

Notice of Meeting

OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 17 April 2024 - 7:00 pm
Council Chamber, Town Hall, Barking

Members: Cllr Glenda Paddle (Chair); Cllr Dorothy Akwaboah (Deputy Chair); Cllr Andrew Achilleos, Cllr Donna Lumsden, Cllr Fatuma Nalule, Cllr Ingrid Robinson, Cllr Paul Robinson, Cllr Muazzam Sandhu, Cllr Phil Waker and Cllr Mukhtar Yusuf

Co-Opted Members (for education matters only): Glenda Spencer, Sarfraz Akram, Sajjad Ali and Richard Hopkins

By Invitation: Councillor Jones and Councillor Worby

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Fiona Taylor
Chief Executive

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

In accordance with the Council's Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - To confirm as correct the minutes of the meeting held on 24th January 2024 and 13th March 2024 (Pages 3 - 12)

4. London Borough of Barking and Dagenham Local Government Association led Public Health Peer Review (Pages 13 - 43)

5. **Report on the OFSTED Inspection of Children's Services Improvement Plan (Pages 45 - 72)**
6. **Any other public items which the Chair decides are urgent**
7. **To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.**

Private Business

The public and press have a legal right to attend Council meetings such as the Overview & Scrutiny Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). ***There are no such items at the time of preparing this agenda.***

8. **Any confidential or exempt items which the Chair decides are urgent**

Our Vision for Barking and Dagenham

**ONE BOROUGH; ONE COMMUNITY;
NO-ONE LEFT BEHIND**

Our Priorities

- Residents are supported during the current Cost-of-Living Crisis;
- Residents are safe, protected, and supported at their most vulnerable;
- Residents live healthier, happier, independent lives for longer;
- Residents prosper from good education, skills development, and secure employment;
- Residents benefit from inclusive growth and regeneration;
- Residents live in, and play their part in creating, safer, cleaner, and greener neighbourhoods;
- Residents live in good housing and avoid becoming homeless.

To support the delivery of these priorities, the Council will:

- Work in partnership;
- Engage and facilitate co-production;
- Be evidence-led and data driven;
- Focus on prevention and early intervention;
- Provide value for money;
- Be strengths-based;
- Strengthen risk management and compliance;
- Adopt a “Health in all policies” approach.

The Council has also established the following three objectives that will underpin its approach to equality, diversity, equity and inclusion:

- Addressing structural inequality: activity aimed at addressing inequalities related to the wider determinants of health and wellbeing, including unemployment, debt, and safety;
- Providing leadership in the community: activity related to community leadership, including faith, cohesion and integration; building awareness within the community throughout programme of equalities events;
- Fair and transparent services: activity aimed at addressing workforce issues related to leadership, recruitment, retention, and staff experience; organisational policies and processes including use of Equality Impact Assessments, commissioning practices and approach to social value.

MINUTES OF OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 24 January 2024
(7:01 - 9:26 pm)

Present: Cllr Glenda Paddle (Chair), Cllr Dorothy Akwaboah (Deputy Chair), Cllr Andrew Achilleos, Cllr Ingrid Robinson, Cllr Muazzam Sandhu, Cllr Phil Waker and Cllr Mukhtar Yusuf;

Apologies: Cllr Donna Lumsden, Cllr Fatuma Nalule and Cllr Paul Robinson

32. Declaration of Members' Interests

There were no declarations of interest.

33. Minutes - To confirm as correct the minutes of the meeting held on 5th December 2023

The minutes of the meeting held on 5 December 2023 were confirmed as correct.

34. Budget Strategy 2024/25 to 2026/27

The Interim Strategic Director, Resources (S151 Officer) and the Deputy Leader and Cabinet Member for Finance, Growth & Core Services presented a Budget Strategy 2024/25 to 2026/27 report.

On 18th July 2023, the Cabinet approved a refreshed Medium Term Financial Strategy (MTFS) for 2023/24 to 2027/28 for the Council's General Fund. The Budget Strategy report was presented to Cabinet on 19th December 2023.

There had been a growing number of Councils issuing section 114 notices with Councils across the country facing around £4b of funding shortages. Following on from the Autumn Statement by Government in November, the Council had received a one-year funding settlement for 2024/25.

The Council was facing an expected budget gap of £23.335m for 2024/25. The expected gap came after the identification of £10.618m of savings. The net savings, after growth was expected to be £8.327m. It was expected for Council tax to increase by 4.99%.

The Council needed to reduce its expenditure significantly over the short to medium-term to match its funding and income. The Council was working to remove vacant posts as part of the saving proposals; however, further saving proposals would include cutting services, disbanding services and redundancies to ensure that the Council reached a sustainable budget position.

The current balance of the Council's reserves was at £107.63m as was shown in Table 4, Summary of Reserves within the report. The Council was unable to use some of its reserves such as the General Fund although the balance of the General Fund was at £17.03m, the fund would only be reduced to £12m due to the Councils minimum level required for unforeseen financial issues.

Section 3.1 of the report explained that the MTFs identified a potential budget deficit of £23.335m for 2024/25. In response to a question, the Cabinet Member for Finance, Growth & Core Services explained to the Committee that the budget deficit figure was open to change; however, the committee was assured that there would not be a substantial rise of the figure.

Section 3.3 of the report covered the potential risk of the Council not receiving a £10.3m dividend income from Be First for 2024/25. A question was asked whether the predicted £23.335m budget deficit included the potential £10.3m dividend the Council was expected to receive. The Committee was assured that the £10.3m dividend income would be delivered from Be First; however, it was unclear when it would be delivered. If Be First did not deliver the dividend income, the Council's budget deficit would increase to £33m.

The budget briefing from September 2023 stated that the Council was an outlier in its borrowing levels with the borrowing total at £1.275b in September 2023. The data from the Officer for Local Government Local Authority showed the Council's total debt as a percentage of core spending power was at 721.4% which was significantly higher compared to neighboring Councils. Some of the borrowed money went towards the building and development of housing within the Borough, which had brought in more income to the Council. Due to the Council's current financial situation, there would be no more borrowing and therefore new building schemes would not be viable. There were some schemes that were concluding which might result in further borrowing with interest rates not being fixed.

The Cabinet member for Finance, Growth & Core Services reassured the Committee that the Council had and would continue paying above the London Living wage. The borrowing levels would not impact the Council's employees' wages; however, the Council was reviewing its supply chains and outsourced contracts.

The Committee were advised that the report proposed an investigation on community hubs that were underperforming, and a question was asked on why there was a variation of performances in the community hubs. The Borough had 11 community hubs in operation. Four of the community hubs had partnered with either faith organisations or the voluntary sector, which had higher performance levels compared to other hubs. The main reasons for community hubs to underperform was either due to the size of the hub, location, range of services offered and advertisement.

At appendix A of the report, there was a proposed savings of £100,000 by cutting the consultancy budget in Community Solutions. The overall budget for consulting fees was just over £3m, with just over £1m of the budget spent to date. Over half of the budget for consulting fees was reserved for specialist for IT projects.

The Council covered a £50.2m loan and equity to Be First on the acquisition of the Muller site which had since been sold with a £35.6m profit. Some of the profits had covered shortfalls of Be First dividend payments to the Council from 2021 – 2023. A question was raised regarding where the remaining £26.7m profit would be allocated. The Committee was informed that the remaining profit belonged to Be First as it acquired the land and brokered the sale of the land. The profit was placed

in a reserve for Be First and would be used to cover any short fallings on the dividend payments to the Council.

A question was asked on if there were other potential growth areas that the Council was looking into given the current economic challenges. Be First was exploring other areas of development which included forming relationships around commercial development. Be First and the Council was reviewing assets that the Council had already owned. Selling all the Councils assets would be enough to offset the budget gap; however, many of the assets generated revenue for the Council which the Council would lose if the assets were to be sold.

In response to a question regarding rent, the Cabinet member for Finance, Growth & Core Services explained that supply and demand dictated the rent within the Borough. There had been an increase in demand for rental housing which had pushed up the renting cost of the Borough. The high demand for rented housing had also led to higher demands in Council Services.

The Committee asked how the Council ensured it would get its value for money regarding its subsidiaries. It was explained to the Committee that before the Councils made an investment, it would review all of the data and risks associated; however, there was no way for the Council to predict future outcomes of investments. The Council subsidiaries were autonomous from the Council itself with the Council being the sole shareholder. Therefore, the Council would have to incur the cost of any money lost from its subsidiaries. The Council and its Heads of Service had monitored the subsidiaries Key Performance Indicators (KPI) regularly. Previously, the Council's subsidiaries made use of Council services; however, subsidiaries such as Reside were moving away from using Council services and using external companies.

In response to a question about redundancies for Council staff, it was conveyed to the Committee that a redundancy strategy was in place and was currently being discussed with the trade unions. The Council currently had a £2m reserve and a central budget of over £1m set aside that would cover redundancy cost.

A question was asked on the likelihood that the Council would issue a Section 114 notice within the new financial year. There was no definitive answer on whether a Section 114 notice would be issued in the new financial year; however, the Council was doing what it could to mitigate its circumstances. The Cabinet Member for Finance, Growth & Core Services explained that all factors currently indicated that although there would be challenges, the Council would deliver a balanced budget in the new financial year.

The Committee were advised that the Council's reserves could only provide one-off support, and in response a question was asked on if there were any long-term changes that could be made to balance the budget. In response the Cabinet Member advised that the Council needed to be re-sized into a smaller organisation going forward to reduce its overall spending. There would be a reduction in services offered, which would require less Council staff to deliver the services. The Council was looking into reducing the demand for its services as the cost of social care had increased with an overspend of £14m in the current financial year.

The Council was also looking into streamlining the procurement process to ensure

it was getting value for money and drive down costs.

In response to a question regarding legacy budget issues, the Interim Strategic Director, Resources (S151 Officer) clarified that the legacy budget corrections related to a review of recharges between the HRA and General Fund. The majority of the legacy budget corrections were related to resetting the recharges between the HRA and General Fund. The HRA overspent during the last financial year, the overspend was reduced from £1.8b to £1.2b by cutting capital works.

The Committee proposed and resolved to approve the following recommendations:

1. A Scrutiny Review into the Investment and Acquisition Strategy be undertaken to understand if it was fit for purpose. This would include consideration of the associated costs of the Strategy and the levels of return it is generating.
2. Following on from a benchmarking exercise, it was noted that LBBD spend was excessive compared to other boroughs with regard to social care. A Scrutiny Review would be undertaken into the spending of Adult and Children's care with seeking assurance for the spend.
3. Budget monitoring reports to be presented to the committee quarterly from the new municipal year.
4. A Member Briefing to be held on the Councils companies to provide a more in-depth understanding on how they operate.

(Standing Order 7.1 (Chapter 3, Part 2 of the Council Constitution) was extended at this juncture to enable the meeting to continue beyond the two-hour threshold).

35. Work Programme

The Committee noted the work programme.

MINUTES OF OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 13 March 2024
(7:03 pm)

Present: Cllr Glenda Paddle (Chair), Cllr Dorothy Akwaboah (Deputy Chair), Cllr Andrew Achilleos, Cllr Donna Lumsden, Cllr Ingrid Robinson, Cllr Phil Waker and Cllr Mukhtar Yusuf;

Also Present: Cllr Saima Ashraf

Apologies: Cllr Paul Robinson, Cllr Muazzam Sandhu, Glenda Spencer, Sajjad Ali and Richard Hopkins

36. Declaration of Members' Interests

There were no declarations of interest.

37. Minutes - To confirm as correct the minutes of the meeting held on 24 January 2024

The minutes of the meeting held on 24 January 2024 were confirmed as correct subject to changes to be made below:

Be First Comments

The Interim Director of Strategic Growth addressed the Committee, advising that despite difficult economic times, delivering inclusive growth remained a priority for the council in order to facilitate improvements and changes needed across the borough. Be First would need to explore new markets/opportunities and conversations were ongoing to work in partnership with patient capital investors, strengthen relationships with the voluntary sector and bring forward schemes of various sizes, scales and needs.

Be First had been successful in securing grant funding, piloting central government pathways, particularly within the net zero sector, and fostering relationships with the City of London, Hackman and Thames Freeport and the Greater London Authority to unlock funding and grow areas with increasing commercial investment.

Members noted that the dividend's importance for the next financial year's budget has been recognised and modelled in.

Reside & Asset Review Comments

In response to a question regarding the potential disposal of assets as a new way of building revenue for BeFirst, the Committee were advised that out of the total borrowing, just under ca £280-300 million was from the HRA, which would not be part of the asset disposal; however, the market price of the housing stock (16,000 units) would more than cover this amount. There were currently no plans for a full disposal of assets. The Committee noted that the council was currently conducting an asset review and this would be reported on in due course.

The majority of the Council's borrowing had gone into Reside properties, with just

over £800 million in long-term borrowing. These properties were generally delivering good and safe returns, as per the Reside business plan models. While fluctuations were expected, the Council is carefully monitoring the situation.

The Council was also continually reviewing its commercial holdings, as the Council and its subsidiary company (Be First) had undertaken borrowing for commercial land and redevelopment opportunities, specifically in terms of road infrastructure.

38. Compliance Progress & Update Report

The Strategic Director of My Place and the Cabinet Member for Community Leadership & Engagement presented the Compliance Progress & Update Report.

Good progress had been made in all six areas of Statutory Compliance since last year. The Council was still engaging with the regulators with the expectation of having a regulatory notice removed within the coming months. There were two outstanding areas outstanding which were the completion of a five-year portfolio wide electrical inspection program, and the completion of remedial actions following Fire Risk Assessment (FRA).

The five-year portfolio electrical inspection program was ongoing. High-rise, high-risk properties and communal HRA properties across the borough had been successfully tested. The low-rise, low-risk domestic testing program were still outstanding with the expectation that it would be completed ahead of schedule by in December 2024.

The Council employed Savills to inspect property blocks throughout the Borough. Savills would provide a list of remedial actions that would need to be completed for the property blocks to be deemed safe in terms of FRA. Some actions were costly such as the replacement of fire doors and bin stores. The Council had mitigated wherever it could, with an agreement with Savills, create a planned program once all inspections across the borough were completed. It was estimated that the fitting of fire doors would be completed within the next three years.

There were two intensive action plans signed off including training and awareness guidance that were given to members. A new enhanced compliance structure within the Council would provide a focus on resident's safety activities as well as a robust response to residence. The new service structure was aimed to provide physical and psychological reassurance to residents around safety.

In response to a question asked by the Committee regarding the certificates for Lifting Operations and Lifting Equipment Regulations (LOLER), the Strategic Director of MyPlace confirmed that all certificates were now in place. The Water Hygiene assessments were also completed and were compliant.

Concerns were raised by the Committee regarding the hygiene of water in some property blocks as well as potential gaps in repairs. The Strategic Director reassured the Committee that certificates would not be issued if water hygiene was not physically tested. Non-operational lifts would not be tested for safety and therefore would not receive a certificate. Any repairs of broken doors and windows would most likely be included on the list of remedial actions created by Savills and would be incorporated in the planned program. There were some re-occurring access issues across property blocks that had prevented inspections from taking

place.

A question was asked around the use of Artificial Intelligence (AI) in verifying certificates. The Strategic Director of My Place explained that the Council was using a true compliance system. The system had been tested and found to be around 95% accurate.

In response to a question regarding the Underground Refuse System (URS), the Director of MyPlace informed the committee that the Council managed the URS bins, however the London Borough of Tower of Hamlets were responsible for the waste collection.

39. BDMS Update report – Responsive Repairs Performance

The Strategic Director of MyPlace, the Cabinet Member for Community Leadership & Engagement, and the Chief Executive of Barking and Dagenham Trading Partnership (BDTP) presented an update report on BDMS Responsive Repairs Performance.

The report provided an update on the Key Performance Indicators (KPI's) achieved during November 2023 to January 2024. There had been improvements in the BDMS service delivery, however there were still many areas of underperformance and low productivity.

The Council started from a low significant investment to BDMS. However, BDMS needed additional funding from the Council to get its services to the point in which it needed to be, while ensuring the Council was getting its value for money.

There was an increase in the use of sub-contractors within the past year which were expensive and unsustainable to maintain. There was also a need to have motor skilled operatives who would have an understanding in the more complex work.

Although there had been improvement to the services provided by BDMS within the past year, the Council needed to reconsider the cost it took to reach the juncture, and any further costs to continue the improvement of the services. There was a question on whether the current model was the right model for the Council or, whether the Council should look elsewhere at other providers. The current intention was for the Council to enter into a two-year contract with BDMS.

There Committee questioned the intention of the Council entering a two-year contract with BDMS, despite the suggestion of the model not being the right fit for the Council. The Chief Executive of BDTP informed the Committee that there was a 12-month program of activity centered around productivity scheduled to commence in the next financial year. It was suggested for strategic objectives to be set in which BDMS would aim to achieve. There was a gradual improvement over the last 12 months in which sub-contractors played an important role at the start of the year to remove legacy work, however BDMS were now moving onto multi-skilled work from within BDMS. It was expected that there would be continued improvement over the next 12-months of the program of activity. BDMS had

prepared several options if underperformance were to continue over the next 12-months. The options had been presented to the Shareholder Panel in September 2023.

In a previous report, there was expectation to have an estimated average of 3000 open jobs. However, it was reported in September 2022, that there were around 5800 open jobs, which had increased to 6500 open jobs within the current report. The Committee enquired why there was an increase in open jobs despite improvements made within the BDMS service. The Chief Executive of BDTP clarified that at the start of 2024, there were 6474 open jobs and from the 7th March 2024, the current number of open jobs were reduced to 2838.

It was noted from the report that there were issues with damp and mould throughout the Borough. A question was raised on the policies and procedures in place for dealing with damp and mould. The Strategic Director of My Place explained that there were robust procedures in place for dealing with damp and mould with specific teams to deal with damp across the Council and BDMS. There were defined timelines for dealing with damp and mould with inspections taking place within 10 days of being reported. It was expected that the first steps of preventive measures would be taken during the inspections. A report would be submitted which would set out the diagnostics of the job in which the team would carry out repairs. It was stated that although the repair job would be closed, the case would be kept open by the Council and checkups would be carried out after six months. BDMS's turnaround for dealing with damp and mould was an average of 15.5 days with an estimated 2000 damp and mould jobs completed last year.

The cost of service for BDMS was high due to the use of sub-contractors to remove the backlog of legacy work. The use of sub-contractors had slowly reduced throughout the year; however, it was inevitable to use sub-contractors for more complex jobs. There was a fragmented workforce in which workers were partially employed by the Council, BDMS and other agencies. The fragmented workforce had work against BDMS as there were difficulties to work as one unit partly due to the difference in best interests between BDMS and union members. To encourage cohesion between the workforce, it was suggested to get all workers to work towards the same performance targets.

The Committee inquired on whether a lack of multi-skilled workers contributed to the issues that BDMS faced. The Chief Executive of BDTP informed the Committee that BDMS were recruiting through apprenticeships for all primary trades. It was expected that apprenticeships would first focus on a single specialism before introducing other skills. There were multi-trade requirements in the productivity agreement with BDMS workforce. Improvements needed to be made at the contact centers to ensure there are correct allocations of work and minimize follow-up jobs while increase the number of first-time fixes.

There needed to be a cultural change within the workforce of BDMS to deliver a better service. Workers tended to stick to one trade despite being skilled in many trades. There was also the challenge of the different terms and conditions within the fragmented workforce with workers having different employment contracts.

There had been positive feedback from Unions that welcomed and would support progression. The productivity agreements would ensure that all workers would have the same expectations of the service.

Over the last 18 months, there were consistent failings in some of the BDMS services, specifically in customer services which although it had improved, it was still below the 80% target. The current customer satisfaction for 2024 stood on average at 74%, which was 4% over the London benchmark.

The Committee raised concerns around the Void turnaround times which had been missed. At the start of 2024, there were 163 reported Voids, as of the time of the meeting (13 March 2024), the number of reported Voids were reduced to 39. The Chief Executive of BDTP updated the Committee that the turnaround time in 2023 averaged at 61.5 days which had since reduced and average at 32.8 days in 2024. The legal disrepairs started at 221 cases in April 2023 which had since reduced to 108 cases as of 7th March 2024.

The Council had the second highest repair maintenance cost per housing unit across the three other London Boroughs at £4235. The average benchmarked unit cost across the four London Boroughs was £3,707. The 23/24 forecast indicated a further rise to £4903 per housing unit. The Strategic Director of MyPlace explained that the lower rent incomes from the HRA had impacted the maintenance cost.

BDMS had reviewed all contractors at the start of the year. Several contractors were identified for underperformance which had since been removed. There was a misinterpretation between the fragmented workforce, WeFix and, other agency operatives that only certain contractors work on HRA properties. WeFix operatives were currently paid by the Council and not by BDMS as an organisation. Collaboration into a single workforce was critical for growth of the service which would ensure the workforce were paid fairly and to employ more staff.

The Committee inquired on the number of jobs that BDMS had undertaken from Reside. In answer to the inquiry, the Chief Executive of BDTP advised the committee that it came down to the value of money. It was hoped that the program moving forward would put BDMS in a better position with Reside.

Work needed to be undertaken to improve how the contact center engaged with residents. A suggestion was made to review the use of technology to ensure it was used the right way while not being completely reliant on technology. Work was being carried out to improve the diagnostics of the contact center to ensure there were more first-time fixes.

Between 2019 to 2023, the Council paid £31.5m to BDTP, the Committee raised a question on whether the Council would recoup its costs if the contact between the Council and BDMS were to be extended. The Chief Executive of BDTP explained that active conversations were taking place with the Councils Financial Officers regarding the forecast of payments back into the Council. There was a focus to achieve a positive surplus within the next coming years.

The committee asked if an internal survey was carried out within BDMS to further understand the opinions of the workforce. A bi-annual survey was circulated to all

workers of BDMS. Feedback from the surveys were circulated to colleagues across the service.

The Committee proposed and resolved to approve the following recommendations:

1. A review into the efficiency of BDMS to be undertaken and presented to the Committee early in the new municipal year.
2. An independent review to be undertaken on BDMS ascertain a greater picture of how it is working to be presented to the Committee early in the new municipal year.

(Standing Order 7.1 (Chapter 3, Part 2 of the Council Constitution) was extended at this juncture to enable the meeting to continue beyond the two-hour threshold).

40. Work Programme

The Committee noted the work programme.

Overview and Scrutiny Committee

17 April 2024

Title: London Borough of Barking and Dagenham Local Government Association led Public Health Peer Review	
Report of the Cabinet Member for Adult Social Care and Health Integration	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Matthew Cole Director of Public Health	Contact Details: E-mail: matthew.cole@lbbd.gov.uk
Accountable Director: Matthew Cole Director of Public Health	
Accountable Strategic Leadership Director: Elaine Allegretti Strategic Director Childrens & Adults	
<p>Summary</p> <p>In February 2024 the Local Government Association conducted a Public Health peer challenge at Barking and Dagenham. A peer challenge is a tried, tested and trusted tool to support improvement. It involved a small team of local government peers spending time at the council and with partners to provide challenge and share learning. The main purpose of the challenge was to focus on the vision set out in our Joint Local Health & Wellbeing Strategy 2023-28 that by 2028 residents will have improved physical and mental health and wellbeing, with a reduced health inequalities gap between those living elsewhere.</p> <p>The report found widespread acknowledgement of the leadership provided by the council and partners in creating the Committees in Common and wider operating framework for place – different to the rest of North East London. A governance platform based on openness to learning and innovation demonstrated through the energy and enthusiasm of everyone they met.</p> <p>They reported examples of partnership working that are innovative, exceptional and game changing, and described the council as demonstrating a strong commitment to health that is beginning to shape core services. Including many examples of using community energy and creativity with a determination to make the most of mobilising community strengths.</p> <p>The peer team findings and recommendations can be found in Appendix 1.</p>	
<p>Recommendation(s)</p> <p>The Overview and Scrutiny Committee is asked to note the feedback of the Local Government Association Peer Team and their eight recommendations.</p>	

Reason(s)

The time is right for us to pause and reflect with the Peer Challenge Team on where we are performing well and importantly identify ways in which we can embed improvements.

The Council's Specialist Public Health team has evolved over the last 10 years and is currently focused on delivering the expectations of the new 'place-based partnership arrangements' between the Council, NHS, and voluntary sector partners within the North East London Integrated Care System (ICS), reflecting the integral system leadership role the Team plays in multidisciplinary working across place-based partners.

By utilising peer challenges, public health is shining a light on how effectively it operates both within the Council and as part of the ICS place-based arrangements. With the growing impetus on prevention and integration, it is essential that public health is well-placed to drive the 'health in all policies' approach and to ensure that improving health and wellbeing, and tackling health inequalities, is everyone's business.

The Peer Challenge Team assessed our progress towards delivering effective, lasting health and wellbeing improvements.

1. The Local Government Association (LGA) public health peer review offer

- 1.1 The LGA's offer to support sector led improvement provides a range of tools to help councils further strengthen local accountability and explore how effectively they are delivering services. Peer reviews are part of this offer. They provide a robust and effective improvement tool managed and delivered by the sector, for the sector. Peers are at the heart of the peer review process and provide a 'practitioner perspective' and 'critical friend' challenge.
- 1.2 The public health peer review involves a team of peers spending up to four days in a local place to identify strengths and areas for improvement. It is not a part of assurance, regulation, or inspection. It is a voluntary undertaking aimed at bringing council and place/system partners together in a safe space to consider strengths and areas for improvement. It provides a rare and valuable 'time out' for reflection, take stock and plan for the future and is an independent, objective and purposeful process focused on what can change within that council/place/system.

2. The focus for the peer review at London Borough of Barking and Dagenham.

2.1 The objectives of the Peer Review were to:

- Assess how the council and its partners are working together to best deliver effective public health outcomes for residents.
- Inform the direction of the council in delivering an ambitious, proactive and effective strategy and implementation plan to improve the health of residents.
- Identify strengths, challenges and solutions to any locally identified challenges.
- Review and identify areas of opportunity to best utilise specialist public health capacity and resources, including any barriers to overcome and areas where time could be better spent.

2.2 The peer challenge team will look at the following areas:

Vision and strategy

- To what degree is the council and its partners having an impact on the health and wellbeing outcomes of residents?
- How effective is public health across Barking and Dagenham in monitoring, measuring and improving outcomes for population health?

Use of resources

- Ways in which the public health grant can be maximised to deliver statutory requirements and impact public health outcomes and priorities.
- What opportunities are there to maximise the contribution of public health expertise e.g., within the council, place-based partnerships and at system level?
- The quality of public health commissioning and effectiveness of current contracts.

Partnership working

- How effective is engagement with key partners, e.g., Committees in Common (Health & Wellbeing Board/Integrated Care Board subcommittee), NHS North East London, and others to influence and align key strategies and improve outcomes?
- Where is delivery working well, and where/how can this be improved?
- What work remains outstanding and requires to be progressed/ improved in the short, medium and long term in order to realise the potential of public health within Council and the Place arrangements?

3. The approach

3.1 A team of LGA trained peers from across local government and health will spend up to four days with council officers, elected members and key partners 'holding the mirror up' to opportunities and challenges. The review team will provide feedback and recommendations at the end of the peer challenge by identifying strengths and highlighting areas for improvement.

3.2 The peer review team consisted of:

- Lead Chief Executive Peer: Paul Najsarek
- Elected Member Peer: Jonathan McShane, former Cabinet Member for Health, Social Care and Devolution
- Director of Public Health Peer: Dr Anita Parkin
- NHS Peer: Marcus Warnes
- Public Health Consultant: Angela Baker, Coventry City Council
- VCSE Peer: Colin Maclean
- Peer Review Manager: Kay Burkett, Local Government Association
- Peer Review Manager (Shadow): Marnie Ridley, Adviser (Public Health), Local Government Association

4. Timescales

4.1 Scoping, planning and preparation will begin in November 2023 with pre-visit discussions taking place during December 2023-January 2024. The peer review team were onsite at London Borough of Barking and Dagenham for three days from Tuesday 27 February until Thursday 29 February 2024.

5. Feedback from the peer review and follow up activity

5.1 Feedback from the peer team took place on 29 February at an informal meeting of the Barking and Dagenham Committees in Common.

5.2 Headline findings:

- Council and partners open to learning and innovation demonstrated through the energy and enthusiasm of everyone we met.
- Widespread acknowledgement of the leadership provided by the Council and partners in creating the Committees in Common and wider operating framework for place.
- The partnership between the Council and ICB is moving in the right direction to:
 - offer traction for how health works at a local level - looking beyond health services:
 - harness the shared vision for population health and passion for reducing inequalities.
 - be proactive to the changing population in the Borough.
- Many examples of using community energy and creativity with a determination to make the most of mobilising community strengths.
- Widespread recognition of the contribution of the Director of Public Health and Public Health Team in approach and expertise - with clear opportunities for further engagement to inform need and impact e.g., regeneration, growth, and the response to changing communities Headline Findings.
- There is an opportunity for intelligence and data analysts across the Council and partners to further align to support population modelling and commissioning for changing demographics.
- Large number of commitments and priorities making collective focus difficult with action planning, action and accountability for delivery needing development.
- The Council recognises the positive contribution Community Solutions has made and is now moving to the next stage around the locality model with a stronger focus on outcomes and prevention.
- Opportunity to further develop public health impact across the Council e.g. housing and growth.
- Further work to do on joint commissioning, pooled budgets and aligning teams.
- The hard part is still ahead.
- You have established stronger foundations it is now important to move at pace in achieving outcome.

5.3 Recommendations:

- The strong foundations of governance, relationships and place leadership have been built – they give you a platform to move at pace to action and impact.
- Take the opportunity for Public Health to help support cross-Council work on the wider determinants e.g., growth and housing.
- Continue to reflect on executive place leadership arrangements as you develop.

- Rationalise strategies, commitments and priorities into one smart Barking and Dagenham prioritised delivery plan
- In response to this - one priority that could help in modelling action planning and joint working is tackling childhood obesity together.
 - Agree your model of joint commissioning including procurement considering where Public Health can best add value in needs analysis and evaluation.
 - Continue to pull together a single team for data intelligence and modelling demand across council and partners.
 - Design and embed a joint vision for integrated locality working.

6. Next Steps

- 6.1 An action planning process is being undertaken to present the next steps to the Barking and Dagenham Committees in Common at their meeting on 11 June 2024 in order to maintain momentum to take forward the Peer Review findings.
- 6.2 Follow up support is available to take forward recommendations and embed the findings from the peer review. The Public Health and Prevention Improvement Support offer can be found here: [Public health and prevention | Local Government Association](#)

7. Financial Implications

Implications completed by: Amar Barot, Head of Finance (People)

- 7.1 There are no direct financial implications arising from this report.

8. Legal Implications

Implications completed by: **Dr Paul Feild Principal Solicitor Standards and Governance**

- 8.1 There is no statutory duty to respond to a LGA Peer Review as the Review itself is on a non-statutory footing. Nevertheless, the practice does dovetail with the 'Best Value Duty' under section 3 of the Local Government Act 1999, and such processes are good practice to secure continuous improvement. Furthermore, it is gratifying to hear from third party experts that the innovative 'Committees in Common' are securing improvements and joined-up partnership working.

9. Health issues

- 9.1 The peer review findings validate our current arrangements and gives direction to the next steps to ensure the collective efforts of all our partners are focused on delivering the shared outcomes in our Joint Local Health & Wellbeing Strategy 2023-28 and closing the gap for those with the poorest outcomes.
- 9.2 A key message to act on is that services on their own will not improve our agreed public health outcomes or manage health and social care demand without a radical upgrade in prevention that addresses the wider social determinants of health. Central to realising the opportunities of 'Place Leadership' is the need to change the co-production relationship between our residents and the council as well as between

patients and the NHS to determine the way we provide services where the best outcomes can be delivered at the right cost.

Public Background Papers Used in the Preparation of the Report:

[System-wide care and health peer challenge | Local Government Association](#)

List of appendices:

Appendix 1: LB Barking and Dagenham Public Health Peer Review Feedback to the Committees in Common 29 February 2024

Appendix 2: Glossary of Terms

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LB Barking and Dagenham Public Health Peer Review

Feedback to the Committees in Common

29 February 2024

Peer review team

Lead Chief Executive Peer: **Paul Najsarek**

Elected Member Peer: **Jonathan McShane**, former Cabinet Member for Health, Social Care and Devolution

Director of Public Health Peer: **Anita Parkin**

NHS Peer: **Marcus Warnes**

Public Health Consultant: **Angela Baker**, Coventry City Council

VCSE Peer: **Colin Maclean**

Peer Review Manager: **Kay Burkett**, Local Government Association

Peer Review Manager (Shadow): **Marnie Ridley**, Adviser (Public Health), Local Government Association



Peer review process

The Peer Review Team reviewed a range of information to ensure we were familiar with the council and the Borough, the challenges it is facing and its plans/opportunities for the future

- We have spent 3 days onsite at Barking Town Hall during which we:
 - Spoke to more than 70 people including a range of council staff together with councillors and external partners & stakeholders
 - Gathered information from 879 documents
- Feedback session at end of onsite visit, with potential for follow up support



Peer Review explanation

- Sector Led Improvement
- Invited in as 'critical friends' with 'no surprises'
- Non-attributable information collection
- Our feedback based on the triangulation of what we've read, heard and seen
- Impressive that everyone turned up!
- People have been open and honest
- Looked after extremely well and made to feel very welcome by everyone
- Thanks to Matthew and his team for all the preparation - particularly to Pauline and Hanna for their help and patience this week



Peer Review Scope

1. Vision and Strategy
2. Use of Resources
3. Partnership Working



How we will feedback

1. Headline messages
2. Strengths and areas for consideration for each of the 3 themes:
 - Vision & Strategy
 - Use of Resources
 - Partnership Working
3. Recommendations
4. Q&A



*"This is the most
dynamic borough"*

*"we want to
innovate with pace
and impact"*

*"We want public
health to be even
more central to
priorities, solutions
and partnerships"*

*"as partners we are
not afraid to look at
opportunities"*

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*"We recognise that
connecting, trust &
belonging is important
to people"*

*"the partnership with
health, and how the
ICB works at a local
level, is pulling in the
right direction and
offering some traction"*

*"There are too many
priorities"*

*"we will miss a trick unless
we co-develop with our
communities and the
voluntary sector"*

Headline Findings

- Council and partners open to learning and innovation demonstrated through the energy and enthusiasm of everyone we met
 - Widespread acknowledgement of the leadership provided by the Council and partners in creating the Committees in Common and wider operating framework for place – different to the rest of North East London
- The partnership between the Council and ICB is moving in the right direction to:
- offer traction for how health works at a local level - looking beyond health services
 - harness the shared vision for population health and passion for reducing inequalities
 - be proactive to the changing population in the Borough
- Many examples of using community energy and creativity with a determination to make the most of mobilising community strengths
 - Widespread recognition of the contribution of the Director of Public Health and Public Health Team in approach and expertise - with clear opportunities for further engagement to inform need and impact e.g., regeneration, growth and the response to changing communities

Headline Findings

- There is an opportunity for intelligence and data analysts across the Council and partners to further align to support population modelling and commissioning for changing demographics
- Large number of commitments and priorities making collective focus difficult with action planning, action and accountability for delivery needing development
- The Council recognises the positive contribution Community Solutions has made and is now moving to the next stage around the locality model with a stronger focus on outcomes and prevention
- Opportunity to further develop public health impact across the Council e.g. housing and growth
- Further work to do on joint commissioning, pooled budgets and aligning teams
- The hard part is still ahead
- You have established stronger foundations it is now important to move at pace in achieving outcomes

Strengths

- Strong political and officer leadership commitment
- Experienced public health leadership
- Strategic documents with similar priorities and wide ranging commitments
- Health considered in new major developments
- Childhood obesity a common priority
- Public health approach to domestic violence is highly valued
- We heard of a shared vision and commissioning for mental health and addiction



Strengths

- Strong voluntary sector relationships and examples of involvement e.g., across the Place Operating Framework
- Strong track record in delivering growth in housing and jobs
- Recognition of the challenges and change in the local population
- Recognition that these challenges are intensified by the cost of living crisis
- Positive development of place leadership roles - Chief Executive and NHS Director of Partnerships, Impact & Delivery

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The Council recognises the positive contribution Community Solutions has made and is now moving to the next stage around the locality model with a stronger focus on outcomes and prevention

- Major investment planned in adults and children's services
- Strong commitment and examples of locality working e.g. community and family hubs
- Annual Director of Public Health report and that shift to a more wide ranging and dynamic Joint Strategic Needs Assessment will provide the platform to:
 - inform an evidence-based approach to deliver on population health management
 - have that important focus on the future
 - Include specific communities e.g. people with a learning disability and Autistic people

Areas for further consideration

- Further enhancement of Public Health with Planning, Regeneration and Housing agenda at officer and member level
- Further developing use of data, intelligence for modelling and managing demand across the council and partners
- Narrowing down priorities and cohorts within priorities e.g., childhood obesity as possible early focus
- Strengthen action planning, action orientation and accountability for delivery across prevention, public health and health & care partnership
- Recognise the contribution the whole council will need to make to deepen integration
- Develop ability to measure and acknowledge cross council and partner impacts on public health outcomes – including new investment impact
- Clarify, share and define the future model for integrated localities across the Council and partners to address health inequalities and the wider determinants of health
- Opportunities for further integration and alignment of place based leadership
- Joint commissioning development has potential to further strengthen partnership, action planning and evaluation
- Opportunities for strategic use of Section 75, Section 256, BCF and pooled budgets

Use of resources

Strengths

- The specialist knowledge and skills provided by the Public Health Team is highly regarded and valued e.g. health protection, innovation hub, insights
- The Public Health Team has the potential to drive and support the 'health in all policies' approach in line with the impetus at place level on prevention and integration
- Successes in tackling vaccination hesitancy due to:
 - key stakeholders coming together in the borough
 - Use of specialised behavioural approaches
 - Targeted work based on insights and data
 - Tailored messaging within a wider campaign
 - Use of range of communication and engagement approaches inc social media; letters to parents
 - Proactive work with school heads



Use of resources

Strengths

- Public Health do a lot with their small grants funding, across the whole council, e.g., Girls Supporting Girls Chain Reaction Igniting Change
- Public health resources used effectively e.g. NHS health check from PCNs measuring to ensure value for money
- Good examples of commissioning of public health services aspiring to deliver outcome-based results e.g., drugs & alcohol; health child programme and sexual health
- Evidence based and innovative solutions in place to target resources:
 - Health checks for younger age groups
 - C-card condom distribution scheme (best performing in London)
 - Domestic violence (+ive influence on children in need numbers)
- Examples of good data sharing between the Council, local health and North East London systems resulting in marked increase in uptake of MMR vaccinations
- Strong working relationships with insights, innovation hub
- Insight and Innovation Team supporting data driven innovation and intelligence and support across council e.g. dementia services

Use of resources

Strengths

- NEL ICB structure based on 7 areas, ensuring adequate and resources at place, e.g., developing partnership capacity, and population health in the Borough
- ICB funding for health inequalities providing a good opportunity for joint place based working
- Used data sets to identify people vulnerable because of wider determinants of health;
 - fuel poverty
 - thinking carefully about prevention
 - identified a group of residents who are in debt to the council and have MH needs



Use of resources

Areas for further consideration

- Appetite for evidence-based approaches and commissioning that could be improved by:
 - Data sharing across the council and partners being unified
 - Further sharing of public health data across place and system
 - Making more use of the data available e.g., Care City Data, child and infant morbidity
 - Public health expertise utilised in contract monitoring and review
 - Proactive in co-design/co-production e.g., school nursing services and the views of Head Teachers
 - Share NCMP data with hubs and schools
- Aspiration for outcomes-based commissioning whilst being realistic about how hard this is to achieve so that focus and motivation for doing this isn't lost
- Appetite and enthusiasm from many people to maximise the impact of the Public Health Team
- Ensure the public health team is structured to utilise their expertise within the council and across the system
- The process in place that reviews and monitors Public Health Grant usage should continue to be strengthened to ensure it is transparent
- In the development of the new model of Community Solutions in the localities ensure a focus on need and demand management to achieve outcomes

Partnership working

Strengths

- Committees in Common taking an inclusive approach to key partners and stakeholders e.g., social care providers, VCFSE, Healthwatch - providing a strong platform to develop place leadership and discuss public health issues
- The Public Health Team has good relationships with partners which influence how resources are used e.g. Health Inequalities grant process resulting in proportion for voluntary organisations
- Productive relationships and presence in schools, faith communities and care homes in relation to health protection
- Working with the NHS on local priorities and integrating services at locality level e.g. BHRFT allocating lead paediatrician to PCNs to work on children's services



Partnership working

Strengths

- Partners are developing an understanding and reaching agreement on localities and place-based arrangements
- Ambition for integrated neighbourhood teams, multi-sector working and focus on prevention in targeted areas
- Moving to asset-based community development with commitment to co-production and by devolving to communities
Clear shift in 'power shift' through language of empowerment
Appetite for inclusive engagement in development of new approaches to place and commissioning
- Examples of community resources supported/working with PH e.g head teachers, education, health workers, environmental health
- Many co-production examples:
 - MMR and vaccinations community engagement targeted to specific communities
 - Pop-ups a great success
 - 'Best Chances' strategy/partnership
 - Social Prescribing Community Chest – participatory strength

Partnership working

Strengths

- Putting population health and prevention at heart of place using JSNA to target at risk communities
- Ambition to develop joint commissioning
- Commitment by the ICS to ensure a strong link between system and place level population management including developing software for more granular-level data that is co-designed



Areas for further consideration

- Delegation to place with clear governance, targets, budgets, performance management, evidence of impact and shared posts
- Work to do on developing joint commissioning, shared teams and pooled budgets
- How do provider collaboratives focus on place when working across multi borough footprints
- Alignment between localities and PCNs
- Disconnection and lack of alignment between ICS funded health inequalities programme with other initiatives/priorities at place e.g., health checks
- Explore further any opportunities to link with London Mayor's Office in relation to public health



Partnership working

Areas for further consideration

- Considerable potential for VCFSE to work together in partnership via consortia and respond to place agenda
- Untapped potential of community organisations, anchors and networks to play role in early intervention and prevention
- NHS could make better use of ‘captive audiences’ in schools
- Build on recent examples of co-production from ‘Best Chance’ strategy to lived experience input to commissioning



Recommendations

- The strong foundations of governance, relationships and place leadership have been built – they give you a platform to move at pace to action and impact
- Take the opportunity for Public Health to help to support cross-Council work on the wider determinants e.g., growth and housing
- Continue to reflect on executive place leadership arrangements as you develop
- Rationalise strategies, commitments and priorities into one smart Barking & Dagenham prioritised delivery plan
- In response to this - one priority that could help in modelling action planning and joint working is tackling childhood obesity together
- Agree your model of joint commissioning including procurement considering where Public Health can best add value in needs analysis and evaluation
- Continue to pull together a single team for data intelligence and modelling demand across council and partners
- Design and embed a joint vision for integrated locality working

Questions?



Next steps



Glossary

ICB: Integrated Care Board (NHS North East London)

BCF: Better Care Fund

PCN: Primary Care Network

MMR: Mumps Measles Rubella vaccination

NEL: north east London

NCMP: National Child Measurement Programme

VCFSE: voluntary, community, faith and social enterprise sector organisations

BHRFT – Barking Havering Redbridge University Hospitals NHS Trust

PH: Public Health

JSNA: Joint Strategic Needs Assessment

VCSE: voluntary and community sector

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Overview and Scrutiny Committee

17 April 2024

Title: Report on the OFSTED Inspection of Children’s Services Improvement Plan	
Report of the Cabinet Member for Children’s Social Care and Disabilities	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: April Bald, Operational Director for Children’s Care Vikki Rix, Head of Performance and Intelligence for Care and Support	Contact Details: Tel: 020 227 3188 E-mail: April.Bald@lbbd.gov.uk
Accountable Director: April Bald, Operational Director for Children’s Care	
Accountable Executive Team Director: Elaine Allegretti, Strategic Director for Children’s and Adults	
<p>Summary</p> <p>In July, the Council was subject to a Standard Inspection under the OFSTED Inspection of Local Authority Children’s Service (ILACS) framework. The OFSTED inspection report was published on 4 September 2023.</p> <p>In response to the eight recommendations made, the Council was required to develop and publish an improvement plan by 11 December 2023. The children’s care and support improvement plan covering the eight area of recommendations was published to Ofsted on time and is attached in Appendix 1.</p> <p>This report sets out key high-level areas of progress made against the improvement plan.</p>	
<p>Recommendation(s)</p> <p>The Overview and Scrutiny Committee recommended to:</p> <p>(i) Note the OFSTED Improvement Plan published on the 11 December 2023; and</p> <p>(ii) Note the progress made and areas requiring further improvement throughout the duration of this improvement plan.</p>	
<p>Reason(s)</p> <ul style="list-style-type: none"> • The OFSTED Improvement Plan is a key plank of the Council’s plans to continue improvement to Children’s Social Care. 	

1. Introduction and Background

- 1.1 Between 10 July 2023 and the 21 July 2023, the Council was subject to a Standard Inspection under the OFSTED Inspection of Local Authority Children’s Service (ILACS) framework. The final ‘OFSTED Letter’ formally setting-out OFSTED’s findings was published on 4 September 2023.
- 1.2 In response to the eight recommendations made by OFSTED for improving children’s social care in the borough, a detailed improvement plan has been produced and published to OFSTED on the 11 December 2023. This report provides the scrutiny committee with a copy of the improvement plan and a high-level update on progress to date. The lifetime of this improvement plan is up to 2025 and future reports will be provided as requested by Scrutiny.
- 1.3 It is important to note that the challenging financial landscape the Council has faced and continues to face, and how these impact on the delivery of the plan and improvement especially where transformation and growth is required.

2. Summary of Findings

- 2.1 The judgement from the OFSTED inspection is that services for children in Barking and Dagenham ‘requires improvement to be good’, as was the case at the last inspection.

Judgement	Grade
The impact of leaders on social work practice with children and families	Requires improvement to be good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care	Requires improvement to be good
The experiences and progress of care leavers	Good
Overall effectiveness	Requires improvement to be good

- 2.2 Although services for children requires improvement to be good, OFSTED inspectors reported that there have been improvements since the previous inspection in 2019. It was also well received that care leavers a new judgement in the ILACS framework was rated as good in Barking and Dagenham.
- 2.3 A previous scrutiny report detailed the findings and areas of strengths and weaknesses in the inspection letter. This report focuses on the improvement plan against the eight recommendations required for improving services to be good.

3. The eight key OFSTED recommendations – Progress Update

- 3.1 OFSTED identified 8 key recommendations where they felt improvement was most strongly required. These are:
 - Timeliness of strategy meetings.
 - Assessment and decision-making for children experiencing neglect.
 - Timeliness of pre-proceedings pathways.

- Consistency of response to 16- and 17-year-olds who present as homeless.
- Oversight of children’s placements in unregistered children’s homes.
- Application of threshold in early help.
- Life-story work and permanency planning.

3.2 The improvement plan is set out in Appendix A. The remaining section of this report focuses on progress made to date and future iterations of this update will be made during the life span of the improvement plan.

3.3

Recommendation	Progress Update
<p>Timeliness of strategy meetings.</p>	<p>A weekly performance dashboard has been produced and automated for the service to track timeliness of strategy discussions, including police attendance. Data is showing an improvement in timeliness with the average number of days to complete strategy discussions reducing to 3.17 days and over 70% are now being held in timescale. This is an ongoing priority area for further improvement.</p> <p>The strategy meeting scheduling system is in place and making a difference to co-ordination and timeliness – police are using the slot-based approach including CAIT.</p> <p>Practice workshops have been held across the service to ensure all practitioners are following standards. Multiagency workshops will be taking place in April /May 2024.</p> <p>Audits/dip sampling is taking place and quality of strategy meetings are improving with good multi agency attendance and participation with improved management follow up on decisions being made.</p>
<p>The capacity, quality, consistency and impact of supervision and management oversight.</p>	<p>Capacity has increased with 1.5 FTE Head of Service in Family Support and Safeguarding (FS&S). The wider review of children’s care and support operational management capacity and structure is outstanding and has been delayed due to the financial situation of the Council.</p> <p>The development of the CARES Academy (driving learning, development, overall practice improvement and staff retention) is in train and a project manager has been recruited. The online platform will be ready by end of March and branding discussions have started with the overall aim of launching April 2024.</p> <p>Delivering comprehensive skills-based supervision training across the service is ongoing. The principle</p>

	<p>social worker is auditing quality of supervision records, testing impact of the training and whilst some inconsistency, there is evidence of more reflective supervisions.</p> <p>Heads of service undertake weekly dip sampling of practice in their area whilst includes an overview of supervision and management oversight. Dip samples are now routinely highlighting good and regular management oversight as a theme. Monthly case file audit has also indicated evidence of improved supervision driving plans and stronger management oversight.</p> <p>A supervision scheduling pilot is currently underway in Family Support and Safeguarding to evaluate how supervision timelines can be improved using a booking system.</p> <p>Demand is being managed with the number of children open to social care at 2355 compared to 2425 at end of Q2 2023/24 and 2386 at end of year 2022/23. Supervision timeliness at 8 weeks is at 87% and 4 weekly is at 67% – 4 weekly supervision is our practice standard and requires further improvement but going in the right direction.</p> <p>Average caseloads are manageable across the service although around 1:20 in assessment and intervention. However, 39 out of 157 (25%) of case holding social workers still hold more children than their respective target, a 1% decrease from the previous month (41, 26%). Those social workers are in Assessment and Intervention and FS&S. High caseloads impact on supervision timeliness and quality.</p>
<p>Assessment and decision-making for children experiencing neglect.</p>	<p>A new LBDD Safeguarding children’s partnership (BDSCP) Neglect Strategy has been developed through the Neglect Improvement Programme Task and Finish Group (NIPTFG), with multi agency input. The Strategy will be launched across the workforce in March 2024 at an event where we will engage staff in the finalisation of the related action plan, ensuring we are understanding the needs of practitioners, as well as children, young people, and their families. The strategy contains key outcomes and measures which will be monitored quarterly by the NIPTFG and reported to the BDSCP Executive by exception.</p> <p>The NIPTFG was established by the BDSCP in October 2023.</p>

The NIPTFG has an independent Chair, representation from across partners, agencies and services and meets monthly. The NIPTIF has established five thematic subgroups.

- 0-5 Babies and Children Subgroup
- 5+ Children and Young People Subgroup
- Social Care Subgroup
- Poverty, Housing and Environment Subgroup
- Information, Advice and Guidance Subgroup

These subgroups meet monthly and are driving forward the improvement activity in their thematic area. The NIPTFG agrees all improvement proposals developed by the subgroups.

Funding to appoint a practice lead has not been identified, in the context of significant financial pressures. The use of the Graded Care Profile 2 (GCP2), a tool that supports practitioners in assessing neglect and formulating meaningful plans with families, is being embedded in several ways:

- The NIPTFG have identified the use of tools as a key issue, and reviews data on use. The improvement work includes developing resources for practitioners and training and establishing Neglect Champions, building on the DA Champions model.
- The BDSCP has agreed to allocate resources to improve the Neglect learning and development offer in 2024/25 - the aim will be to improve skills and knowledge in recognising and responding robustly to neglect.
- A joint Adults and Childrens Children Safeguarding Partnership Boards are hosting a Neglect Practice Week May 2025 - the outcomes of these will further inform the work of the NIPTFG and the action plan of our new Neglect Strategy.

DARAC training has been rolled out, with 200 training spaces provided. This tool supports practitioners in identifying and assessing risk of domestic abuse. Train the Trainer training has been scheduled for March 2024. The DA Learning and Development Lead will continue to provide DARAC training through our BDSCP Learning and Development Offer. Other attendees will become the Champions for DARAC, rolling out workshops and sessions to support practitioners. Key practitioners in Support 2 Safety, our front door multi-disciplinary domestic abuse triage team have been trained to DARAC and incorporated the tool into their approach. We have also formally launched Domestic Abuse Champions corporately.

We have an Implementation Lead in place to embed the Safe and Together approach to working with families where domestic abuse is an issue. The lead provided through Respect is delivering core and partnership training on Safe and Together. Attendance and engagement have been strong for this. The lead is establishing Action Learning Sets to support. They are collocating with the Specialist Intervention Service providing DA expertise within the SIS enabling effective challenge and embedding of the Safe and Together Approach in our practice.

The Domestic Abuse pages of the social care intranet provide full and detailed information to practitioners - including a detailed Practitioners Guidance, and At a Glance Guide, MARAC Protocol and Referral Forms, available support services and referral forms and pathways. The pages also promote our DA Champions. We are finalising similar content for neglect.

Funding has been sought for a Hidden harm worker to be based in the Specialist intervention service supporting practice with children and young people whose parents have substance misuse problems.

Public health colleagues have funded and delivered perinatal mental health training for practitioners, enhancing their understanding of the impact of poor mental health on parenting. Poor parental mental health is a key feature in our longstanding child protection cases and those in pre proceedings.

The Child Protection Panel is in place ensuring senior management and partnership review and oversight of 11 month+ Child protection plans, repeat CP plans and de-plans at 3 months with a strong focus on lived experience of the child. At end of January, 18 children out of 268 children on CP plans had been on the plan for 2 years plus (7%). Repeat CP plan performance is at 20% (47 children) above target and higher than benchmarks.

A recent audit focusing on repeat and long duration plans with a lens on neglect highlighted that most children had been known to social care on and off over many years. All but one of the cohorts audited had been exposed to domestic abuse, and for most substance misuse issues was prevalent. A small minority had their CP plan ended prematurely due to over-optimism, and over a quarter ended as they were placed in alternative care. There was overall evidence of good Child

protection planning, supervision, and direct work with children. There was an absence of focus on the perpetrator (hence the importance of us embedding the Safe & together approach to domestic abuse which puts the focus back on the perpetrator and safety planning for the mother and children). The audit also evidenced the early help offer was not effective for this cohort of families highlighting the necessity of the work with the Partnership on effective early help responses to neglect and domestic abuse.

A Child in need (CIN) partnership review meeting chaired by Head of Service meets monthly to ensure better oversight of 9 month plus CIN plans tackling any drift and ensuring progress is made. The majority of children in need are visited 6 weekly and have plans reviewed 3 monthly. Children on CiN plans for more than a year but less than 2 years has increased to 75 13% compared to 11% at end of year (60 children) while those open for 2 years plus has remained at 2.5% 14 children. This cohort tend to be made up of vulnerable adolescents who require longer term intensive intervention. Audit and dip sample work indicate the positive impact of the Specialist intervention service e.g. family group conferences and family support work and improved quality of CIN plans.

20% of new Looked after children have entered care on Police Protection – up 1%. (29 children – 1 sibling group of 5, 1 sibling of 3, 2 sibling groups of 2 and 17 individuals) – above our target of 13%. This proportion is higher than all benchmarks and is under regular review.

Heads of Service have oversight of all police protections and submit a need-to-know notification to the Director which outlines a review of the quality of practice and whether the police protection could have been prevented. A summary of these notifications highlights overall improved response to children who have been taken into police protection, with robust MASH enquiries and decision making, strategy meetings being held in a timely way with good partnership attendance and good decision making with consideration of child protection medicals and legal proceedings.

Of the cohort most were returned home within 2 weeks of the police protection. Children are being seen quickly and wider family members being considered for children who cannot be placed back with their parent/s. A few children need not have come into care via a police protection had there been earlier more decisive assessments e.g. GCP2 and decisions made about their

	<p>care. In these instances, a specific incident triggered the police protection in the context of longer-term chronic neglect e.g. mother found under the influence of alcohol and home being found in chronic conditions. Similarly, a homeless 16/17-year-old need not have triggered a Police protection as a child of this age can request to come into care. Larger families in the borough impact on the percentage of children.</p>
<p>Timeliness of pre-proceedings pathways.</p>	<p>The number of children in pre-proceedings has increased by one family and one child as at end of January 2024 - 20 children (9 families) compared to 19 children (10 families) this time last year. However, the number of children in pre-proceedings for over 16 weeks is lower – 7 children (3 families) at end of January 2024 compared to 11 children (6 families) one year ago. Timeliness is therefore improving. Good progress is taking place with improving pre-proceeding pathways with an ongoing review of all pre-proceeding children at maximum of 12 weeks regardless of whether assessments have been completed or are still in progress.</p> <p>TCLPM (Legal planning meetings) are now considering whether children can be safely stepped out of pre-proceedings post 12 weeks with assessments continuing under the child protection plan if significant harm to the child has been reduced. Some children have stepped across to a CP plan as a result.</p> <p>At 12 weeks, if further assessments are required, Social Worker and Solicitor are now identifying relevant experts prior to returning to TCLPM to avoid delay. Decisions are audited by TCLPM and recorded on file.</p> <p>Regular dip samples are undertaken, and a monthly report is sent to Director for Children's outlining progress for all Pre-Proceedings cases over 16 weeks but also covers general Pre-Proceedings update. These updates reflect some positive impact of the increased tracking and management oversight with more decisive decision making.</p> <p>Assessments commissioned by external independent assessors e.g. clinical psychologists, or independent social workers continue to contribute to the delay in pre-proceedings. We have proposed setting up an inhouse expert assessment team however the financial context of the borough has delayed any progress on this as it would require some growth monies. We therefore remain dependent on a limited pool of external experts.</p>

<p>Consistency of response to 16- and 17-year-olds who present as homeless.</p>	<p>The training and practice standards have been refreshed following the Inspection with a new training module which now includes case studies and role playing to ensure staff clearly understand the processes and the placement options for young people who present as homeless.</p> <p>The 16/17 Homeless Protocol is being reviewed. The first draft will be available for review on 11 March 2024.</p> <p>The inhouse children’s rights advisor for looked after children now sees all homeless 16/17-year old’s offering them independent advocacy asset out in National Guidance.</p> <p>The joint homeless assessment form has been revised so that the social worker and the children’s rights officer both clearly record the options discussed with the young person about accommodation provision under section 20 or Section 17.</p> <p>Following the three-way meeting between housing, social worker and the young person, an options letter and leaflet is provided to the young person which clearly states what was discussed during the meeting highlighting the possible outcomes, accommodation options and the role of the independent advisor.</p> <p>All 16 plus presenting as homeless are now being notified to the Operations Director in the form of a Need-to-Know notification. This includes quality assurance by the Head of service. Overall, we are seeing an improvement in responses to homeless 16 /17-year-olds who present as homeless. Their needs are being assessed and there is evidence that they have seen the children’s rights officer and had the options available to them explained. There is also good evidence of efforts to re-unify them with family, when safe to do so, through intervention by the restorative intervention team. There is evidence of swift management decision making and intervention when the social worker has not followed due process.</p> <p>Regular audits are undertaken, and outcomes shared at the Vulnerable 16-15 persons Housing meeting chaired by the Director of Operations. Audit findings indicate the improvement work is impacting positively although social workers and managers need to pay attention to the quality of their recording.</p>
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<p>Oversight of children's placements in unregistered children's homes.</p>	<p>Director Need to know notifications are now completed for Director authorisation of any placement of a child aged under 16 children in an unregulated setting. The protocol on timely notifications to Ofsted on all under 16 placed in unregistered homes has been revised and in place since July 2023. For those placements, notifications are sent to Ofsted by the Placement Finding Manager as soon as the child moves into placement. Since July there has been 100% compliance with this notification process.</p> <p>A list of children and details on their unregulated placement is included on the agenda for the monthly Provider Risk, Quality & Concerns meetings. This list includes the date of the placement, the date the notification was sent to Ofsted, a summary of pre-placement checks (or if it is a framework provider) and a summary of the findings from a visit by the Provider Quality Team (in person or virtual visit depending on placement location). These papers are distributed to a wide range of people, including the Commissioning and Operational directors.</p> <p>Children who are under 16 in 16+ provisions or children over 16 in a 16+ but on a DOLS provision are discussed at the monthly Residential oversight meeting (ROM). This meeting quality assures the child's care package including progress being made to find a registered placement or step the child back to a foster/ family placement.</p> <p>Expectations on frequency of visiting to under 16's in unregulated settings has been set and Practice guidance has been issued to all staff and will be monitored via performance data on visits to children in care.</p> <p>Dip sample activity indicates increased visiting by social workers to these children, although distance of the placement does prove a challenge. These children are also being seen in placement by their IRO and one child has a Family support worker funded by the Local authority visiting 3 times a week. There is also evidence of frequent management oversight and supervision for these children.</p>
<p>Application of threshold in early help.</p>	<p>Roadshows in October 2023 and monthly drop-in sessions have taken place to further embed the continuum of needs threshold across children's care and support workforce and partners.</p>

Weekly dip sampling of decision making in MASH is undertaken by the MASH Head of service. This work includes review of the work undertaken by early help with consideration of their decision making to step up to MASH. Overall, decision making in MASH is good and informed by robust MASH enquiries where partners have contributed information enabling the MASH managers to make an evidence-based risk assessment and decision. History is routinely taken into consideration and analysis is child centred. There is evidence of MASH managers routinely evidencing the rationale for decisions rather than merely ratifying the social work recommendation. Around 70% of referrals into MASH now have a detailed MASH enquiry, which contributes to improved decision making.

Targeted Early Help Advisory service and Locality service manager use the current step-up and step-down protocol in collaboration with MASH and regularly review of threshold application. Audit shows increased confidence in application of threshold.

Audit of the decision making by the Support 2 Safety (S2S) domestic abuse team in MASH shows consistently strong decision making and application of the Continuum of Need threshold. Domestic abuse referrals were previously likely to be subject to repeat referrals. The expertise within the S2S team has strengthened the quality of decisions with the needs of perpetrators being routinely considered, safety planning included and a marked increase in referrals to MARAC.

The MASH multi agency monthly audits continue, and the vast majority now have a 'good' finding with some outstanding areas of practice. Quality of referrals are seeing some improvements.

Dip samples highlight more timely early help planning and interventions with families. However, lack of parental consent can hamper progress and lead to re-referral back into social care. Many repeat referrals are in relation to vulnerable adolescents and children with special education needs and the early help offer not being readily available or impactful for this cohort. The Early Help improvement work includes a focus on this cohort.

The January monthly case file audit highlighted improved focus on the lived experience of the child in the Early help work and some outstanding early help assessments with strong partnership involvement and purposeful direct work. Where work was less strong was

	<p>where families who had long term involvement with social care services due to neglect and had been stepped down, audit indicated the early help offer was less effective for these families.</p>
<p>Life-story work and permanence planning.</p>	<p>A great deal of improvement work has focused on timely permanence planning. A detailed weekly permanence tracker provides single oversight on the prevalence of permanence plans for all looked after children. This tracker supports managers in ensuring more timely permanence planning meetings. Current data shows that 94% of looked after children have had a permanence planning meeting and 99.5% have had a PPM by second LAC review. This is excellent progress.</p> <p>Permanence practice guidance has been issued and training rolled out to staff. The most recent dip sample showed improving practice with better understanding of parallel planning and consideration of the permanence options available for the child with family group conferences being routinely held. There is further work to do to support more coordinated early planning for adoption, although the adoption scorecard is still impacted by delayed court proceedings for these children. The Principal Social Worker is currently planning regular bitesize workshops on the ethos and planning needed for ensuring early permanence and this will include the sharing of best practice and exemplars.</p> <p>Efforts are underway to purchase a Life Story App which will be available to all looked after children and become a repository for photos, certificates, and other memorabilia that a parent and child will collect and keep as they grow. This app will support the child understanding their story, family connections and childhood experiences. Our inhouse therapy team continue to support quality life story work and are developing a new training offer for staff in the corporate parenting and children with disabilities service to support improved life story work.</p> <p>Dip sample activity by the Head of Service is evidencing increased prevalence of photos and direct work with young people focusing on 'their story 'and identity.</p> <p>We have recently been successful in winning a bid from the DfE of £650 k to implement a Lifelong links offer. This will contribute to strengthened life story work and connecting young people with wider family and</p>

	important people in their lives which in turn will strengthen their understanding of their history and improve their sense of belonging.
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4. Consultation

- 4.1 The OFSTED Improvement Plan was developed in conjunction with key stakeholders across the Council, including the Lead Member for Children’s Services. This included partners outside of Children’s Care and Support who will play a significant role in delivering the improved outcomes for our children and young people.
- 4.2 Findings from the inspection and the associated improvement plan has been presented to the Local Safeguarding Children Partnership. This Improvement Plan will also be formally presented to the local Health and Wellbeing Board and NEL ICB.

5. Financial Implications

Implications completed by: Antony Envoldsen-Harris, Finance Business Partner

- 5.1 There are no financial implications

6. Legal Implications

Implications completed by: Dr Paul Feild Principal Solicitor Standards and Governance

- 6.1 This report is for the Committee to note. It sets out a comprehensive description of the required improvement plan focused on the necessary steps to raise the standards to establish arrangements which deliver the outcomes which the inspectors report identifies to be achieved across the board. The plan has been delivered and published on 11 December 2023 before the final date for doing so.

7. Other Implications

- 7.1 **Risk Management** – there is significant risk in failing to deliver an adequate Children’s Service. There are considerable risks to the children and young people who we have a duty to safeguard, as well as the risks to the Council of failing to adequately discharge statutory duties. As part of our governance and programme management arrangements, risks are being identified and will be managed through this process.
- 7.2 **Safeguarding** – safeguarding children is *the* core focus of the OFSTED Improvement Plan.

Public Background Papers Used in the Preparation of the Report:

- London Borough of Barking and Dagenham: Inspection of Children’s Social Care Services (OFSTED Letter) September 2023

List of appendices:

- Appendix 1: Children' s Care and Support Improvement Plan
- Appendix 2 – Glossary of Terms

Children's Care and Support OFSTED Improvement Plan

Our plan for improving Children's Social Care Services in Barking and Dagenham in response to OFSTED ILACS Inspection findings and recommendations



Introduction

The Ofsted inspection of Barking and Dagenham's Children's Social Care Services took place between 10 to 21 July 2023. The final OFSTED report formally setting out their findings was published on 4 September 2023.

The inspection judged services in Barking and Dagenham to be 'requires improvement to be good', with a grading of good for care leavers. The Improvement Plan for Children's Care and Support Services has been developed in response to the Ofsted report findings, covering the eight specific recommendations set out below, but also addressing all areas for improvement highlighted in our letter from OFSTED. This high-level plan sets out the key actions we will take over the next 12 months to address those recommendations and areas for improvement and to ensure outcomes improve for vulnerable children, young people and families in Barking and Dagenham.

Ultimately, we aim to deliver consistently good services for children, young people and their families and our ambition is be good by the time of our next inspection.

The Children's Improvement Board, chaired by the DCS and multi-agency in its composition, will oversee the delivery, monitoring and evaluation of this plan. The Children's Improvement Board will be responsible for ensuring all recommendations are responded to and acted upon. The Board will report into the existing corporate governance mechanisms responsible for all Council improvement activity. It will meet monthly to provide oversight and challenge, and progress will be formally monitored at all levels of the organisation. The remainder of this document sets the high-level plan for responding to those recommendations and how we will organise ourselves to deliver upon our ambitious plans.

What needs to improve? (Area 1) Timeliness of strategy meetings.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Set up multiagency practice workshops covering the purpose of strategy meetings, role of information sharing and decision making, embedding practice standards with a strong focus on improving chairing, recording, decision making, quality and timeliness.	Director of Operations	December 2023	Improved strategy meeting timeliness and multi-agency input in decision making. Increased timeliness of police attendance at strategy meetings.	Number and % of strategy meetings completed in a timely way. Increase in audits/practice evaluations on strategy meetings rated good or outstanding.
1.2	Team managers at point of Section 47 sign off quality assure all actions agreed at the strategy meeting ensuring they have progressed.	Team Managers	Ongoing	Strategy meetings that are purposeful, timely and in accordance with best practice.	Increase in number of children being referred to the NEL CSA Hub and Havens and accessing Barnardo's support as victims of CSA.
Page 61	Heads of Service (HoS) in MASH and Assessment to undertake monthly dip samples of strategy meetings, tracking quality of meetings, decision making, progress of actions and partnership attendance.	Head of MASH Head of Assessment	Monthly	Actions agreed in strategy meetings are regularly reviewed to ensure actions are being followed through enabling improved timeliness of intervention.	
1.4	Implement a Business Support strategy meeting scheduling system with administrative support to improve co-ordination, quality of recording and tracking - this will include police attendance and other relevant partners.	Head of Service Development and Transformation	September 2023	Children suffering sexual abuse getting the right specialist health response, sexual abuse medicals and well-being support.	
1.5	Develop data and performance reports to track timeliness of strategy meetings and report weekly/monthly.	Head of Performance and Intelligence	October 2023		
1.6	Child Sexual Abuse (CSA) Social Care Liaison Officer to provide regular consultation prior to CSA strategy meetings ensuring children are referred to the correct CSA service. Ensuring social workers are knowledgeable about sexual abuse pathways.	Director of Operations	Ongoing		

What needs to improve? (Area 2) The capacity, quality, consistency and impact of supervision and management oversight.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Review the children's care and support operational management capacity and structure with a view to implementing a fit for purpose management structure to manage the demand and deliver best practice.	DCS Chief Executive S115 Officer	March 2024	The children's care and support operational service has an increase in resources and a management structure that is proportionate to the demand.	Number and percentage of supervision completed every 4 weeks and 8 weekly by service and team.
1.2	Develop the CARES Academy bringing together recruitment and retention activities and learning and development opportunities - driving the CARES values, practice priorities, principles and standards. The CARES Academy will champion strengths based and trauma informed practice approaches, and staff development with a focus on neglect and quality supervision.	Director of Operations	April 2024	The management : social work ratio is equitable across the services and sufficient to meet the level of service demands ensuring good management oversight in line with practice standards.	Number and % of management oversight on children 4 weekly by service and team. Audits report an increase in supervision being rated good or outstanding.
Page 62	Deliver comprehensive skills based supervision training programme for all frontline managers, increasing their understanding of what good supervision looks like, and they partake in live action learning sets learning from critical feedback.	Head of Safeguarding and QA PSW	March 2024	The frequency of supervision and management oversight is consistent across all teams and held in line with practice standards. Actions from supervision are reviewed in a timely way and progress made. If not, managers take immediate action to address and complete actions to reduce delay and risk.	Average caseloads by service and team in line with targets set. Equitable manager to staff ratio reflected in staffing structures.
	1.4	Pilot new booking system for supervision to drive improvements in frequency and timeliness.	Head of Service Development and Transformation	December 2023	Developments and the lived experience of the child are embedded in supervision.
1.5	Further embed supervision policy and practice standards and undertake weekly dip sample activity to assess impact.	PSW	November 2023	Plans are progressing due to robust supervision and clear management direction. Line managers offer reflection and curiosity in supervision and align decisions to those made in other forums e.g. TCLPM and CPCC.	
1.6	Heads of Service to undertake weekly dip sampling activity alongside team managers focusing on supervisions within their service and act upon areas for improvement and learning. Report to monthly performance meeting.	All Head of Service (Childrens Care and Support)	Weekly	All new managers joining the service have access to supervision training, the supervision policy and practice guidance enabling them to provide supervision in line with agreed practice standards.	
1.7	Produce a Panels Pack setting out the various panels/oversight meetings including terms of reference for each. Embed an understanding of how those panels interface and link to supervision i.e. supervisions should always consider decisions made on a case in another forum.	Head of Service Development and Transformation	February 2024	Audit shows consistently good supervisions across the management group.	

What needs to improve? (Area 3) Assessment and decision-making for children experiencing neglect.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Develop, launch and embed the multiagency partnership neglect strategy to ensure measurable interventions from universal through to statutory services, utilising London safeguarding procedures and DfE best practice guidance on neglect.	Children's Safeguarding Partnership	March 2024	Improved assessment and decision making for children experiencing neglect.	Number and percentage of children open to social care with a completed Graded Care Profile 2 on file by service and team.
1.2	Set up a multi-agency neglect task and finish group, independently chaired to ensure pace of change.	Children's Safeguarding Partnership	March 2024	A reduction in repeat children in need and repeat children on child protection plans particularly where neglect and DA are a feature.	Number and percentage of children on repeat CiN plans, including 9 months plus duration.
1.3	Appoint a neglect practice lead to embed use of GCP2 tool and run practice workshops increasing assessment skills and knowledge of interventions and resources across children's social care.	Director of Operations	January 2024	Assessments progress quicker supported by measurable and evidence based interventions for children experiencing long term neglect demonstrating impact.	Number and percentage of children on subsequent CP plan with category of neglect and DA (reduction), including 12 months plus duration.
1.4	Appoint a Domestic Abuse practice lead to embed use of DARAC domestic abuse risk assessment tool and run practice workshops increasing assessment skills and knowledge of interventions and resources across children's social care. Deliver on embedding the Safe and Together approach in responding to DA.	Director of Operations	December 2023	Children enter care in a planned way with less trauma rather than on police protection.	Monthly/quarterly audit of DA and neglect children on plans rated good or outstanding.
1.5	Further embed the Support 2 Safety Pilot team in MASH . Include evaluation to measure impact on better early identification of risks associated with DA , appropriate threshold application , robust safety planning including increased engagement with perpetrators.	Head of MASH	April 2024	A knowledgeable workforce with increased skills and access to a suite of practice resources supporting quality direct work and interventions with children and families.	Number and percentage of children entering care on police protection.
1.6	Develop the LBBD social care intranet site to capture neglect and domestic abuse practice guidance, practice tools, relevant research and referral pathways to resources.	Head of Service Development and Transformation	March 2024	A whole systems approach to neglect is in place where it is identified early and families can access the right resources at the right time from universal services through to statutory.	Number and percentage of EPO and short notice hearings.
1.7	Refresh the Child Protection Panel, ensuring senior management and partnership review and oversight of 11+ CP plans, repeat CP plans and de-plans at 3 months with a strong focus on lived experience of the child.	Head of Safeguarding and QA	September 2023		Number and percentage of children entering care on police protection still in care 3 months and 6 months later.

What needs to improve? (Area 3) Assessment and decision-making for children experiencing neglect (continued)

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.8	Family support workers in the Specialist intervention team to adopt an evidence based practice approach with outcomes framework to better evidence neglect and impact of interventions.	Head of Specialist Intervention Service	February 2024	Improved assessment and decision making for children experiencing neglect.	Number and percentage of children open to social care with a completed Graded Care Profile 2 on file by service and team.
1.9	Produce a quarterly report focusing on police protections - the quality of response and whether PPs could have been avoided to drive learning and practice improvement.	Head of Safeguarding and QA	Quarterly	A reduction in repeat children in need and repeat children on child protection plans particularly where neglect and DA are a feature.	Number and percentage of children on repeat CiN plans, including 9 months plus duration.
1.10	HoS complete a case file audit and director need to know notification for all children entering care on Police Protection to further improve quality of response post Police Protection and to support senior leadership oversight and practice development .	Head of Safeguarding and QA	Ongoing	Assessments progress quicker supported by measurable and evidence based interventions for children experiencing long term neglect demonstrating impact.	Number and percentage of children on subsequent CP plan with category of neglect and DA (reduction), including 12 months plus duration.
				Children enter care in a planned way with less trauma rather than on police protection.	Monthly/quarterly audit of DA and neglect children on plans rated good or outstanding.
1.11	Recruit a Hidden Harm practitioner in the Specialist Intervention Service to strengthen assessments on impact of substance misuse on children.	Head of Specialist Intervention Service	March 2024	A knowledgeable workforce with increased skills and access to a suite of practice resources supporting quality direct work and interventions with children and families.	Number and percentage of children entering care on police protection.
1.12	Restructure the pre-birth team to ensure pre-birth work is consistently good across services -and include peri-natal training for staff to better understand impact of parental mental health and neglect on parenting capacity.	Director of Operations	March 2024	A whole systems approach to neglect is in place where it is identified early, and families can access the right resources at the right time from universal services through to statutory.	Number and percentage of EPO and short notice hearings. Number and percentage of children entering care on police protection still in care 3 months and 6 months later.
1.13	Hold a CIN partnership review meeting chaired by HoS to ensure better oversight of 9 month plus children in need plans tackling any drift and ensuring progress is made.	Head of Family Support and Safeguarding	Monthly		

What needs to improve? (Area 4) Timeliness of pre-proceedings pathways.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Threshold of Care Legal Planning Meetings (TCLPM) to review all pre-proceeding children at maximum of 12 weeks regardless of whether assessments have been completed or are still in progress. The social worker to produce an update outlining the child's current lived experience and impact of work under PLO.	Head of Corporate Parenting and Permanence	October 2023	<p>No pre-proceedings longer than 16 week maximum.</p> <p>Improved and more effective child protection planning, and assessments undertaken in a timely way to reduce unnecessary pre-proceedings.</p> <p>External expert assessments no longer contributing to delay in pre proceedings.</p> <p>The launch of an in-house expert court assessment practice model bringing about improved quality of expert assessments.</p>	<p>Number and % of children for whom PLO pre-proceedings were completed within 16 weeks (monthly).</p> <p>Number and percentage of pre-proceedings out of timescale (monthly).</p> <p>Pre-proceedings by duration and outcome.</p> <p>Dip sample and audit activity evidences good and outstanding practice in pre-proceedings cases.</p>
1.2	TCLPM to consider whether children can be safely stepped out of pre-proceedings post 12 weeks with assessments continuing under the CP plan, if significant harm to the child has been reduced.	Head of Corporate Parenting and Permanence	October 2023		
1.3	At 12 weeks, if further assessments are required, Social Worker and Solicitor to identify relevant experts prior to returning to TCLPM to avoid delay. Audit decisions to ensure delay or need for further assessments are well understood.	Court Progression Manager	October 2023		
1.4	HoS oversight on all pre-proceedings. Where intervention has no impact on the safety of the child, social worker to return to TCLPM no later than 6-8 weeks (prior to the 12 weeks).	All Heads of Service	October 2023		
1.5	Ensure expert assessments are considered as part of supervision, CP planning in core groups and midway reviews to identify effective interventions and/or evidencing harm at an earlier stage to avoid drift and to better inform legal planning.	Head of Family Support and Safeguarding Head of Safeguarding and QA	November 2023		
1.6	Monthly dip sample activity focussing on quality of work being undertaken within pre proceedings, threshold to remaining in pre proceedings , addressing any elements of drift and delay.	Court Progression Manager	Monthly		
1.7	Hold weekly pre-proceedings tracking meetings, involving SW, team managers, solicitor, CPM and Principal Solicitor and agreed actions to be added to the file.	Court Progression Manager	October 2023		
1.8	Establish an in house court expert assessment team, based in the Specialist Intervention Service to support timelier and improved quality expert assessments utilising in-house specialisms e.g. FSW, Therapist, FGC service. (financial investment permitting)	Head of Specialist Intervention Service	April 2024		

What needs to improve? (Area 5) Consistency of response to 16- and 17-year-olds who present as homeless.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Review pathways to ensure young people access to advocates and independent advice on entitlements re Section 20 and Sec 17 accommodation is well-understood and the referral pathway is clear and fit for purpose.	Head of Assessment	November 2023	Improved compliance with the national 16/17 year old Homeless Guidance, ensuring all children who present as homeless are assessed jointly with housing colleagues and the assessment is holistic. Young people will have a clearer and fuller understanding of their rights and access to an advocate for independent advice. Files will evidence the child has been well informed of their options and where safe to do so, efforts have been made to support their reunification with their family.	Increase in audits on joint assessments rated good or outstanding. Number and percentage of 16-17 homeless and joint assessments undertaken and recorded on Liquid Logic. Children's rights advocacy service reports increase in young people being referred for independent advice and advocacy. Reduction in older adolescents coming into care.
1.2	Refresh the 16/17 Homeless Protocol and Guidance and associated leaflets for young people.	Head of Assessment	December 2023		
1.3	Refresh and launch a new training module so that all staff are trained (include refresher sessions).	Head of Assessment	December 2023		
1.4	Review joint homeless assessment templates on Liquidlogic, ensuring alignment with the assessment of the child's wider needs alongside housing.	Head of Assessment	November 2023		
1.5	Report monthly data and performance to the 16-25 vulnerable homeless strategic group.	Head of Performance and Intelligence	November 2023		
1.6	Develop an edge of care team to promote and support adolescents remaining with family when it is safe to do so.	Director of Operations Head of Specialist Intervention Service	April 2024		
1.7	Undertake monthly audit of all young people who have presented as homeless or are at risk of becoming homeless to ensure that practice for 16/17-year-old homeless takes account of children's needs and is in line with LBBB protocol and National Guidance.	Head of Specialist Intervention Service	Monthly		
1.8	HoS to complete a Director Need to know notification of any 16 plus presenting as homeless or where this is an investigation.	All Heads of Service	Ongoing		

What needs to improve? (Area 6) Oversight of children’s placements in unregistered children’s homes.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Director Need to know notification to be completed for Director authorisation of any placement of an under 16 child in an unregistered setting.	Director of Operations	July 2023	Evidence on files of Director oversight and decision making for children being placed in unregulated settings and immediate notifications to Ofsted.	Number of children in unregistered provision. Timeliness of visits to children placed in unregulated provision (weekly).
1.2	Refresh protocol on timely notifications to Ofsted on all under 16 placed in unregistered homes.	Director of Commissioning	July 2023	Case files evidence the following: extensive efforts to avoid such placements, Ofsted notifications, children home documentation on case files, frequent visits to child in line with protocol.	Dip sampling and audit shows senior management oversight and decision clearly recorded on the child’s record.
1.3	Develop and implement a protocol with practice standards for social workers and IROs on increased visiting and oversight of children in unregistered placements.	Head of Safeguarding and QA	December 2023	Regular permanence planning meetings with discussions on 'step down ' and alternative placement options.	
1.4	Monthly review of all unregistered placements at the provider quality assurance meeting with commissioners and social care HoS, including support to provider to progress registration. Report to DCS and CIB on quality assurance visit outcomes.	Director of Commissioning	Monthly		
1.5	Residential oversight meeting to review children in unregistered; to include dip sampling files to ensure timely PPM, robust care planning and child being seen regularly.	Head of Corporate Parenting and Permanence	Monthly		

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What needs to improve? (Area 7) Application of threshold in early help

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Further embed the continuum of needs thresholds to ensure understanding and application across children's care and support workforce and wider partnerships via roadshows , monthly MASH drop in sessions and service specific presentations.	Head of MASH Head of Early Help	April 2024	Children will not move back and forth between MASH and Early help. Instead, children and families will receive the right help at the right time by the right service.	Number and percentage of step up and step down children between Early Help and CCS.
1.2	Review step up and step down process and interface between EH and statutory social care to ensure current transition points support timely and accurate threshold decision making, and allegations of harm are appropriately investigated before step down.	Head of MASH Head of Early Help	November 2023	Decisions in MASH will always reference the Continuum of Need evidencing the reason for the course of action and threshold decisions.	Number and percentage of multiple contacts within 6 months.
1.3	All MASH staff including partners to be trained on the new DARAC (Domestic Abuse Risk Assessment Tool) and child sexual abuse response pathway.	Head of MASH Head of Early Help	January 2024		Number and percentage of re-referrals (social care).
1.4	Undertake weekly threshold dip sample audits focussing on management oversight, threshold decision making and partners involvement in MASH enquiries with specific focus on cases moving between Early Help and MASH and decision making on anonymous referrals . Report to Director of Operations and Children's Improvement Board.	Head of MASH Head of Early Help	Weekly		Number and percentage of Early Help repeat referrals.
1.5	Conduct multi agency audits of MASH decision making. Quarterly report to MASH Partnership Board.	Head of Safeguarding and QA	Monthly		Dip sample audit reports show a decrease in threshold being inconsistently applied (thematic – qualitative).
					Increase in audits rated good or outstanding on threshold application.

What needs to improve? (Area 8) Life-story work and permanence planning.

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.1	Principal Social Worker (PSW) to deliver the improvement plan borne out of the Direct work audit which includes focus on quality direct work starting at the front door	PSW	March 2024	All children and young people in care are able to access life story work to support and promote their understanding of their identity, family history and emotional and mental health wellbeing. Robust and regular permanence plans are produced for children which result in them experiencing good permanence outcomes in good time.	Number and percentage of children in care for 6 months or longer with life story work recorded in case notes.
1.2	Provide regular consultations to practitioners managing complex life story work to improve confidence in dealing with traumatic issues, tools to use in the sessions, reviewing progress and offering ongoing support as work progresses.	Team Manager Consultant Clinical Social Worker and Play Therapist	September 2023 (ongoing)		Practice evaluations demonstrate an increase in access and good quality life story work.
1.3	Provide specialist training to Social Workers and Leaving Care Advisers in life story work.	Head of Corporate Parenting and Permanence	September 2023 (ongoing)		Permanence tracker reports no children without a PPM and permanence plan by second review.
1.4	New Town Culture (NTC) to bring additionality to Direct work and Life story work - with new tools , resources and group work opportunities - this includes NTC practitioners evidencing work on case files.	Senior Curator Culture Programmes	March 2024		PPMs are held with the right frequency.
1.5	Creative Social Work course at Goldsmiths University offered to SWs, particularly those that would benefit from improving their creativity in undertaking life story work.	PSW	Ongoing		Audit evidences increased good and outstanding quality of permanence planning and outcomes.
1.6	Explore implementation of Caring Life App which is specifically for Life story Work aimed at improving consistency and quality of life story work.	Head of Corporate Parenting and Permanence	December 2023		Improved adoption scorecard.
1.7	Develop and roll out specific training and tools aimed at working with adolescents.	PSW Head of Adolescent and Youth Justice	December 2023		Increase in early permanence adoption placements.
1.8	Complete regular audits to identify evidence of good life story work and action any gaps.	Head of Safeguarding and QA	Quarterly		Improved timeliness of children being matched to long term foster carers by Fostering Panel.

What needs to improve? (Area 8) Life-story work and permanence planning (continued).

Action		Accountable Lead	By When	Expected Outcomes (what difference it will make)	Measures that matter
1.9	HoS to carry out regular dip sampling/auditing on the quality of permanence planning meetings.	Head of Corporate Parenting and Permanence	Ongoing	All children and young people in care are able to access life story work to support and promote their understanding of their identity, family history and emotional and mental health wellbeing. Robust and regular permanence plans are produced for children which result in them experiencing good permanence outcomes in good time.	Number and percentage of children in care for 6 months or longer with life story work recorded in case notes.
1.10	Review Permanence Taskforce, composition and terms of reference to strengthen strategic oversight of permanence, including the role of IROs.	Director of Operations	November 2023		Practice evaluations demonstrate an increase in access and good quality life story work.
1.11	Provide permanence tracker training to all HoS and service managers to ensure robust operational overview of permanence and support to HoS to run service specific permanence planning oversight meetings, which feed into the taskforce.	Head of Performance and Intelligence All HoS	November 2023		Permanence tracker reports no children without a PPM and permanence plan by second review.
1.12	Develop a suite of good quality PPMs accessible for all social care practitioners demonstrating what permanence means across all services and what a stable lived experience for the child looks like.	PSW	February 2024		PPMs are held with the right frequency.
1.13	Implement model of PPM slots with BSO support to drive improvements in timeliness and frequency of PPM meetings for all children in care.	Head of Service Development and Transformation	July 2023		Audit evidences increased good and outstanding quality of permanence planning and outcomes.
1.14	Monthly permanence overview report to be produced from the permanence tracker and permanence performance dashboard to highlight progress and areas in need of improvement.	Head of Performance and Intelligence	Monthly		Improved adoption scorecard.
1.15	Social care training programme to include regular permanence planning practice workshops to address issues with understanding of permanence planning, permanence timeliness and quality of PPMs.	PSW	December 2023		Increase in early permanence adoption placements.
1.16	Audit of permanence plans including focus on IRO and manager's scrutiny of permanence.	Head of Safeguarding and QA	Quarterly		Improved timeliness of children being matched to long term foster carers by Fostering Panel.

Glossary of Terms

BDSCP	Barking and Dagenham Safeguarding Children's Partnership
BSO	Business Support Officer
CAIT	Child Abuse Investigation Team
CIB	Children's Improvement Board
CIN	Children/Child in Need
CP	Child Protection
CPCC	Child Protection Case Conference
CSA	Child Sexual Abuse
DA	Domestic Abuse
DARAC	Domestic Abuse Risk Assessment for Children
DCS	Director of Children's Services
DfE	Department for Education
DoLS	Deprivation of Liberty Safeguards
EH	Early Help
EPO	Emergency Protection Order
FGC	Family Group Conference
FS&S	Family Support and Safeguarding Service
FTE	Full Time Equivalent
FSW	Family Support Worker
GCP2	Graded Care Profile 2
HoS	Head of Service
ILACS	Inspection of Local Authority Children's Services
IRO	Independent Reviewing Officer
LAC	Looked After Children/Child
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NEL CSA	North-East London Child Sexual Abuse Hub
NEL ICB	North-East London Integrated Care Board

NIPTFG	Neglect Improvement Task and Finish Group
NTC	New Town Culture
PLO	Public Law Outline
PPM	Permanence Planning Meeting
PPO	Police Protection Order
PSW	Principal Social Worker
ROM	Residential Oversight Meeting
S2S	Support 2 Safety
SIS	Specialist Intervention Service
(S)QA	(Safeguarding) Quality Assurance
SW	Social Worker
TCLPM	Threshold of Care Legal Planning Meeting