revised Placement Strategy for CYPSC a review of residential placements to support more creative arrangements for preventative work with adolescents and their families 1c, Develop a dedicated staff to undertake intensive work to support the discharge of children and young | 30/3/10 30/7/10 30/7/10 | Chief Officer Children and Young People's Social | | Improvements across three distinct areas : | | | |
| | 3.2.1 | Reduce the numbers in care and time spent in care | 4 | 30/07/10 | Act (1989) 1d, Implement the action plan to increase the provision of in house placement capacity for fostering and adoption, 1a, Ensure that children and young people are involved. | 31/1/11 30/7/10 | Education Leeds Director of | IN T2 | areas . a, Prevention : a reduction in the need for children and young people to become looked after. b, Provision of appropriate care for all looked after children c, Implement better planning and management arrangements to improve case planning, permanency planning and the timely discharge of looked after children from care. | Additional 40 foster carers approved by March 2011 Additional adopters approved by March 2011 NI 61 - Timeliness of placements of looked after children for adoption following an agency decision on that a child should be placed for adoption - Target for 2009/2010 - 85% | | 1, Additional 2 million revenue funding from 2010 / 11 2, Additional budget for staffing identified in 10/11 revenue budget |
| | | | | | demographics; provide benchmarks against regional, core cities and national indicators. Main action 2: Take stock of existing work that can | 30/3/10 | Learning Environments | | | | | |

| Source of the Recommendation | ume | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 2h. Roview the effectiveness of evicting proventative | 30/3/10 30/6/10 | Head of Finance Children's Services | | | | | |
| | | : Outcome 3 : Ensure effective planning able Officer : Chief Officer - Children an | | | rs Social Care Main action 1: Develop Systems , processes and | | | | | | | |
| | | | | | performance measures to deliver improved timeliness and quality of core assessments. For NI 60: 1a, Design new working practices for SDMs and TMs to focus on performance management approach to core assessments, | 22/1/10 | Chief Officer - CYPSC | | | | | |
| | | | | | training practices to improve timeliness | 30/1/10 30/1/10 | Head of HR - Organisational Development CYPSC | | | | | |
| | | | | | 1d, Set individual and team accountabilities and performance targets aligned to the required corporate performance targets/outcomes and manage through the supervision and appraisal processes; set by 13/2/10, supervision monthly, appraisal annually. | 13/2/10 | | | 1, Provider for the organisational development programme is identified and the programme has commenced from May 2010 (action 1c) 2, 270 staff have completed the intensive training on assessment | NI 60 - whilst maintaining high quality, increase the percentage of core | | |
| AI LAC 2 | | Within three months improve the quality of core assessments and case 2 records. | 2 | 02/04/10 | Review the process for S47 referrals and specify changes required to ESCR/working practices to conform to best practice, | 30/1/10 | | | 3, PIPs are in place 4, File audits demonstrate improvement | assessments for children's social care that were carried out within 35 working days of their commencement to 80% for the month of March 2010, to 84% for the month of October 2010 | Services Priority Improvement Plan section | |
| | | | | | 2f, Complete the data cleansing in ESCR for all referrals to remove those erroneously 'open' | 13/2/10 | | | in quality of assessments 5, Improvements in data quality and compliance with ICS requirements | (i.e. the annual cumulative figure) | i 2 | |
| | | | | | 2g, Re-run the Q3 performance analysis and establish the variance from original; inform further action required for main target | 17/2/10 | Chief Officer - CYPSC | | 6, Impact assessments are recorded to show that risks are mitigated | | | |
| | | | | | 2h, Design and produce ESCR based senior managers 'dashboard' showing weekly performance and trends, by team, area and city. | 13/2/10 | | | | | | |

| Source of the Recommendation | Recommendation Ref | | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 2j, Review the impact of prioritising assessments to ensure that quality of assessments and the timely | 3/4/10 Ongoing on a monthly basis from Feb 31/3/10 | | | | | | |
| AILAC | 3.3.2 | Within three months ensure all looked after children and young people are made aware of how to make a complaint | 1 | 02/04/10 | Main Action: See the Recommendation column 1a, Review existing arrangements and documentation. 1b, Work with the 'Have your say' Care Council to develop new arrangements. 1c, Inform all existing looked after children and carers of new arrangements. 1d, Establish procedure for advising new admissions. 1e, Include requirements in service standards and QA framework. 1f, Review the current use of the independent visitor and Children's Rights Service functions 1g, All statutory reviews to record that children and young people are aware of complaints procedures and safeguarding arrangements are in place to ensure access to the complaints process 1h, Ensure access to the children's rights services for all looked after children and young people 1i, Develop a measurement and target which demonstrates awareness of how to make a complaint. | 1/4/10 | Head of Service (Children's Residential) / Head of LAC Services - when appointed. Service Delivery Managers Head of Service (Children's Residential) Head of the virtual school for Looked After Children | | levels of awareness of , and satisfaction | Q1 in 10/11 establishes baseline for existing performance on ensuring service user awareness of complaints. Targets set for Q2, Q3 and Q4. Annual target of 80%. Target for 11/12 is 100%. Statutory reviews examined knowledge of complaints procedure at least annually and always at 28 day review. | Section 3.3.3, 3.3,4 and 1.5.1 o the children's services priority improvement plan | Additional resources may be required due to the requirement to change the SLA with the children's rights service |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 1j, Ensure that children and young people are involved in the redesign of the processes and provision | | Chief Officer Children and Young People's Social Care | | | | | |
| | | | | | | | | | | | | |
| AI LAC 4b | 3.3.3 | Within three months ensure that clear systems exist so lessons learned from complaints can help shape services and strengthen access to the children's rights services, particularly for those in out of city placements. | 2 | 02/04/10 | Main Action 1: See recommendation column 1a, Establish quarterly management reviews to identify themes emerging from existing complaints and run annual learning events for all staff linked to the annual report produced by the Complaints Service | 2/4/10 | Head of Compliments and Complaints CYPSC | | Review programme and learning events are in place Care 4 Me survey shows improved levels of awareness of, and satisfaction with, complaints arrangements Quality Assurance of external placements demonstrates increased awareness of complaints procedures and access to Children's Rights Service | | | |
| | | | | | | | | | | | | |
| AI LAC 4c | 3.3 | Within three months ensure access to the Children's Rights Service, particularly for those in out of city placements is strengthened | | 02/04/09 | Main Action 1: Review existing SLA with current Children's Rights provider and associated procedures around referral and take up 1a, Introduce a mandatory requirement within the looked after children's procedures for social workers to complete the revised referral pro forma to children's rights within 48 hours of placement commencement. The pro forma will include the name and placement type and contact details. Social Workers will ensure that all young people are provided with the Leeds Children's Rights information pack at their first visit. | 02/ | Head of service residential homes / Head of Commissioning Manager of the children's rights service | | 1, File audits demonstrate social workers complete a referral proforma to Children's Rights Service within 48 hours of the commencement of the placement | | NA | Adjustments to the current Barnardo's SLA |
| 35 | | Within three months ensure the views of looked after children and young | | 10 | Main Action 1: See recommendation column | | Chief Officer Children e | | 1, There will be clear evidence of the demonstrable impact of on service | | MALAP Exec and Corporate carer forward plans and SLA for the Childrada Bighto | |
| AI LAC 5 | 3.3. | people are sought and taken into account in the reshaping of services for looked after children. | 2 | 02/04/10 | Chief Officer to champion the use of the overarching participation strategy to ensure that looked after children and young people are involved for every aspect of service redesign | Ongoing | Chief Officer Children and Young People's Social Care | | development and delivery of the consultation with children and young people | | Children's Rights Service Linked with Action 1.5.3 in the Improvement | See 1.6.1 |
| | | | | | Main Action 1: See recommendation column | | | | 1, Every looked after child or young | | | |

| Source of the Recommendation | | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 1a, The Extended School presents a revised draft of the Personal Education Planning process to a sample of Designated Teachers and Independent Reviewing Officers by April 2010. | 1/4/10 | | | person will have a Personal Éducation Plan (PEP). 2, PEPs will present a concise and clear record of current attainment and | | | |
| 6 : | | Within six months improve the | | 0 | 1b, The final agreed planning process, and associated record keeping format, will be included in the Summer 2010 cycle of Designated Teacher training and communicated to all Social Workers, Fostering Officers, Carers and IROs by June 2010. | 1/6/10 | Head of the Virtual School for | | progress against potential and current attainment targets 3, Copies of PEPs will be available to the Leeds Extended School which will include regular feedback on their quality | Increased levels of attainment and rates of attendance for looked after children. | LEXS | Yes - the current LEXS team can engage effectively with all secondary school Designated Teachers but |
| AI LAC 9 | w Within six months improve the effectiveness and relevance of 3 personal education plans | 02/07/10 | Develop and embed a quality assurance framework for PEPS | 2/7/10 | Looked After Children | | in their work with Designated Teachers and their reports to the MALAP Exec and the Corporate Carer Group. 4, There will be a continued upward trend in the educational outcomes of looked after children which continues to narrow the gap with the rest of their peers and the gap between their actual | All LAC over the age of two to have an up to date PEP in place by Dec 2010 | Improvement Plan | extending that to all Primary School Designated Teachers will require the confirmation of the appointment of 2 x SO1. | | |
| | | | | | 1d, Members of the Extended School will expect to receive copies of current PEPs during their existing round of meetings with individual Designated Teachers from February 2010 onwards and strengths and areas for development noted. | From 01/02/10 | | | attainment and their potential. 5, All statutory reviews for LAC and SEN to include a review of PEP | | | |
| Impre | ovemen | t Theme 4 : All young people particip | patir | ng fully, soci | ally and economically | | | | | | | |
| | | Itcome One : Implement an action plan table Officer : Chief Officer - Early Year | | | mbers of NEET (including the number of not knowns) | | | | | | | |
| | | | | | Main Action1 : Resolve IT issues that inhibit full recording of information on Insight database | | | | | | | |
| | | | | 1a Establish a time limited project team to problem solve the issues | 30/4/10 | Chief Officer IT Services | | Improved network access for providers of IAG | 1, Reduction in the number of young people whose status is not known to target of 6.3% by Nov/Jan 2011 | | | |
| | | | | Main Action 2 Reduce the not known and NEET figures | | | | | |] | | |
| | | | | | 2a Establish information sharing protocols across the partnership on young people who cannot be contacted, or status is not known or expired | 30/4/10 | Chief Officer Early Years and IYSS |] | Information is safely shared across partners | | | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | spc lice | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 2b Ensure that all High Schools comply with the statutory guidance for careers education (CE) and impartial information and advice and guidance (IAG) including the identification of a nominated senior lead on the participation status of young people on school roll | 30/4/10 | Head of School Improvement | | Compliance with CE and IAG | | | |
| | | | | | 2c All High School head teachers, NEET officers and School Improvement Partners (SIPs) are provided with management information on pupils whose status is NEET or unknown, in particular management information highlighting High Schools that are NEET ' hot spots' | 31/3/10 | NEET Activity Manager | | Management information is provided to partners monthly | Reduction in the number of young people whose status is not known to target of 6.3% by Nov/Jan 2011 NI117 reduce the number of 16- 18 year olds who are not in education, | NEET action plan | |
| INT1.7 | | Reduce the number of 16-19 year olds who are not in Education, Employment4 or training | 31/03/11 | 2d, Improve quality and consistency of inputting onto the Insight database | ongoing | IYSS Manager | PI 3 - INT 1.7 | All Pas are inputting data on the insight data base | training or employment to 6.8 % 2010 /11 | CYPP Priority 13 - 19 Learning and Support Plan | | |
| | | | | 2e, Ensure quality management information is provided to all providers of IAG to inform their QA and monitoring | 30/4/10 | IYSS Service Development Manager | | Contract visits are regular | | | | |
| | | | | 2f, Ensure contract monitoring arrangements are in place and tightly operated | 30/4/10 | IYSS Service Development Manager | | Quality standards are applied by contract officers | | | | |
| | | | | | Main Action 3: Perform well on the January and September Guarantee | | | | | | | |
| | | | | | 3a Provide appropriate and accessible provision that is responsive to need as identified by young people and PAs | 30/9/10 | Head of the IYSS and Head of 13-19 Planning and Coordination | | A diverse menu of provision is available for young people | 2, January and September guarantee figures are in line with statistical neighbours | | |
| | | | | | Main Action 4 : Prepare for the development of a robust Raising Participation Age strategy | | | | | | | |
| | | | | 4a, Launch of IAG Strategy and introduction of new quality standards | 31/3/10 | Operations Director Connexions Leeds | | All providers 'attain kite' mark and all PAs engaged with new framework by March 2011 | 3, NI 117 reduce the number of 16- 18 year olds who are not in education training or employment (NEET) 6.8% in 2010 / 11 | | | |
| | | | | | 4b, Strengthen links with the 14-19 Strategy Group and amalgamate work | Ongoing until Sept 10 | Head of the IYSS | | Improvement Board with 13- 19 | 4, Leeds status green or amber in preparedness for Raising the Participation Age | | |
| | | | | | | | | | | | | |



Main Action 1: Effectively manage the National Challenge programme,

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | Reviews at local national Challenge Board meetings, attended by National Challenge Advisors, officers from Education Leeds, National Strategies and the DCSF- every term Nevised Raising Achievement Plans to be agreed with National Challenge Advisors - in progress Main Action 2: Implement the Education Leeds Plan for Schools Vulnerable to the National Challenge in line with the agreed timetable. Focusing on schools where the need for structural change has been | | Education Leeds Head of Secondary School Improvement | P11 - INT1.3 | | | | |
| IN 2.1 | 4.2.1 | Working with the National Challenge Board and any other government agencies as appropriate, effectively deliver the National Challenge Programme, implement the Council's agreed plan for Schools Vulnerable to | 4 | 2010/2011 academic year | 20 Corruget consultation on structural rearganization | 31/3/10 1/4/10 | | | | GCSEs in English and Maths to no | Individual school National Challenge Plans | Detailed in National Challenge plans |
| | | | 2c, Publish statutory notices for closure | 30/4/10 | Deputy Chief Executive of Education Leeds | | Structural reorganisation is complete with new governance arrangements in | progress towards that goal by September 2010 (Int 3) | | | | |
| | | | | | 2d, Final decision, recommended by School Organisation Advisory Board, to the Executive Board of the Council 2e, Decision included in Admissions documentation to inform choice of secondary schools for September 2011 | | | | place for September 2011 | | | |
| | | | | | 2f. New schools open for 2011 | 1/9/11 | | | | | | |
| | | | | | Main Action: Plan for upward trend | | | | | | | |
| | | | | | Identify priority BME cohorts as part of 2010-11 local authority and school target setting process and set targets that will narrow the gap. | 30/4/10 | Education Leeds Head of PMIT | | | | | |
| | | | | 1b, EMA Primary Adviser to work closely with School Improvement Advisers (SIAs) in targeted schools to raise BME attainment by building leadership and management capacity | 30/4/10 | | | | | | | |
| m | 2 | Achieve a sustained upward trend in the achievement of black and mixed | | bui | 1c, Training for SIPS on challenging and supporting schools to get BME pupils to national expectations by the end of Key Stage 2 | 31/1/10 | | | 1. Local authority targets agreed with DCSE April 10 for identified priority | NI 108 - achieve a sustained upward trend in the achievement of black and | | Netailed in nlane |

| Source of the Recommendation | mmer | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| 8 NI | 4.2. | heritage pupils and other priority minority ethnic group | 2 | Ongo | 1d, Pupil estimates shared with National Strategies (NS) advisers and consultants to ensure that they challenge and support the school through a variety of strategies to get named pupils to national expectations | 30/4/10 | | PI 1 - INT 1.6 | cohorts | | Strategy (currently both draft) | Detailed in plans |
| | | | | | 1e, Use school based ethnicity data to re-align NS support for schools to accelerate BME performance at KS4 | 30/4/10 | Education Leeds Head of Equality and Entitlement | | | | | |
| | | | | | 1f, Share 2009 analysis with SIAs to identify priority target BME groups for specific secondary schools so that they can support capacity building at Leadership level for BME achievement - spring term / April 10 | 30/4/10 | | | | | | |
| | | | | | 1g, Share 2009 analysis with NS advisers and consultants to identify priority target BME groups for specific secondary schools so that they can support capacity building through the Narrowing the Gap programme | 30/4/10 | | | | | | |
| | | | | | Main Action 1: Plan for increase in level 2 | | | | | | | |
| | | | | | 1a, Develop strategy and processes for implementation of 14-19 curriculum reform, including: confederation level curriculum plans - March 2010, and Gateway 4 application for diplomas | 30/11/09 | | | | | | |
| 4. | ~ | | | idemic yea | pathways for all learners | 30/9/09 | | | | NI 79 – increase achievement of | Leeds 13 - 19 | |
| IN T 1.4 | 4.2.3 | Increase achievement of Level 2 qualifications by the age of 19 | 4 | 2010/2011 academic year | 1c, Ensure all young people receive impartial information, advice and guidance (IAG), supported by a comprehensive programme of careers education. 75% of learning providers have IAG quality standard | 28/2/10 | Education Leeds - Head of 14- 19 Strategy | IP 1 - NI T1.4 | | Level 2 qualifications by the age of 19 to 75.2% in the 2009/10 academic year | Learning and Support Plan | Detailed in plans |
| | | | | 20 | 1d, Successfully implement Machinery of Government changes | 31/3/10 | | | | | | |
| | | | | 1e, Develop and implement an effective 14-19 commissioning framework for learning providers | 31/3/10 | - | | | | | | |
| | | | | | Main Action 1 : See recommendation column | Ac Yr 2010/11 | | | | | | |
| | | | | | 1a, Prepare and implement co-ordinated programme for supporting the achievement of young people entitled to FSM | Ac Yr 2010/11 |] | | | NI 102 - narrow the achievement gap between pupils eligible for free school meals and their peers achieving a 5 | Education Leeds | |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | spo Tice | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| IN T5 | | Narrow the achievement gap between pupils eligible for free school meals and their peers | 4 | Ac Yr 2010/11 | FSM challenge embedded into core school improvement partners (SIPs) and school improvement advisers work to support achievement of school level targets | Ac Yr 2010/11 | Education Leeds Head of 14-19 | PI1 - INT 1.5 | | ppts reduction at Key Stage 4 in the 2010 examinations Reduction = 30% gap in 2010 based on 2009provisional results | Annual Plan Secondary School Improvement Team Plan, Learning | Secure partnership commitment to free school meals Plan |
| | | | | Ac | 1c, Support programmes e.g. city learning centre programmes, booster camps, study support, to target FSM young people at risk of low achievement as a priority cohort | Ac Yr 2010/11 | | | | SALTs NI target based on school returns = 24.8% point gap for 2009- 10 | Communities Team Plan | |
| | | | | | 1d, Improvement Plan activity in respect to BME, LAC achievement, National Challenge and attendance will impact on this priority | Ac Yr 2010/11 | | | | | | |
| | | Outcome Three: Improve school atten table Officer : Chief Executive - Educat | | | ular focus on secondary schools and persistent absentee: | S | | | | | I | |
| | | | | | Main Action 1 : See recommendation column | | | | | | | |
| | | | | | 1a: Securing membership of partners at Attendance Strategy Monitoring Group | | | | Rates of reduction in persistent absence in target and non-target schools are | NI 87 – secondary school persistent absence rate to achieve 6.3% in | Children's | |
| | 4.3.1 | Embed Children's Services Attendance Strategy and secure engagement of key partners | 4 | Ongoing | 1b: Formalise contribution of partners through pledge approach and where key actions are embedded in the activity plan | | Education Leeds Head of Attendance | | even. All key partners have activity that impacts on attendance and persistent | 2009/10, reducing to 5% across the authority by the end of 2011. Overall attendance target in 2009/10 | Services Attendance Strategy, Attendance | Detailed in plans |
| | | | | | 1c: Monitor progress and activity plan | | | | absence reflected in the plan and monitoring processes evidence compliance. | 93.3% at secondary | Strategy Team Plan | |
| | | | | | 1d: Share information and data to help secure partner commitment and engagement with the Strategy | | | | | | | |
| | | Outcome Four: Reduce the numbers (table Officer : Chief Officer - Early Yea | | | volved in burglary and reduce the high number of young p | eople in the yout | h justice system who receive a c | ustodial senter | ce | | 1 | |
| | | | | | Main Action 1: Reduce the numbers of young people involved with burglary | | | | | | | |
| | | | | | 1a. Establish a task and finish burglary task group reporting to YOS Senior Management Team and YOS Partnership Board | | | | | | | |

| Source of the | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------|--------------------|---|---------|--------------------------------------|--|------------------|------------------------------------|-----------------------------------|---|--|--|--|
| | | | | | 1b, Work with police and partners to ensure all young people with convictions for burglary who are on intensive supervision or in custody are jointly managed by the YOS and the police through integrated offender management processes | 1/3/10 | | | | | | |
| | | | | | 1c, Where parents of young people with a history of burglary are also offenders, work with the probation service, Signpost, MST service and others to embed a think family approach to YOS interventions | 1/6/10 | | | Reduce year on year the number of | | Youth Justice Performance Improvement Framework | |
| | 4.4.1 | Achieve a sustained downward trend in the numbers of young people | 5 | 01/03/11 | 1d, Assess all young people who have a conviction for burglary for the YOS burglary impact programme | 1/3/10 | Head of the Youth Offending | IN 1 | young people aged 10 - 17 convicted of burglary by 10% by March 2011 from 2009/10 baseline. | | Leeds Serious Acquisitive Crime Tasking | e Detailed in plan |
| | 4.4 | involved with burglary | 5 | 01/0 | 1e, Work with HMYOI Wetherby to explore additional interventions to young people in custody who have convictions for burglary | 1/06/2010 | Service | | Ensure that all young people with a conviction for burglary who are in custody or on intensive supervision are managed through the Deter Young | | Document Safer Leeds Partnership | |
| | | | | | 1.f Work with Safer Schools Partnership police officers to identify young people who already have DYO status of who are considered to be at risk of committing burglary offences. SSP officers to develop individual action plans with identified nominals to include school and parents as appropriate | 1/6/10 | | | Offenders Scheme | | Strategic Intelligence Assessment | |
| CAA IN 1 | | | | | 1.g Expand number of Safer School Partnerships to include Pupil Referral Units | 1/9/10 | | | | | | |
| CAA | | | | | 1.h Work with Education Leeds and police to undertake rapid interventions with pupils identified as at risk of committing burglary who are absent from SILCs. Information on attendance patterns of nominals to be shared through burglary tasking meetings. | 1/6/10 | | | | | | |
| | | | | | | | | | | | | |
| | | | | | Main Action 1, See recommendation column | | | | | | | |
| | | | | | 1a, Increase confidence in community sentences as alternative to custody by holding event to increase understanding of YOS intervention programmes | 1/4/10 | | | | | | |
| | | | | | 1b, Work with court senior legal advisor and chair of youth bench to review and embed the Scaled Approach | 1/4/10 | | | | | Youth Justice Performance | |
| | 4.4.2 | Implement the action plan to reduce the number of young people who receive a custodial sentence | 5 | 01/03/11 | 1c, Meet with district judges to ensure YOS is able to address any issues raised relating to custodial sentences and the Scaled Approach | 1/6/10 | Head of Youth Offending Service | IN 1 | Reduce to 160 the number of custodial sentences by March 2010 (from baseline of 220 for 2008/09) and sustain | | Improvement Framework Safer Leeds | Detailed in plan |

| Source of the Recommendation | Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | 0 | 1d, i, Ensure all Pre Sentence Report authors attend court with the cusp of custody reports in order to provide additional information to assist with the sentencing judgement ii, The YOS will work in partnership with the court to establish clear timeslots for the writers of the pre sentencing reports to attend the court to present their recommendations, in order to make the best use of YOS officer's time. | 1/6/10 | | | this reduction over 2010/11 | | Parthership Strategic Intelligence Assessment | |
| Them | ne Five : | | evelo | pment plan f | ed and continually developing workforce | tention, training, | , skills development and provide | improved clari | ity of roles and responsibilities. | | | |
| | | | | | Main Actions : See recommendations column Ta, Dratt strategy and implementation prior circulated to partners for consideration April 2010, review at Workforce Reform Group May , finalise recommendations in June for consideration by CTB in July 2010. Tb, Establish a Workforce Development sub group of the new Children Trust Board with first meeting by the end of May. tc, Continue Leadership development work which will support delivery of a steady supply of suitably qualified, effective individuals able to take on and deliver key leadership roles within the Trust. td, Continue the succession planning and talent recognition for aspiring children's services leaders te, Develop and implement the middle leader | 1/3/10 May 2010 Ongoing Ongoing 1/10/10 | Head of HR Education Leeds. Locality Enabler DCSU Headteacher Consultant Headteacher Consultant Locality Enabler DCSU | | The Integrated Workforce Strategy and Implementation Plan are agreed by the Children's Trust Board (End of July 10) Governance arrangements for the Workforce Reform Partnership Group are refreshed as part of the new Children Trust and LSCB arrangements a) Development centre and learning opportunities model for aspiring children services leaders ready to 'receive first cohort of aspirant leaders July 2010. b) evaluation report from the project and core leadership team in place in Seacroff/Manston ready to 'move into' the co-location funded centre. c) Interim evaluation report October 2010. | | | |
| | | | | | curriculum with the Seacroft/Manston partnership 1f, provide leadership development opportunities for the | | | | 4) LCC Children Services workforce teams are co-located | | | Yes in relation to the |

| Sourc | Recommendation Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
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| | | | | | 1h, Further develop the HR partnership network who will make recommendations about: the collection of workforce intelligence and reporting to enable the Trust to set priorities and outcomes; the advantages that can be accrued by more common approaches to recruitment and retention; the design of roles and responsibilities to facilitate integration. | Ongoing | Head of HR LCC Children Services | | Analysis and evaluation from major training programmes will evidence multi- Learning Pathways (quality assurance) Group established March 2010. Quality assurance framework agreed July 2010. | | | support for partnership groups. |
| | | | | | | March 2010 | Workforce Development Manager | | 8) The Council can demonstrate improvements in staff satisfaction through the term of the Improvement Notice. (Progress is monitored using the one children's workforce | | | |
| | | | | | 1j, Baseline perspectives are collated from existing workforce surveys and monitored to assess improvement. | 31/3/10 | Locality Enabler DCSU | | 'rainbow' perception surveys, IIP process through LCC). | | | |
| | | | | | Sustain the Integrated Working Training Programme Jan to July 2010 planned capacity: Conduct feasibility study re on-line and blended learning package. | Ongoing | Workforce Development Manager | | capacity for the suite of training programmes. Course evaluations. 10) The balance of training is shifted so that increasingly | | | |
| | | | | | | | | | delivery is locally based and multi-agency. | | | |
| | | | | | Main Action: See recommendation column | | | | | | | |
| | | | | | 1a, Identify current resources for LAC services and those for disabled children across the partnership review (service and VfM) of current provision completed | | | | | | | |
| | | | | | 1b, Views of LAC and disabled children sought to steer service planning | | | | | | | |
| AI LAC 1 | 5.1.2 | Commission an integrated service for looked after children and young people and for those with disabilities and as part of this review the level of | 3 | /09/10 | 1c, Service models and performance framework agreed | TBC - as it is dependant on other actions | Deputy Director Children's Services - Commissioning | NA | 1. improved outcomes for looked after and disabled children; | | Action plans for outcome 5.3.3 | |
| A | C | | | 30 | 1d, Service models fully costed with financial implications identified | | ourness - commissionillig | | improved VfM in service delivery | | 04.00me 0.0.0 | |
| | | | | 1e, Source of any possible additional funding that may be required over and above existing service cost identified | | | | | | | | |

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| | | | | | 1f, Any required changes to provider arrangements agreed | | | | | | | |
| | | | | | 1g, New services established | | _ | | | | | |
| Theme 5 : Outcome Two: Ensure staff are enabled to carry out their responsibilities efficiently by provision of effective IT systems and adequate administrative support Lead Accountable Officer : Chief Officer Children and Young People's Social Care | | | | | | | | | | | | |
| | | | | | Main Action 1a: Prioritise and tackle the difficulties associated with the electronic recording system | | - | | | | | |
| 5 7 | | Immediately ensure that the combined resources and expertise of the council, partners, the Government Office and specialist contractors prioritise and tackle the difficulties associated with the electronic recording system. | | | 1a, Programme management arrangements in place | 12/2/10 | _ | | | | | |
| | | | | | 1b, Programme Manager and staff allocated to CYPSC's business lead | 12/2/10 | | | | | | |
| | | | | | 1c, ESCR resources reallocated to CYPSC priorities to make immediate improvements to ESCR | 12/2/10 | | | 1, Resources allocated to CYPSC priorities | | | |
| | 1 | | 4 | | 1d, Progress updates to Programme Board | Monthly from Feb 2010 | | | 2, Draft development plan written identifying the required improvements needed to the existing system. | | | |
| AI SG | 5.2.1 | | | | 1e, Procurement process for a new IT system is complete | 1/9/10 | HoS Transformation | | Revised governance agreed and in place. Interim Head of Transformation to chair the ESCR Development Programme Board. Resources from the ESCR | 5 | | |
| | | | | | 1f, Development team in place | твс | | | | | | |
| | | | | | 1g, Staff training programme to be designed prior to its implementation | твс | | | | | | |
| | | | | | 1h, Funding secured (capital and revenue) | 1/4/10 | | | | | | |
| | | | | | | |] | | | | | |
| | | Outcome Three : Ensure C&YP Socia table Office : Chief Officer Children and | | | appropriate and manageable workloads, and are kept und Social Care | der regular super | vision | | | | | |
| | | | | | Main Action: Establish existing case load levels | | | | | | | |

| Source of the | Recommendation Recommendation Ref | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details | |
|-------------------|--------------------------------------|--|---------|--------------------------------------|--|--|--|-----------------------------------|------------------------------------|--|---|--|--|
| | | | | | 1a, Complete analysis of existing caseloads to establish indicative levels. | 1/1/10 | | | | 1, NI 59 - whilst maintaining high | | | |
| AISG 3 and IN 3.4 | | | | | 1b, Undertake further detailed segmentation work to analyse caseload levels at an individual and team level to inform deployment of additional capacity. | 1/3/10 | Chief Officer - Children and Young People's Social Care | PI - 1 INT 1 PI 2 - INT 2 | 3, 6 placements via the Step Up to | quality, increase the percentage of initial assessments for children's social care carried out within timescale to 72% for the month of | | | |
| | | | | | 1c, Establish a vertical slice staff group with Trade Union Representation to develop proposals for a caseload management scheme. | 31/3/10 | | | | NI 60 - whilst maintaining high quality, increase the percentage of core assessments for children's social care that were carried out within 35 working days of their commencement to 80% for the month of March 2010, to 84% for the month of October 2010 and to 85% by the end of March 2011 (i.e. the annual cumulative figure) 3, 25 advanced practitioners in post by 31/03/11 4, 10 additional administrators are in post by 31/03/11 | | | |
| | | Immediately tackle the unacceptably high level of social worker caseloads, ensure that newly qualified social workers are protected from carrying high and complex caseloads and increase capacity within children's social care, in particular at team manager and social worker level, by ensuring there is an effective senior management team responsible for social care. | | | 1d, Measure impact of first round of advanced practitioner deployment and use analysis to inform deployment of further posts from current recruitment. | 31/3/10 | | | | | | | |
| | 5.3.1 | | 1 | | 1e, Ongoing recruitment of social workers reducing vacancies, long term absence and reliance on temporary staff. Remodelling of service to develop capacity of qualified social workers and target unqualified workers to support Social workers undertaking core tasks. | Ongoing | | | | | | | |
| | | | | | 1f, Secure additional investment in the 2010/11 budget. | 12/2/10 | | | | | | | |
| | | | | | 1g, Analyse lessons learnt from the CWDC cohort 1 NQSW programme and clarify expectations for the future. | 1/2/10 | | | | | | | |
| | | | | | | 1h, Develop an assessment of skills to evaluate the impact of support for NQSW. | 1/2/11 | | | | established in 2010/11 6, Further 15 social work posts established in 2011/12 | | |
| | | | | | 1i, Engage in the Step Up to Social Work initiative via the regional partnership | 1/1/10 | - | | | | | | |
| | | | | | Main Action 1: See recommendation column | | | 1 | | | | | |
| | | | | | 1a, Establish the Programme Board, Programme support arrangements and key project strands. | 31/3/10 | | | | | | | |
| | | | | | 1b, Develop a detailed vision and plan of a remodelled service from the high level vision established - including the social care elements of an integrated Looked After Children's Service and Integrated Disability Service. | 1/5/10 | | | | | | | |

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|---------------------------------|--------------------|---|---------|--------------------------------------|--|------------------------------------|--|-----------------------------------|---|--|---|--|
| IN3.5 | 5.3.2 | Review social workers' responsibilities and workloads to ensure that responsibilities are clearly and tightly defined, and that no staff carry too wide a range of work. This will need to involve consideration of whether a restructure of children's social care services is necessary to deliver high quality services. | 4 | | 1c, Establish the Programme Board, Programme support arrangements and key project strands | 31/3/10 | Locality Enabler DCSU | | Evidence of consultation with staff, children, young people and parents on vision Project mandate agreed by Corporate Support Group Project strands agreed by project board 30th April 10 | | Children's Services Priority Improvement Plan Section - 5.1.3 | |
| | | | | | 1d, Establish a communication strategy for the change management process. | 1/5/10 | | | | | | |
| | | | | | families are fully engaged in the service redesign | ongoing throughout programme | Chief Officer - Children and Young People's Social Care | | | | | |
| | | | | | 1f, Establish a dedicated change team to support the implementation of a new delivery model | 1/4/10 | Locality Enabler DCSU | | | | | |
| | | | | | Main Action 1; Engage the workforce in the design, implementation and monitoring of a 'new' professional development offer which is highly regarded and is clearly contributing to key service improvement measures. | | Locality Enabler DCSU | | Measure progress against the baseline evidenced through recent audit work. Instigate regular monitoring through sampling of assessment. Reduction in repeat referrals. Manager and staff survey evidence. Progress recognised through external inspection. | 1, NI 59 - whilst maintaining high quality, increase the percentage of initial assessments for children's | | |
| | | Develop a comprehensive programme of training, mentoring and continuous professional development for all social care staff so that they have the skills to complete high quality and timely assessments | 1 | | 1a, Finalise procurement of organisational development programme which will support social workers to meet agreed standards through a coaching model and which embeds an agreed model of assessment. | 1/3/10 | Chief Officer CYPSC | PI 1 - INT 1 PI 2 - INT 2 | 6, Evaluation from staff supported and managers of those staff. | social care carried out within timescale to 72% for the month of March 2010, to 80% for the month of October 2010 and to 80% by end of March 2011 (i.e. the annual cumulative figure) | Section 3.3.1 of the Children's | Additional investment by the |
| IN3.6 | 5.3.3 | | 2 | | | April 2010 to March 2011. | Chief Officer CYPSC | | 7, Positive course evaluations Positive staff and manager assessment post course. | NI 60 - whilst maintaining high quality, increase the percentage of | Services Priority Improvement Plan | Council has been supplemented by RIEP. |
| | | | | | 1c, Develop leadership and cultural change model based on the successful Adult Social Care model. | 1/4/10 | Chief Officer CYPSC | | 8, CYPSC SLT agree elements to take forward . Recommendations made to Programme Board. | core assessments for children's social care that were carried out within 35 working days of their commencement | | |
| | | | | | 1d,. Establish problem solving 'change teams' engaging staff from across the service . | 1/4/10 | Locality Enabler - DCSU | | 9, Initial programme developed. | to 80% for the month of March 2010, to 84% for the month of October 2010 and to 85% by the end of March 2011 | 0 | |
| | | | | | 1e, Sustain engagement with the CWDC sponsored development programmes. | Ongoing | Locality Enabler - DCSU | | 10, Retention rates. Assessment of staff and managers. | | | |

| Source of the Recommendation | omme | Recommendation | Urgency | Recommendation to be achieved by: | Main Action and supporting Sub-Actions | Action deadlines | Lead Responsible Officer | Source of the Success Criteria | Success Criteria | Performance Target Where applicable | Related Plans: | Capacity / Additional Resources required? Yes / No details |
|---------------------------------|------|--|---------|--------------------------------------|---|------------------------------|--|-----------------------------------|---|--|----------------|--|
| | | | | | 1f. Managers and staff supported to understand and use changes made to ESCR which have been made to facilitate more timely assessments. | Ongoing | Locality Enabler - DCSU | IN 2.6 | 11, Demonstrate improvements in staff satisfaction (measured through the Council's corporate staff survey and the local social worker survey) are made | | | |
| IN 19 | 3.4 | Ensure there is a robust supervision policy in place so that there is effective supervision of social workers and case management arrangements. | 2 | 31/03/010 | 1b, Documentation and recording procedures agreed and disseminated | 28/2/10 31/3/10 1/5/10 | Chief Officer - Children and Young People's Social Care | | All Social Workers receiving effective supervision and monitoring through the audit process | | | |