Health & Wellbeing Board
Buckinghamshire

Title	Children's Improvement Programme Update
Date	January 2016
Report of:	David Johnston – Managing Director Children's Social Care and Learning
Lead contacts:	Hannah Dell – Improvement Programme Manager

Purpose of this report:

- Provide a high level update on the Children's Improvement Programme
- Report on the health and well-being related KPIs

Summary of main issues:

Update on Improvement Programme

Following on from the 'inadequate' Ofsted inspection in August 2014, an Improvement Programme was been set up to deliver the Improvement Plan. A multi-agency Improvement Board meets monthly to drive the delivery of the Improvement Plan and to ensure that standards in practice are driven up through the improvement process and meet the requirements to be graded as 'good' as set out in the Ofsted inspection framework. The CCGs, Bucks Healthcare and Oxford Health are all represented on the Improvement Board as well as on a number of the operational delivery groups. The membership of the Board and delivery groups are currently under review as part of the refresh to the Improvement Plan.

In October 2015, as part of the Improvement Programme, the County Council asked the LGA to undertake a Peer Review of Children's Safeguarding Services in Buckinghamshire to measure progress since the Ofsted inspection. Overall the team were impressed with the hard work and dedication from all partners to work together and improve services for children and young people in Buckinghamshire. However, whilst they identified a number of strengths and improvements made since the Ofsted inspection, as expected, they also identified a number of areas for further improvement. The emerging themes were around pace of change and the need to ensure consistency of good social work practice. These will be used to inform a refresh and refocus of the Improvement Plan.

They made a specific recommendation in relation to the Health and Wellbeing Board: "Whilst the Health and Wellbeing Board considers safeguarding issues, it is not yet consistently considering the commissioning implications."

In November 2015, the DfE visited to review progress. Before making a recommendation to the Minister, they have commissioned some further case file auditing to be undertaken in January 2016.

The Chair of the Improvement Board has decided to delay signing off the refreshed Improvement Plan until after the DfE report at the end of January in order to ensure it reflects their findings.

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Health & Wellbeing KPIs- see attached report for details

Number of Contacts

Whilst the total number of contacts to First response fluctuates month on month it continues to average about 1400 a month. Since April 2015, contacts from health agencies have made up between 15% and 19% of the total contact received. The highest health referrer is 'A&E/111' followed closely by 'other primary service', although the latter also incorporates SCAS. Contacts from school nurses are very low, although, this may be due to the Designated Safeguarding Lead in schools making the referral on behalf of the School Nurse; incorrect coding by social care; or a reflection of the number of referrals.

% Contacts Submitted on a MARF

A substantial amount of work has been done over recent months to increase all agencies understanding of the importance of completing a Multi Agency Referral Form and using the revised threshold document for guidance. This is to ensure that consent from the parent/carer has been obtained, and all the key information about the child and their family, including what intervention, if any, the agency has completed themselves. However, in November 2015 only 34% of all referrals received by First Response were submitted on a MARF. Health agencies are generally performing well above the average with 74% of referrals in November submitted on a MARF although there is further work to be done to ensure the MARFs are of a suitable quality to inform the threshold decision.

% Contacts Progressed to Referral

The conversion rates from 'contact' to 'referral' is increasing month on month and in November 2015, 58% of contacts progressed to referral. This is an indication of the agency understanding of thresholds of intervention. However, the conversion rate fluctuates for all agencies suggesting that further work needs to be done to embed the Thresholds document with frontline teams to ensure that children receive the right service at the right time.

% Repeat Contacts

Repeat Contacts are the result of agencies re-referring a child to social care where a decision has previously been made that the social care threshold is not met. Whilst there are signs of improvement in the number of repeat contacts being made to First Response, it is still too high at 51% in November 2015. Repeat Contacts from health agencies is slightly lower than the average at 47% in November 2015 but again this varies between which particular part of health economy.

% initial health assessment completed within 28 days of becoming looked after.

Initial health assessments are undertaken on all children coming into care in order to establish a baseline for their health and wellbeing and identify the appropriate support required. A huge amount of work has been done over recent months to improve performance; in October 2015, 90% of initial health assessments were completed within 28 days compared to just 7% in January 2015. Further work is needed within social care to ensure that consent for the health assessment is gained and submitted to health colleagues in a timely way to enable them to undertake the assessment of children.

Recommendations for the Health and Wellbeing Board:

- Consider and agree how to ensure the Board considers safeguarding of children when commissioning services.
- Ensure all agencies have a clear process in place for embedding the Threshold document in all staff training.
- Consider how to efficiently feedback data from all agencies into the MASH process.

Background documents:

- Detailed KPIs report