

Phil Norrey Chief Executive

To: The Chairman and Members of

the People's Scrutiny

Committee

County Hall Topsham Road Exeter Devon EX2 4QD

(See below)

Your ref : Date : 23 December 2016 Email: 01392 382486

Our ref : Please ask for : Stephanie Lewis

PEOPLE'S SCRUTINY COMMITTEE

Thursday, 5th January, 2017

A meeting of the People's Scrutiny Committee is to be held on the above date at 2.00 pm in the Committee Suite - County Hall to consider the following matters.

P NORREY Chief Executive

AGENDA

PART I - OPEN COMMITTEE

- 1 Apologies for Absence
- 2 Minutes

Minutes of the meeting held on 17 November 2016 (previously circulated).

3 Items Requiring Urgent Attention

Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.

4 Public Participation: Representations

Members of the public may make representations/presentations on any substantive matter listed in the published agenda for this meeting, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

MATTERS FOR CONSIDERATION OR REVIEW

5 <u>Children's Standing Overview Group</u> (Pages 1 - 2)

Report of meeting held on 2 December 2016 (CS/17/05).

- 6 Adults Standing Overview Group (Pages 3 4)
 Report of meeting held on 7 December 2016 (CS/17/06).
- Statements of Special Education Needs to Education and Health Care Plans (Pages 5 16)

Report of the Head of Education and Learning (CS/17/05)

- 8 <u>Children's Social Work and Child Protection Performance Report</u> (Pages 17 40) Report of the Head of Children's Social Work and Child Protection (CS/17/04).
- 9 Devon County Council and Devon Prisons from a Care Act Perspective (Pages 41 46)
 Report of the Head of Care Operations and Health (ACOH/01).
- 10 <u>Adult's Performance Report</u> (Pages 47 74)

Report of the Head of Adult Commissioning and Health and the Head of Adult Care Operations and Health (ACH/17/59).

MATTERS FOR INFORMATION

11 Briefing Papers, Updates & Matters for Information

Members are asked to advise the Scrutiny Officer if they wish to raise any matter or ask any question in relation to this item in order that arrangements may be made for appropriate Heads of Service or their representatives to be available.

12 Dates of Future Meetings

Details of future meetings of this Committee may be viewed at http://democracy.devon.gov.uk/mgCalendarMonthView.aspx

PART II - ITEMS WHICH MAY BE TAKEN IN THE ABSENCE OF THE PUBLIC AND PRESS

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

MEMBERS ARE REQUESTED TO SIGN THE ATTENDANCE REGISTER

Membership

Councillors S Randall-Johnson (Chairman), E Barisic, F Biederman, C Channon, A Connett, A Dewhirst, A Eastman, R Hannaford (Vice-Chair), A Hannan, R Hosking, J Mathews, R Rowe, P Sanders, M Squires and R Julian

Mrs Christina Mabin and Mr John Mannix

Declaration of Interests

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

Access to Information

Any person wishing to inspect the Scrutiny Work Programme or any Reports or Background Papers relating to any item on this agenda should contact Stephanie Lewis on 01392 382486. The Work Programme, Agenda, Reports and Minutes of the Committee are published on the Council's Website

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In addition, anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting; focusing only on those actively participating in the meeting and having regard also to the wishes of any member of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the Chairman or the Democratic Services Officer in attendance so that all those present may be made aware that is happening.

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Public Participation

Devon's residents may attend and speak at any meeting of a County Council Scrutiny Committee when it is reviewing any specific matter or examining the provision of services or facilities as listed on the agenda for that meeting.

Scrutiny Committees set aside 15 minutes at the beginning of each meeting to allow anyone who has registered to speak on any such item. Speakers are normally allowed 3 minutes each.

Anyone wishing to speak is requested to register in writing with Stephanie Lewis (stephanie.lewis@devon.gov.uk) by 0900 hours on the day before the meeting indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.

Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chairman or Members of that Committee or via the Democratic Services & Scrutiny Secretariat (committee@devon.gov.uk). Members of the public may also suggest topics (see: committees/scrutiny-work-programme/

All Scrutiny Committee agenda are published at least seven days before the meeting on the Council's website.

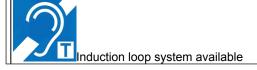
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CS/17/05 People's Scrutiny Committee 5 January 2017

Children's Standing Overview Group

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The Children's Standing Overview Group (CSOG) of the People's Scrutiny Committee meets bi-monthly to review performance/service matters relating to children's safeguarding and social care services respectively. At the last session on the 2 December 2016, with Councillors Randall Johnson (Chair), Dewhirst, Hannaford and Hannan in attendance, the following issues were raised:

#### Children in Care

- Concern about delays in Initial Health Assessments for looked after children.
- A detailed improvement plan is being provided to Corporate Parenting Board in January 2017. It is vital that this issue is addressed to improve Devon's rates on immunisations, health/dental checks.
- It was reported that the capacity of school nurses is taken up with the universal offer, and this makes it problematic for them to do targeted work.
- Placement stability is still a critical issue. The CAMHS pathway is a key factor in ensuring the right support to children in care.
- Waiting times for children with an eating disorder is an issue both in Devon and nationally.
- > There is a need for the County Council to do more to keep in touch with care leavers.
- > Pathway and progression planning has improved with the increase in the number of Personal Advisors.
- Concern from members about the number of young homeless, some of whom may be care leavers.
- While there has not been a net gain for foster carers over the last year, the profile and quality of those carers has improved, particularly in relation to improving sufficiency in placements for adolescents.
- The need to offer and support children in care through school holidays with a range of activities.
- > The performance in children being involved in their looked after reviews has not been good enough.

#### Performance: Children's Social Work and Child Protection

- Work is underway to improve the in-house fostering offer to reduce reliance on high cost external residential placements and the length of residential stays.
- > The County Council is out of line with other LAs with its lower ratio of children placed in in-house fostering compared to external provision.
- Social workers are reporting that referrals from the MASH are increasingly more appropriate.
- Looking at how to record a more intelligent range of outcomes from Single Assessments.
- More work and support could be undertaken in terms of professionals adopting a 'team around a child' approach before social worker involvement. Schools and public health nursing are key to working with vulnerable families in this way.

#### Children's Social Work Offices Site Visits

Members reported back on their 'extremely positive' site visits on 11 November 2016 to the Tiverton and Barnstaple Children's Social Work offices noting significant improvements since their last visits in 2014.

Cllr Sara Randall Johnson Chair

CS/17/06 People's Scrutiny Committee 5 January 2017

### **Adults' Standing Overview Group**

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The Adults' Standing Overview Group (ASOG) of the People's Scrutiny Committee meets bi-monthly to review performance/service matters relating to adults' safeguarding and social care services respectively.

At the last session on 7 December 2016, with Councillors Hannaford (Chair), Biederman, Hosking, Randall Johnson and Sanders in attendance, the following issues were raised:

Promoting Independence Policy

- Devon's short term offer is not good enough, which creates dependence in the system. The County
 Council needs to be clear that because someone is elderly or has a disability it does not mean that they
 cannot get well and move back into universal services. Eligible needs will always be met, just in a
 different way, maximising people's independence.
- The current system in Devon takes people into care more than in other places in the country; part of the
 reason for this is not having a short term strategy to promote independence. The County Council has a
 successful reablement service, however it is not broad enough in its scope and it needs to be more
 joined up with Health.
- The system is being re-engineered to try to remove passive and none re-enabling care.
- The need to review the performance measures in term of the Promoting Independence policy.
- Concern that the County Council is still not doing enough in terms of the preparation for adulthood.
- The need for a more robust communication plan in terms of the Promoting Independence policy working with Health partners, other agencies and the wider public.
- The Promoting Independence policy should be a priority for the Council as a whole rather than being confined largely to social care. The policy needs to be translated into key action points.
- The community directory has been relaunched as <u>Pinpoint</u>, providing a plethora of information on the County Council's website. Members expressed some disappointment that corporately there had been little to promote this resource.

Promoting Independence in Devon Case Studies

- The case studies provide an opportunity to consider people's wider circumstances and learn about their pathway. The case studies are about recognising that there has been a tendency to look too quickly at what people cannot do and instead focussing on what people can do and their strengths.
- The need for psychological support to older people with life limiting conditions.
- More needs to be done for young adults with a learning disability. Members felt it essential that the County Council takes the lead in offering trainee schemes and work placements.

2015/16 Adult Social Care Outcomes Framework Indicator Benchmarking

- Officers advised that the County Council performs averagely in terms of the benchmarking data. Devon's performance has fallen in 15 of the 23 indicators where information is provided year on year. Officers reported that this was due to a combination of other LA's improving and the County Council's performance falling, in part due to the tidying up of some of the data to ensure compliance.
- It is a concern that carers are not happy with processes since the Care Act 2014 and the changes that were made as a consequence. The carers contract, currently provided by Westbank, is being reprocured in 2017. Devon invests substantially more in its offer to carers than in other parts of the country even if the indicators are currently not showing the best performance.
- Performance has fallen across all measures in terms of delayed transfers of care. It is an increasingly challenging position, mostly it is less to do with ASC, rather the delays are attributable to assessment delays or difficulties in finding an appropriate care package. There have been particular problems putting in personal care packages in East Devon.
- Need to extrapolate why people in Devon continue to feel less safe than elsewhere.
- Reablement services in Devon are effective but the reach of these is limited.
- Officers advised that they need to continue to promote independence and better community working. In doing so the County Council will look to shift the emphasis from the previous level of dependency.
- Devon continues to have more people in the system than it should have in regard to its statistical comparators.

Residential Care Homes Site Visits

The Chair highlighted the site visits undertaken on 29 November 2016 by ASOG members to the County Council's Mapleton Community Care Home in Newton Abbot, and two private residential care homes. Reference was made to the following:

- Issues with the physical environment of the private care homes. Officers advised that the care market in Devon is different to many other parts of the country where there are lots of small enterprises operating 2/3 care homes compared to in other areas much bigger corporations running a large number of homes.
 If Devon wants to establish a more vibrant market in the County then it will probably require paying more, something which is difficult to do given the limited resources available.
- Officers will be undertaking some events about letting a tender to encourage national care homes to come to Devon, as well as drafting a specification. This is a vital strategic conversation.
- Concern about the timeliness of re-assessments and the impact of significant delays on the liquidity of a small care home's cash flow.
- The need for People's Scrutiny to continue a series of visits to ASC settings.

Cllr Rob Hannaford Chair

CS/17/05 Peoples Scrutiny 5th January 2017

REPORT ON THE PILOT PEER SEND REVIEW AND PERFORMANCE UPDATE

Report of the Head of Education and Learning

Recommendation:

To note the findings from the Peer Review (initial feedback only) along with the latest performance data and discuss.

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1. <u>Background/Introduction</u>

Further to the new framework for inspection of local areas effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities, the multi-agency SEND improvement board requested a bespoke Local Government Association (LGA) peer review to assess the effectiveness and impact of implementing their SEND reforms in Devon.

The review took place in November and a Peer Review was carried out to provide independent feedback on Devon's progress (LA and CCGs, Schools and settings) and to inform preparation for a formal local area inspection. The review provided the council with an independent assessment of the following areas:

- An overview of the council's progress with the implementation of the SEND reforms;
- An assessment of the council's own self-evaluation against the Code of Practice (0-25 years);
- An assessment of how Devon as an area:
 - i. identifies children and young people who have special educational needs and/or disabilities
 - ii. assesses and meets the needs of children and young people who have special educational needs and/or disabilities
 - iii. improves outcomes for these children and young people.
- The quality of strategic leadership across the partnership with regard to strategic planning, operational delivery and meeting the needs of children and young people with SEND.
- An assessment of the accessibility of Early Help including the signposting arrangements for universal services and a review of the website.
- The effectiveness of the graduated response framework and the level of understanding in schools of this approach.
- The effectiveness of Joint commissioning arrangements between partners, including through the local strategic needs assessment and well-being strategies.

The Peer team who visited us were as follows:

- Lead peer Chris Baird, Assistant Director, Education & Commissioning, Herefordshire Council
- Operational Peer SEND Andy Lawrence, Head of 0-25 Together; Residential & ARC Services, Hertfordshire County Council

- Operational Peer Education Margaret Mulholland, Teaching School Director, Swiss Cottage School, Camden
- Health Peer Linda Williams, Independent Consultant
- Review Manager Jill Emery , LGA

The team met with a wide variety of officers, professionals and focus groups including providers, the Devon Parent Carer Voice, SEN leads from Schools (SENCOs), Commissioners etc. In addition the team visited settings across the 0 to 25 age range in North, Central and South Devon.

2. Main Text

The peer team will provide a full written report the draft of which is expected to arrive before Christmas. However at this time the feedback which is available is that provided informally to the Head of Education and the Chief Officer of Children's Services and a presentation to a large multi-agency group at the end of the visit. A copy of this presentation is included with this document and the Head of Education and Learning will be able to talk through this presentation in the meeting. A copy of the full final draft report will be provided to scrutiny when it becomes available.

Initial feedback from the peer review team indicates that they found a strong commitment to children with Special Educational Needs and Disabilities (SEND) and to improving the implementation of SEND reforms in Devon. They were able to validate the view held by the SEND improvement board in terms of our strengths and weaknesses and, following the lead peers own recent Ofsted SEND Review, also provided valuable insights into the inspection process. Whilst there is still much work to be undertaken the report indicated that the structures are now in place to deliver this improvement and the review team felt the composition of the SEND Improvement Board strongly reflected the range of partners needed to achieve this. The review team also identified areas of significant strength including inspiring work with children with SEND to enable their development and strong local examples of multiagency work. Further strengths and areas for improvement are detailed in the presentation.

Next Steps

The new SEND strategy will go out to consultation on January 15th 2017. This strategy aims to set out Devon's priorities in order to improve outcomes for children and young people with SEND and their families; this directly aligns with the <u>Devon Children</u>, <u>Young People and Families Plan 2015–2020: My Life</u>, <u>My Journey</u>

The strategic priorities have been informed by Devon parents and carers 'burning issues', the most recent local area self-evaluation, feedback from groups and individuals and the findings of the Peer Review in November 2016.

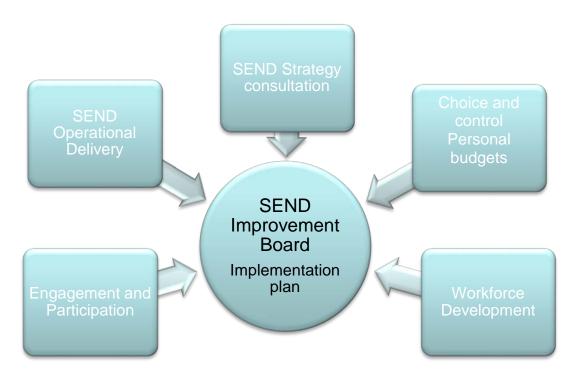
The Strategy will identify six key priority areas. Achieving these priorities will require all partners to commit to new ways of working. The SEND Implementation Plan will specify the detailed actions and performance measures to evaluate our success. The priority areas are -

 Working Together: To improve joint working and the coordination and timeliness of services for children and young people with special educational needs and disabilities

- **Inclusive Education:** To ensure we have an inclusive education culture and remove barriers to learning for every Devon child
- **Preparation for Adulthood**: To support young people to plan and prepare as they move into adulthood, and to raise aspirations and expectations for fulfilling lives
- **Choice and Control:** To enable children, young people and families to make informed choices and have control over the support they receive
- **Engagement:** To improve the engagement and involvement of children, young people and their families in the planning, delivery and monitoring of services
- Health: To ensure we consistently identify and meet the health needs of children and young people with special educational needs and disabilities, including those without an EHCP

Implementation of the Strategic Vision and Monitoring

Implementation of the SEND Strategy is the responsibility of the multi-agency SEND Improvement Board. At the SEND Improvement Board monthly meeting in January a full review of our self-evaluation document will be undertaken and following this an updated implementation plan will be put in place. This plan will be owned by all partners responsible for delivering the code of practice and will be strategically monitored by the SEND Improvement Board, using either qualitative or quantitative measures, so that we will know if the strategic vision has made an impact and led to improved outcomes. Work will be led by revised work streams as outlined below.

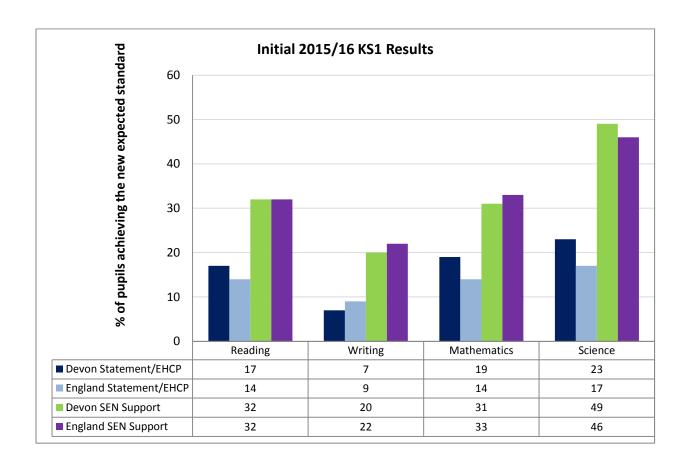


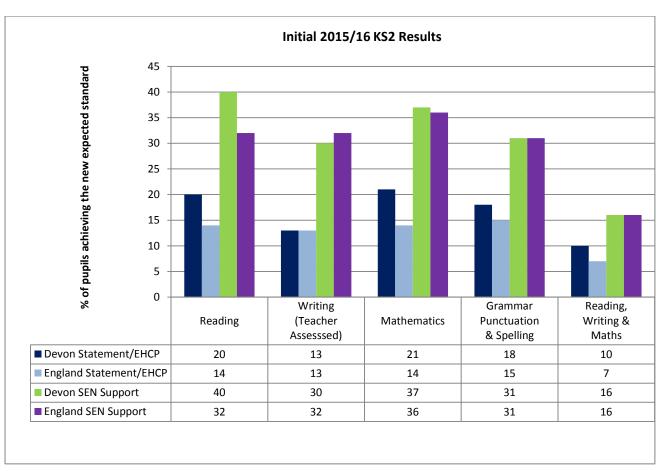
Latest SEND Performance Data

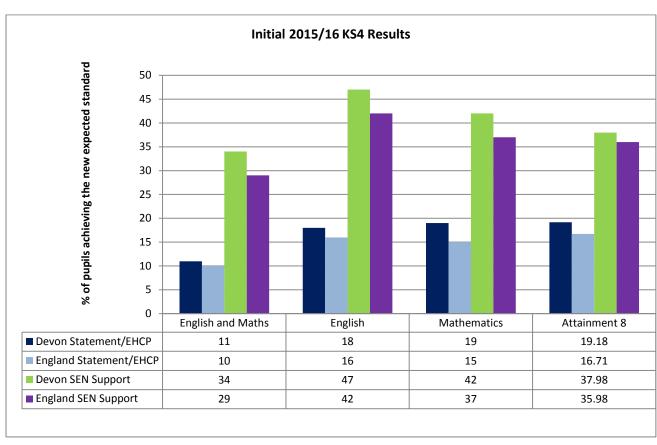
Educational Outcomes

Educational outcomes for children and young people with an Education Health and Care plan and those who receive other types of SEN support has just been published by Ofsted. The results indicates that whilst there is still as significant gap between the education attainment of Children with SEN and those without, young people with SEN in Devon continue to achieve well compared to their peers nationally.

Progress at Key Stage 4 was slightly below the National Average with Devon pupils with an EHCP scoring -1.04 compared to a National average of – 0.35 and Devon children with SEN support achieving -0.34 compared to a National of -0.38. However nearly all other measures were above the National Average and the graphs below provide information relating to these main performance measures. (Devon figures are shown in dark blue for pupils with an EHCP or Statement and green for those who receive SEN support. The national figures are shown just to the right of each Devon figure.)







Current position on Statements transitioning to EHCPs

The table below shows the current position as at December 2016. There is now 15 months left to transfer the remaining 2,523 statements.

TABLE 1	NCY 11	NCY 9	NCY 5	NCY -2 to NCY 3	Post 16	Total
No. of statements due for transfer when cohort is in relevant year group	1106	1006	721	485	246	3564
No. of final EHCPs issued	462	120	185	0	64	831
No. of final EHCPs issued on time	0	85	2	0	0	87
% of final EHCPs issued on time	0%	71%	1%	0%	0%	10.5%
No. of statements stopped	151	10	17	0	32	210
In progression or yet to be started	493	876	519	485	150	2523

To be noted:

- NCY -2 (Early Years) to NCY 3 are not due to be transitioned until 2017/18
- Post 16 are transferred where appropriate i.e. if the young person continues in Education so the above number yet to be started may reduce

The most recent cohort to be transitioned is year nine and as you will see from the table above percentage of these completed within statutory time scales (71%) has significantly improved and reflects changes in working practice.

Of the existing 2,523 plans due to transition, 1044 have been started and the remainder do not have to be completed until the following deadlines:

- 245 15/02/2017 (We are on track to meet this deadline)
- 358 31/03/2017
- 349 31/08/2017
- 215 31/12/2017
- 195 15/02/2018
- 558 31/03/2018

This leaves 603 statements which are still outstanding (some of which may no longer be required)

The percentage of plans currently converted stands at 23%, this is better than the most recently published National data.

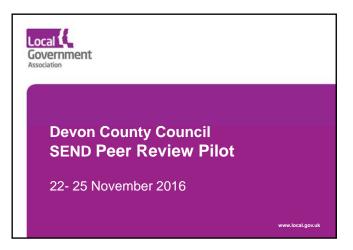
New Assessments

The below table shows the position for new assessments since September 2014 to date

TABLE 2	No. of
	assessments
No. of new EHCP requests	1,053
EHCP's refused to assess or stopped during assessment	383
No. of final EHCP's issued	443
No. of final EHCP's issued on time	114
% of final EHCP's issued on time	26%
No. of assessments progressing	227

Of the above 227 assessments progressing, 57% are currently on time. If this timeline continues it is likely that the percentage completed within the 20 weeks will represent a significant improvement on previous reports as 15% in quarter 1 and 29% in quarter 2 were finalised on time.

Dawn Stabb



The peer team

- Lead peer Chris Baird, Assistant Director, Education & Commissioning, Herefordshire Council
- Operational Peer SEND Andy Lawrence, Head of 0-25 Together; Residential & ARC Services, Hertfordshire County Council
- Operational Peer Education Margaret Mulholland, Teaching School Director, Swiss Cottage School, Camden
- Health Peer Linda Williams, Independent Consultant
- Review Manager Jill Emery , LGA

Themes:

Effectiveness of the local area in:

- identification of children and young people who have special educational needs and/or disabilities
- assessing and meeting the needs of children and young people who have special educational needs and/or disabilities
- improving outcomes for children & young people who have special educational needs and/or disabilities

Themes:

In addition the team were asked to give:

- An overview of the council's progress with the implementation of the SEND reforms
- A view on the quality of strategic leadership across the partnership with regard to strategic planning, operational delivery and meeting the needs of children and young people with SEND
- An assessment of the accessibility of Early Help including the signposting arrangements for universal services
- A view on the effectiveness of the graduated response framework and the level of understanding in schools
- Joint commissioning arrangements between partners including how it works and practices and improves outcomes

Leadership of SEND reforms

Strengths:

- · SEND Improvement Board
- Confidence in leaders
- Parent forum believes there is a revived commitment to shared outcomes
- Recognition of the need to accelerate implementation of reforms
- Relaunch of the Children, Young People and Families Alliance
- Enthusiasm and motivation of early years, schools and college settings we visited is tangible
- Schools want to be held to account and take a role in delivering the solution

Leadership of SEND reforms

Areas for consideration:

- How do you ensure that the child, young person, young adult is at the centre of everything you do?
- Cultural shift in thinking, processes and language
- · Communication is clear, simple and values based
- Shared language & understanding across partners of SEND
- Evaluate & clarify funding arrangements
- Limited evidence that outcomes are being monitored
- Building capacity

Identification of children & young people with SEN and/or Disabilities

Strenaths:

- Schools, colleges& early years settings we visited are identifying need through committed and professional SENCOs and leaders
- Graduated response framework is welcomed by SENCOs and education leaders
- · Two year old checks identifying need promptly
- 'Every teacher a teacher of SEND'

Identification of children & young people with SEN and/or Disabilities

Areas for Consideration

- Understanding of thresholds
- SENCOs to play a full part in the implementation of the SEND reforms
- Communication & training for Graduated Response & other initiatives
- Too many different strands of assessment impacting on families – 'Tell us once'
- Delays in Adult Social Work service leading to carer dissatisfaction

Assessing and meeting the needs of children and young people who have SEN and/or disabilities

Strengths

- Strong focus on child and person centred planning in schools, colleges & early years settings
- Recognition that current processes are inhibiting progress in meeting need
- Building capacity through redesign and skill mix e.g. Thrive
- · Some clinical diagnostics carried out in schools
- Designated Medical Officer in both CCGs who are committed and enthusiastic in their role
- · Early years settings & schools good/outstanding

Assessing and meeting the needs of children and young people who have SEN and/or disabilities

Areas for consideration

- Put in place clear & simple processes to access provision locally
- · Person-centred planning
- Timeliness of process (ECHP's & Transfers)
- New ways of working in 0-25 team
- Local offer
- · Information sharing
- · Transition between stages

Improving outcomes for children and young people with SEN and/or Disabilities

Strengths:

- Strong range of education performance
- · Successful practitioner interventions
- Integrated working at a local level
- Public Health initiative around early help for emotional health and wellbeing including on-line counselling service
- Pre school and Early Years know where to go for help
- Specialist SaLT input for Young Offenders
- EHCPs are becoming more outcome-focussed

Improving outcomes for children and young people with SEN and/or Disabilities

Areas for further consideration:

- Joint commissioning
- Addressing inequality of service provision across

 Devon
- Widening the understanding of 16+ provision & funding
- Evaluation of impact and outcomes
- How is the vision supported by the performance framework?

Improving outcomes for children and young people with SEN and/or Disabilities

Areas for further consideration:

- Increasing trend of exclusions
- Attainment of SEND pupils versus pupils without
- SaLT, CAMHS timescales and waiting lists
- · Lack of shared accountability across agencies

Key Messages

- Ensure that the child, young person, young adult is at the centre of everything you do 'do with'
- Sense of renewed energy and purpose to get it right
- Identify the key priorities that you can realistically deliver over a clear timescale
- Be clear about the actions and make sure they are co-ordinated
- Communication needs to be clear, timely and targeted appropriately
- Greater focus on integrated and local delivery

CS1704 People Scrutiny 5th January 2016

PERFORMANCE REPORT: CHILDREN'S SOCIAL WORK AND CHILD PROTECTION

Report of the Head of Children's Social Work and Child Protection

The performance information enables us to identify good performance as well as where there is a need to target action plans with the emphasis on improving our performance to be in line with 'good' Local Authorities.

The Children's Social Work and Education and Learning's management information teams work together to give managers comprehensive monthly data on key performance indicators (KPI's) in order to support their management and oversight of priority areas.

The Quality Assurance Framework (appended) reports on some (KPI's) for the Children's Social Work service as at the end of October 2016. All figures in this report relate to October 2016.

1. Multi-Agency Safeguarding Hub (MASH)

In Devon, the Multi-Agency Safeguarding Hub (MASH) facilitates multi-agency screening to enable decisions to be made about all information shared by professionals about children about whom there may be concerns. This enables concerns to be responded to by the most appropriate service, including early help or children's social work where needed. The MASH Development Plan continues to focus on ensuring that professionals use judgement in relation to decisions about risk. The recent reduction in numbers of enquiries and referrals indicates progress in this area and this work will continue including through the Devon Safeguarding Children Board.

2. Early Help

The early help system provides integrated support to children, young people and their families at an early point to prevent needs from escalating. The aim is to intervene early in terms of the age of a child, and early in terms of an issue arising in the life of a child – from pre-birth to nineteen. Early help works with children, young people and families who are experiencing difficulties and provides services for children who need extra help with their learning, social, emotional, behavioural, developmental and other needs.

Activity in this service is currently measured by the number of Devon (Common) Assessment Frameworks (DAF) that are recorded in the Holistix data recording system. The DAF is an early help, inter-agency assessment led by any professional who has identified that a child may need extra support and that offers the basis for early intervention.

Since October 2015, a reduction in the number of DAFs being completed has been seen and this trend continues: At the same point last year 1,121 DAF's had been completed and we are currently reporting 393, a reduction of 65% in the year. Members will know from previous

performance reports that feedback from partners on Holistix and on the DAF has been critical. As a consequence we are currently piloting early help tools that are more user-friendly and intuitive and we have redesigned Holistix and re-named it "Right for Children". The Alliance has reinforced its commitment to Holistix and we expect the new early help tools to be fully operational from February 2017.

3. Referrals into statutory children's service

Re-referrals

Devon Q3 Dec16 No.	Devon Q3 Dec16	Devon 15/16	Devon 14/15	Statistical Neighbours 15/16	SW 15/16	England 15/16
		20.6%	23.4%	22.4%	23.7%	22.3%

Over the last 12 months, there has been a drop in the number of referrals to social care services of just over 20% - with 3,261 referrals to the service since April 2016; over the same period, there has been a slightly higher conversion rate of MASH enquiries to referrals, up from 33..2% to 36.8%. This indicates a clearer partner understanding of thresholds.

Re-referrals to the service, defined as those children being re-referred to social care with 12 months of their original referral has remained stable over the last year, standing at 22.4% at the end of October 2016 compared to 22.6% a year ago. This is better than latest comparison figures for 15/16 where the national rate is 24.0%, South West Authorities is 24.6% and in line with DCC's statistical neighbours are at 22.5%.

4. Children in Need

Devon Oct-16 No.	Devon Oct-16 rate	Devon 15/16 No.	Devon 15/16 rate	Devon 14/15 rate	Stat Neighbours 15/16 rate	SW 15/16 rate	England 15/16 rate
3,644	257.5	4,632	327.4	402.7	332.8	321.5	337.7

Devon Oct-16 financial support cases Total 1,403 (311 DCS +1092 other cases)

Children in need are those identified by assessment to require a statutory social work service. This includes those subject to a child protection plan and looked after children.

As a result of ensuring only cases where there is an active social worker remain open in the social work service the number of Children in Need (CIN) continues to decrease.

Devon's number of CIN is now 3,644. This has enabled SW caseloads to reduce to an average of 17.9 cases. The target was below 18 by March 2017, so the service is making excellent progress.

5. Single Assessments

The vast majority of accepted referrals lead to an assessment to determine needs and risks, clarify the desired outcomes and, where required, allocate resources to achieve them. These assessments must be timely. The maximum timeframe for the single assessment to reach a decision on next steps should be 45 working days from the point of referral.

Although variable on a month by month basis, as at October 2016 93% of referrals progressed to an assessment. The year to date rate at the same point last year was 94.2%. 3559 single assessments have been completed and authorised by the period end, of which 91.2% (3,246) have been authorised within the 45 working day threshold.

This is a significant improvement in performance from last year when outturn performance was 68.0% and now significantly better than other LA's. Comparing DCC's performance for 2015/16 (90.6%) against the latest available published data, the 15/16 national figure for assessments completed on time was 81.5%; other South West Authorities 79.3% and statistical neighbours (79.1%). Our focus is now on assuring the quality of these assessment and on ensuring only complex assessments take longer than 15 working days, if a family's needs can be identified and met quickly they should be.

By the end of October 60% of the assessments undertaken led to no further involvement from the statutory social work service, 8% had been signposted for additional support from early help. This suggests that families are being brought into the statutory service when it is not needed which is both costly to the Council and potentially damaging to families. Our improved strategy to further strengthen Early Help is designed to address this.

6. Child Protection Enquiries

Section 47 of the Children Act 1989, places a duty on a local authority, to undertake enquiries where they have reasonable cause to suspect that a child in their area is suffering or is likely to suffer significant harm, in order to decide whether they should take any action to safeguard or promote the child's welfare. The decision to undertake enquiries under S47 is made after multi-agency consideration of the issues and risks in a strategy discussion. The number of such enquiries initiated in 2015/16 was 2,276, averaging 190 per month. The monthly average to October 2016 has reduced to 133 per month (the month of October recorded 80 such enquiries taking place, a significant reduction indicating strategy meetings are enabling better joint decision making about risk. The enquiries should not lead to a multi-agency initial child protection conference being held when children cannot be safeguarded from harm without a multi-agency plan.

7. Child Protection Conferences

The Initial Child Protection Conference (ICPC) brings together family members, the child, where appropriate, and those professionals most involved with the child and family. Historically in Devon, 45% to 50% of all Section 47 enquiries lead to the initiation of an ICPC. In 15/16 this increased to 53.1% with 1,202 such conferences being held. 2014/15 benchmarking figures were Devon 50.5%, South West 48.7%, national 44.6% and SN 52.5% Devon's figure to October 2016 is 35.1%.

The purpose of the ICPC is to decide what future action is required to safeguard and promote the welfare of the child, how that action will be taken forward, and with what intended outcomes. Where the conference outcome determines that a child is at continuing risk of significant harm, a multi-agency child protection plan is formulated to protect the child.

The number of children who are subject to a CP plan has fallen by 40.9% from 714 at the end of 2015/16 to 422 at the end of October 2016 which now represents a rate of 29.6 per 10,000, below both SN (51.1) and the South West (54.3).

Improvements are currently being put in place to ensure strategy meetings enable child protection enquiries to be thorough and that child protection conferences are only held when they are needed. This will reduce the high number of child protection plans put in place at a conference that ended after only three months. The previous trend whereby almost a third (28%) of those children made subject to a child protection plan, were removed from it either on or before their first review within 3 months of the ICPC decision continues to improve to 11% at the end of October.

Our reduced rate of child protection plans was anticipated from the improvements we made earlier in the year to the pre-conference pathway, making strategy discussions of meetings more robust, ensuring that the decision to proceed to conferences is measured and proportionate.

8. Repeat Child Protection Plans

The rate of repeat child protection plans is calculated by looking at whether the children who start a CP plan in the current reporting year have ever had a previous CP plan between the ages of 0-18 years. The purpose of this indicator is to consider whether the previous child protection plan failed to protect the child adequately.

The CIN census 15/16 reported a higher rate (22.4%) of repeat child protection plans in 15/16 compared to the national rate (16.6%), SN (19.6%) and the South West (19.4%)

Good performance for repeat CP Plans is around 15%, and our current rate at the end of October 2016 is 23.7% (63 children out of total 265 starting CP Plans). Further investigation will be undertaken to determine whether this indicates a concern about the decision to end the previous CPP.

Electoral Divisions: All

Cabinet Member for Children, Schools and Skills: Councillor James McInnes

Head of Childrens Social Work and Child Protection: Vivien Lines

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:

Vivien Lines, Head of Service, Childrens Social Work Service and Child Protection

Email: Vivien.lines@devon.gov.uk Tel No: 01392 381093 Room: 130

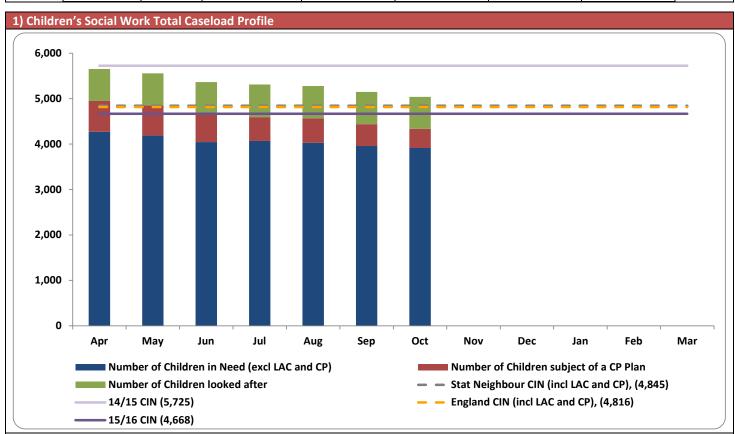


Devon Children's Social Work Quality Assurance Framework

Report of: October 2016

1.0 Activity and Performance Information

and Young People Population profile for Devon – 2015 Mid-Year Estimates Source: Office of National Sta										
Population per age band (Mid-year 2015 estimates was published in June 2016, one year in arrears).										
	0 1-4 5-9 10-15 16-17 18-25									
England	662,977	2,771,703	3,357,463	3,612,971	1,272,742	5,674,723				
Devon	7,005	31,596	40,769	46,422	16,799	73,900				
Age Band as	Band as a Percentage of Total Population									
England	1.2% ⇩	5.1% û	6.0% ①	6.6% ①	2.4% ⇩	10.4% 介				
Devon	0.9% ⇩	4.1% ⇩	5.2% 企	6.1% ⇩	2.2% ⇩	9.5% 企				



The total children in need in Devon for Oct-16 is 5,040 which includes 703 LAC, 422 CPP, 311 disabled children receiving a financial package to fund a short break and 1092 other disabled children and young people supported by the Disabled Children's Social Work service. The rate of CIN cases:

 $15/16; \ for \ Devon \ was \ 327.4, Statistical \ Neighbours \ was \ 332.8, \ South \ West \ was \ 321.5 \ and \ the \ National \ rate \ was \ 337.7$

14/15; for Devon was 402.7, our Statistical Neighbours was 327.4, South West 350.4, and the National rate was 337.3

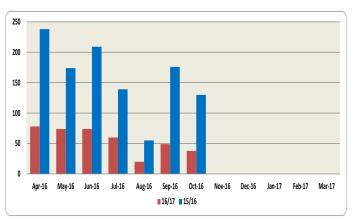
This means that in 14/15 we had approximately 75 per 10,000 (c 1000 children) more children involved with social care than our Statistical Neighbours. Now in 15/16 we are more in line with SN, we have 5 fewer per 10,000 at c. 70 children.

Team Managers have focused on reviewing all CIN cases that are open to social care and this has resulted in the trend for the first quarter showing a steady reduction to bring us in line with statistical neighbours and the national average. This leads to reduced caseloads.

The MASH development plan includes a number of activities directly related to reducing inappropriate enquiries to the MASH and ensuring that those enquiries which do get progressed to children's social work are at the correct level for statutory involvement.

September 2016 figures show a continued improvement resulting from better challenge to partners at the front door. Multi agency awareness raising events are planned on a monthly basis from December 2016 to cover the whole iou partners at the front door. Multi agency awareness raising events are planned on a monthly basis from December 2016 to cover the whole iou partners at the front door. Multi agency awareness raising events are

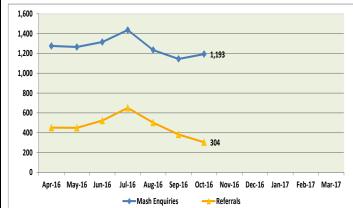
2) Number of DAF1s in Holistix



DAFs	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
14/15	53	108	96	112	15	125	148
15/16	238	174	209	139	55	176	130
16/17	78	74	74	60	20	49	38

The number of DAF's recorded on Holistix in 16/17 shows a significant month on month reduction compared to the same period in 15/16. The Alliance has reinforced its commitment to Holistix and new EH tools are being piloted. These are yet to go live, so do not yet impact on the current data.

3) Number of MASH Enquiries and Referrals in the month

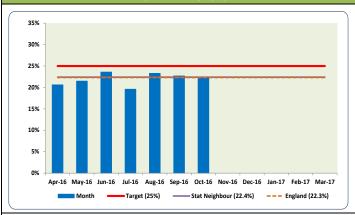


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Mash Enquiries	1,275	1,265	1,315	1,436	1,234	1,144	1,193
Referrals	451	449	522	651	502	382	304

This significant gap between enquiries and referrals suggests we need to strengthen understanding of thresholds, or confidence in decision making to hold risk outside of the statutory service.

Increased assistance is now given to partners who would like to make a referral, including by telephone rather than just by email, to ensure thresholds are understood and early help has been provided to the family in appropriate cases. In October 26% of MASH referrals were made to social work teams MASH are continuing to focus on ensuring the referrals that pass to children's social work are appropriate. Of the 334 referrals made 311 are for single assessment, with the remainder including Private Fostering and referrals to DCSW.

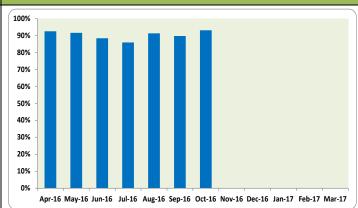
4) Percentage of social care referrals that are re-referrals within 12 months



Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
25%	20.6%	21.5%	23.6%	19.6%	23.3%	22.7%	22.4%

The rate of children re-referred within a rolling 12 months remains at approximately a fifth of all children. For 15/16 Devon's rate of 20.6% (In 14/15 it was 23.4%) was less than Stat Neighbours 22.4%, SW 23.7% and the National rate 22.3%.

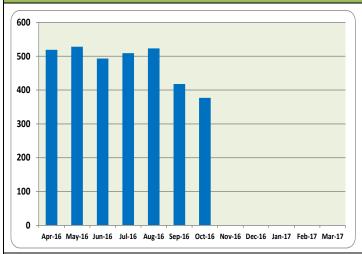
5) % of Referrals with a Single Assessment



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
92.5%	91.6%	88.4%	85.9%	91.3%	89.7%	93.1%

The rate of referrals that progress to a Single Assessment is 93.1%. We aim to obtain benchmarking data from our Statistical Neighbours for comparison as this statistic is currently not reported publically However this appears high, and suggests a continued need to focus on screening and signposting with partners.

6) Number of Single Assessments Starting



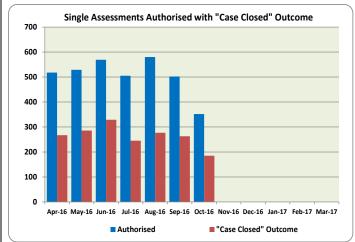
Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
519	528	493	509	523	418	377

In Oct-16 the number of SA's starting has fallen to 377.

The total number of assessments undertaken in 15/16 was 7,543, an average of 628 per month and a reduction of 7.9% compared to the previous year (14/15 total was 8,187).

The 16/17 monthly average to date is 481 which indicates a continued reduction in SAs starting

7) Cases closed at end of Single Assessment

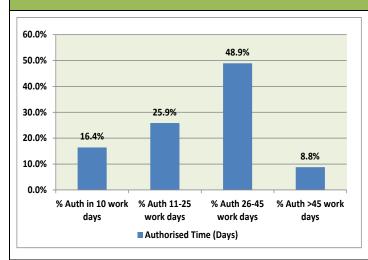


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Authorised	518	529	569	505	580	502	352
% "Case Closed" Outcome	51.5%	54.1%	57.8%	48.5%	47.8%	52.4%	52.6%

The proportion of SA with "Case Closed" outcome following the assessment has increased in Oct-16 to 52.6%. In some cases families receive a brief intervention from a SW as part of the assessment which reduces the perceived risks, in other cases the assessment is needed because the referral appeared to indicate risks which are not substantiated by the assessment.

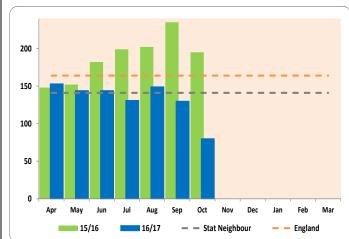
However, a high proportion of assessments ending without needing ongoing support from a SW suggest inadequate screening of referrals and that more could be being done by early help to meet family needs.

8) Single Assessments % Authorised Time in Days



For Oct 16, 95.5% of Single Assessments are authorised in time, that compares favourably with 91.2% year to date.

9) Number of Section 47 Enquiries



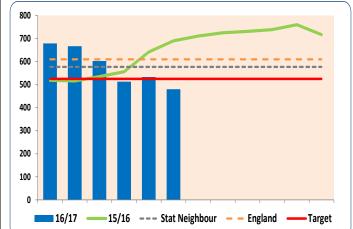
Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
153	144	144	131	149	130	80

In Oct-16 the number of S47 enquiries, which are undertaken where there is a concern that a child is suffering significant harm, decreased to 80 which is below our rate / 10000 for 15/16 of 144 and our Statistical Neighbours of 124. An audit is being planned of CP activity to ensure that thresholds around significant harm are being applied appropriately.

10) Proportion of children subject to ICPC resulting in Child Protection Plans

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% Apr-16 May- Jun-16 Jul-16 Aug- Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17

11) Rate/10,000 of Children Subject to a Child Protection Plan



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Number of ICPCs in month	47	65	35	48	63	52	17
Number with "CP Plan to commence" outcome	29	49	32	42	57	41	15
No Outcome Recorded	0	0	0	0	0	1	0
Percentage outcome "CP Plan to commence"	61.7%	75.4%	91.4%	87.5%	90.5%	78.8%	88.2%
Percentage of ICPCs in month	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

■Percentage of ICPCs in month ■Percentage outcome "CP Plan to commence"

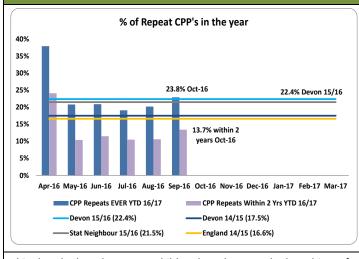
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Number	679	667	603	513	533	480	422
Rate / 10,000	47.6	46.8	42.3	36.0	37.4	33.7	29.6
England	610	610	610	610	610	610	
Eligialiu	54.2	54.2	54.2	54.2	54.2	54.2	54.2
Stat Neighbour	577	577	577	577	577	577	
Stat Neigibour	52.3	52.3	52.3	52.3	52.3	52.3	52.3

There was a significant reduction in the number of ICPCs held this month although 88% resultd in a child protection plan compared to 78% in Sept.

In October 422 children were subject to a Child Protection Plan which is a rate for Devon of 29.6 per 10,000.

In 15/16: for Statistical Neighbours the rate was 52.3 per 10,000, for South West, 57.4 and for England, 54.2 Overall, numbers of children subject of a plan continues to decline significantly and this has been raised with partners at the DSCB. However, Devon has a high rate of legal Care Proceedings suggesting overuse of legal processes and a lack of confidence by partners in managing risk in the community. Audit activity to test thresholds is being undertaken by the IRU.

12) % of Repeat CPP's in the year



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
No. of Children Re-Reg in rolling Yr	11	16	23	29	42	57	63
No. of CPP starts	29	49	32	42	56	41	16
Cumulative 16/17 CPP starts	29	78	110	152	208	249	265
CPP % Re-Reg YTD 16/17	37.9%	20.8%	20.9%	19.1%	20.2%	22.9%	23.8%
CPP Re-Reg within 2 Yrs YTD 16/17	24.1%	10.4%	11.5%	10.5%	10.6%	13.4%	13.7%

This chart looks at how many children have been made the subject of a CPP in the month and whether they have ever been subject to a CPP before. By the end of 16/17 the data will show the % of children subject to a CPP more than once in their childhood, For 15/16 this was 22.4% for Devon, 21.5% for Stat Neighbours. Currently, to Oct-16 for Devon it is 23.8% The rate of repeat CPP's within 2 years is 13.7%.

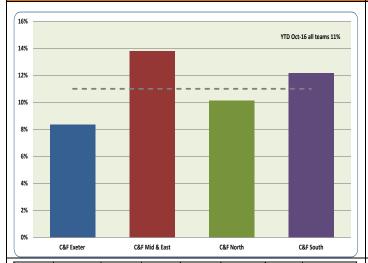
The number of children subject of a CP plan continues to decline. An audit of cases is being undertaken to ensure decision making is appropriate.

The number of children being subject to repeat or subsequent CPPs is high Audits of all repeat plans are being scheduled to ensure protection plans are not being ended before the risks are fully addressed and the supported effectively to sustain changes when plans are ended.

Agenda Item 8 13. Team breakdown of children ending CPP within 3 months of starting CPP's.

		Jul 2	016			Aug 2	2016			Sep 2	016			Oct 2	016			Grand	Total	
Team	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months	Ended 0-2 months	Ended 3+ months	Total Ends	/ U U =	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months	Ended 0-2 months	Ended 3+ months	Total Ends	% 0-2 months
CHILDREN & FAMILIES EXETER 1		11	11	0%		5	5	0%	1	12	13	8%	2	3	5	40%	4	46	50	8%
CHILDREN & FAMILIES EXETER 2		8	8	0%	4	3	7	57%		9	9	0%		2	2	0%	7	33	40	18%
CHILDREN & FAMILIES EXETER 3	1	3	4	25%		2	2	0%		2	2	0%		12	12	0%	2	30	32	6%
CHILDREN & FAMILIES EXETER 4		7	7	0%		7	7	0%		10	10	0%		5	5	0%		34	34	0%
TOTAL CHILDREN & FAMILIES EXETER	1	29	30	3%	4	17	21	19%	1	33	34	3%	2	22	24	8%	13	143	156	8%
CHILDREN & FAMILIES MID & EAST 1	2	17	19	11%						4	4	0%		5	5	0%	4	44	48	8%
CHILDREN & FAMILIES MID & EAST 2	8	9	17	47%	1		1	100%		3	3	0%		6	6	0%	9	31	40	23%
CHILDREN & FAMILIES MID & EAST 3	2	4	6	33%		1	1	0%						7	7	0%	5	26	31	16%
CHILDREN & FAMILIES MID & EAST 4		10	10	0%						5	5	0%		2	2	0%	1	18	19	5%
TOTAL CHILDREN & FAMILIES MID & EAST	12	40	52	23%	1	1	2	50%		12	12	0%		20	20	0%	19	119	138	14%
CHILDREN & FAMILIES NORTH 1																	1		1	100%
CHILDREN & FAMILIES NORTH 2	1	4	5	20%					1	3	4	25%	2	2	4	50%	4	27	31	13%
CHILDREN & FAMILIES NORTH 3		4	4	0%						5	5	0%		1	1	0%		22	22	0%
CHILDREN & FAMILIES NORTH 4		2	2	0%	2		2	100%		1	1	0%		2	2	0%	3	22	25	12%
TOTAL CHILDREN & FAMILIES NORTH	1	10	11	9%	2		2	100%	1	9	10	10%	2	5	7	29%	8	71	79	10%
CHILDREN & FAMILIES SOUTH 1	2	8	10	20%		5	5	0%	1	10	11	9%		3	3	0%	3	40	43	7%
CHILDREN & FAMILIES SOUTH 2	2	3	5	40%	1		1	100%	2	9	11	18%	2		2	100%	7	30	37	19%
CHILDREN & FAMILIES SOUTH 3		10	10	0%		3	3	0%	1	4	5	20%	3	5	8	38%	4	39	43	9%
CHILDREN & FAMILIES SOUTH 4	1	13	14	7%		2	2	0%	1	10	11	9%	1	6	7	14%	8	50	58	14%
TOTAL CHILDREN & FAMILIES SOUTH	5	34	39	13%	1	10	11	9%	5	33	38	13%	6	14	20	30%	22	159	181	12%
ICS EXETER														1	1	0%		1	1	0%
INITIAL RESPONSE EXETER														1	1	0%		1	1	0%
PERMANENCY & TRANSITION EXETER 1														1	1	0%		1	1	0%
TOTAL AD-HOC TEAMS														3	3	0%		3	3	0%
GRAND TOTALS	19	113	132	14%	8	28	36	22%	7	87	94	7%	10	64	74	14%	62	495	557	11%

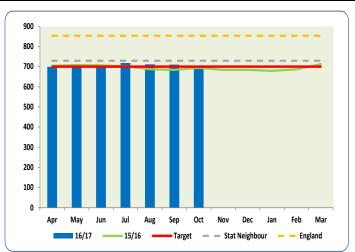
14) CPP Ending within 3 months of CPP starting Apr to Oct 16/17 (11%)



Ap-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	YTD Ave
19%	2%	5%	14%	22%	7%	14%	11%

Oct-16 shows a decrease in CPP's ending at 3 months, with an average of 11% Apr-16 to Oct-16 as a result of focused management action in this area. The high % within Mid and East is being scrutinised to understand why it is out of line with other area's.

15) Number of Looked After Children



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
699	696	708	718	711	710	703

In Oct-16 there were 703 Looked After Children which is below our Statistical Neighbours and represents a fairly steady rate this year.

16) Percentage of Looked After Children with a Visit Completed in the Previous 6 Weeks

17) 3+ Placement Moves by Team Oct-16



For Total 703 LAC	3	3+ Placements						
FOI TOTAL 703 LAC	Num	Num Total	Out-turn					
Children & Families	24	237	10.1%					
Permanency &	24	366	6.6%					
Initial Response	1	9	11.1%					
CwD	3	65	4.6%					
Other	0	26	0.0%					
	52	703	7.4%					

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
80.9%	80.3%	84.3%	84.1%	89.0%	89.0%	92.3%

The six weekly visiting frequency is a minimum and focused work is in place to ensure this is achieved in all cases. Recent discussion at SMT indicates a need to report that the child is seen in accordance with the frequency identified in their plans, as for many looked after children this is much more frequently than six weekly.

Historically Devon has not performed well on placement stability. The percentage of children with 3 or more placement moves in 2015/16 was 12.9% which was an improvement of just under 2% from the previous year (14.9%).

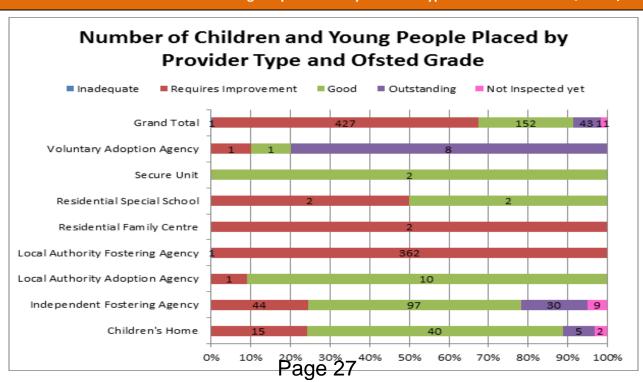
To Oct-16 the percentage of looked after children with 3 or more moves is 7.4% however, this is a cumulative figure throughout the year so it would be anticipated that this would increase as the year continues. This equates to 52 children having had 3 or more moves between Apr-16 and Oct-16. Focused work has been started to ensure that appropriate support is provided to children and carers from the time children come into care, including through the new CAMHS pathway which will ensures that children's emotional needs are assessed when they first come into care. Scrutiny is currently being given to all children who have had two moves to ensure that those who are not yet stable are identified and supported appropriately.

18) LAC 3+ Placement Information

% of Children with 3+ Placements in financial year to date

2014/15	2015/16	to Oct-16	16/17 Year Forecast
14.9%	12.9%	7.4%	12.8%

19) Number of Looked After Children and Young People Placed by Provider Type and Ofsted Grade Q3 2016/17



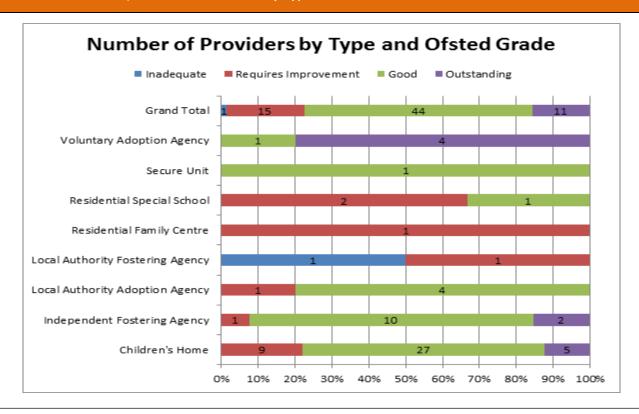
The above chart includes all of Devon's looked after children, including those placed out of county.

Note: in-house adoption and fostering services are now judged through the LA's single inspection framework.

In Q3 16/17 31% of the providers inspected are good (152), or outstanding (43)

The data indicates 67% (427) are in the category 'requires improvement' however, some of our larger fostering providers, who have re-registered due to expansion, have not yet been inspected and graded therefore this figure is likely to improve in the near future.

20) Number of Providers by Type and Ofsted Grade Q3 16/17



78% of total (55) children's homes were judged as Good (44) or Outstanding (11) in Q3 16/17. A number of children's homes that were Inadequate or Requires Improvement have now moved to good following QA work with the Children's Commissioning Team. 1 children's home was judged as inadequate, LA maintained special schools with children's home provision and have robust action plans in place to improve.

21) Children in Devon Care Homes: Overall Effectiveness

Ward	URN	Setting Name	Provider Subtype	Sector	Registration Date	Max Users	Full Inspection Start Date	Overall Effectiveness	Interim Inspection Start Date	Interim Inspection Overall Effectiveness	Comment	Placed children (Y/N)
Axminster Rural	SC407753	Woodview	Children's home	Private	04/03/2010	4	07/07/2016	Good	22/03/2016	Improved Effectiveness		Yes
Axminster Rural	SC468747	Highview	Children's home	Private	12/08/2013	2	23/05/2016	Requires Improvement	15/02/2016	Declined in Effectiveness		No
Bere Ferrers	SC036528	Chelfham Senior School	Residential special school	Private	20/02/2004	14	28/06/2016	Requires Improvement	24/02/2016	Declined in Effectiveness		Yes
Bickleigh and Shaugh	SC457266	Blaxton Farm	Children's home	Private	21/03/2013	3	30/09/2016	Good	18/03/2015	Sustained Effectiveness		No
Bickleigh and Shaugh	SC457553	Horsham Farm	Children's home	Private	14/03/2013	2	07/10/2015	Good	10/02/2016	Sustained Effectiveness		Yes
Bideford East	1244137	Newport Terrace	Children's home	Private	25/10/2016	2	Not i	nspected yet				No
Bideford East	SC463431	Clifton Street	Children's home	Private	31/05/2013	2	08/09/2016	Requires Improvement	02/02/2016	Improved Effectiveness		No
Bideford North	SC368137	Meddon Street	Children's home	Private	25/01/2008	2	21/04/2016	Good	11/12/2015	Improved Effectiveness		Yes
Bideford North	SC381652	Bridge View	Children's home	Private	15/10/2008	2	10/08/2016	Good	25/02/2016	Improved Effectiveness		Yes
Bishop's Nympton	SC066179	Little Oak	Children's home	Private	09/02/2006	5	06/11/2015	Good	15/03/2016	Improved Effectiveness		No
Bovey	SC456726	Shaptor Farm	Children's home	Private	14/03/2013	3	15/10/2015	Outstanding	15/03/2016	Improved Effectiveness		No
Canonsleigh	SC455991	Higher Whipcott Farm	Children's home	Private	19/12/2012	4	12/08/2015	Good	09/03/2016	Declined in Effectiveness	A recent Interim Inspection (05/2/16) found declined in effectiveness.	No
Castle	SC458431	Barnes Children's Home	Children's home	Private	28/03/2013	5	13/05/2016	Requires Improvement	26/01/2016	Improved Effectiveness		Yes
Clovelly Bay	SC038167	Four Winds	Children's home	Private	23/12/2002	4	04/09/2015	Requires Improvement	17/02/2016	Improved Effectiveness	A recent Interim Inspection (17/02/16) found improved effectiveness.	No
Clyst Valley	SC467704	Russets Court	Children's home	Private	09/08/2013	2	07/10/2016	Requires Improvement	02/02/2016	Sustained Effectiveness		Yes
College	SC463647	Penn House	Children's home	Private	06/08/2013	5	09/06/2016 e 28	Good	15/01/2016	Declined in Effectiveness		Yes

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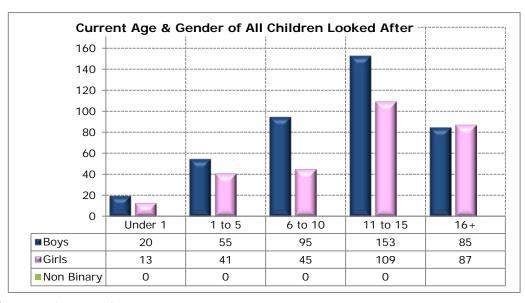
21) Children in Devon Care Homes: Overall Effectiveness, continued

Ward	URN	Setting Name	Provider Subtype	Sector	Registration Date	Max Users	Full Inspection Start Date	Overall Effectiveness	Interim Inspection Start Date	Interim Inspection Overall Effectiveness	Comment	DCC Placed children
Cullompton Outer	SC484790	Knowles House	Children's home	Private	05/01/2015	4	12/05/2016	Good	25/08/2016	Sustained Effectiveness		No
Dartington	SC003792	Robins (Respite & Life Skills Centre)	Children's home	Voluntary	19/08/1999	10	17/09/2015	Requires Improvement	18/03/2016	Improved Effectiveness	A recent Interim Inspection (18/03/16) found improved effectiveness.	Yes
Dunkeswell	SC465120	Brookside Farm	Children's home	Private	27/03/2014	3	19/07/2016	Inadequate				No
lwbridge Woodlands	SC065443	Dame Hannah Rogers School	Residential special school	Voluntary	22/12/2005	15	20/05/2016	Good	25/02/2016	Improved Effectiveness		Yes
Kenn Valley	SC458422	Meadowpark	Children's home	Private	28/03/2013	5	26/04/2016	Good	18/12/2015	Sustained Effectiveness		Yes
Kerswell-with- Combe	SC458352	Valley View	Children's home	Private	14/03/2013	3	10/06/2016	Good	25/02/2016	Sustained Effectiveness		Yes
Kingsteignton East	1231066	Paddon's Coombe	Children's home	Private	17/02/2016	1	14/04/2016	Requires Improvement				No
Kingsteignton East	SC003884	One to One Crisis Intervention	Children's home	Private	19/10/2001	1	17/06/2016		15/03/2016	Sustained Effectiveness		No
Kingsteignton East	SC003897	One to One Crisis Intervention (Longfield Avenue)	Children's home	Private	13/02/2002	1	28/04/2016	Good	10/02/2016	Sustained Effectiveness		No
Kingsteignton East	SC362610	One to One Crisis Intervention Ltd	Children's home	Private	24/08/2007	1	22/09/2016	Good	07/03/2016	Improved Effectiveness		No
Kingsteignton East	SC457132	Orchid Vale	Children's home	Private	25/02/2013	1	04/05/2016	Good	02/02/2016	Sustained Effectiveness		No
Kingsteignton East	SC457137	Woodmere	Children's home	Private	14/03/2013	1	02/12/2015	Good	08/03/2016	Sustained Effectiveness		No
Kingsteignton West	1231067	Chudleigh Road	Children's home	Private	08/03/2016	1	29/09/2016	Requires Improvement				No
Kingsteignton West	SC068205	One to One Crisis Intervention (Haytor Park)	Children's home	Private	21/08/2006	1	08/09/2016	Good	23/03/2016	Declined in Effectiveness		No
Longbridge	SC403234	Osbourne Terrace	Children's home	Private	22/12/2009	3	24/08/2016	Good	03/03/2016	Improved Effectiveness		No
Lowman	SC408149	Bournville Place (1)	Children's home	Private	25/02/2010	2	01/09/2016	Requires Improvement	28/01/2016	Sustained Effectiveness		Yes
Mincinglake	SC046276	Atkinson Unit	Secure Unit	Local Authority	19/03/2004	10	29/09/2016	Good	12/01/2016	Sustained Effectiveness		Yes
Pilton	SC458429	Welland House Children's Home	Children's home	Private	28/03/2013	7	30/08/2016	Good	18/02/2016	Sustained Effectiveness		Yes
St Leonard's	SC489640	Progress House	Children's home	Voluntary	27/07/2015	3	08/01/2016	Good				No
Tale Vale	SC064472	Loyalty Hall	Children's home	Private	28/09/2005	4	15/12/2015	Good	03/03/2016	Sustained Effectiveness		Yes
Tale Vale	SC458430	Hillcrest Children's Home	Children's home	Private	09/01/2013	3	16/12/2015	Good	06/11/2013	Good Progress		Yes
Walkham	SC433286	Gem Cottage	Children's home	Private	10/08/2011	2	09/10/2015	Good	05/02/2016	Declined in Effectiveness	A recent Interim Inspection (05/2/16) found declined in effectiveness.	Yes

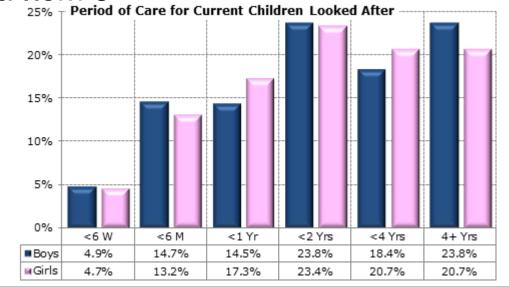
Subsequent interim inspection has been carried out. Comments added to indicate where there has been an improvement on decline in effectiveness found during that interim inspection.

Devon County Council Looked After - Abridged Key Facts: 31 October 2016

22) Age and gender

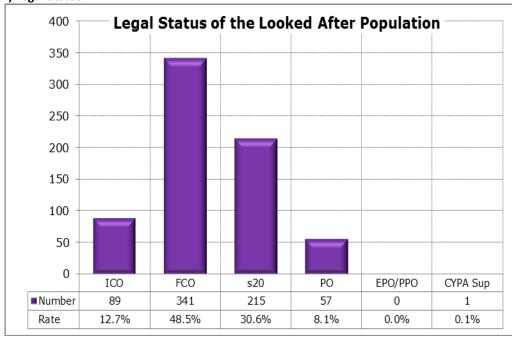


23) Length of looked after status



Comment: There are a high proportion of 11-15 year olds in care in Devon less than 2 years which creates a risk for placement stability and education attainment.

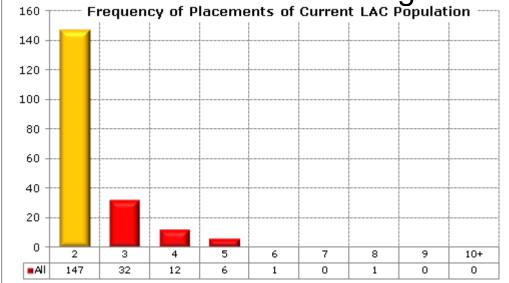
24) Legal Status



Comment: S20 should not generally be used over the long term for looked after children and presents a risk given potential for drift and challenge on a human rights basis. Devon is slightly above the rate of S20 nationally which was 27.9%. in 2013-14. All cases are currently being scrutinised to ensure that those cases which should progress to Care Proceedings to secure a more appropriate permanence plan do so. This will be overseen through the child's review.

Close focus is currently being given to ensure all children's plans progress to permanence in a timely

25) Number of Placements



Comment: As at 31 Oct 2016 there are 52 / 703 LAC children who have had 3 or more Placements (7.4%) and there are 147 LAC who have had 2 Placements. Additional scrutiny is currently being undertaken of all children in 2+ placements to identify the children who may be at risk of a further move and to ensure appropriate support is in place in response to this.





26) Adoption Scorecard

Number of children matched & placed with adopter

ge

ADOPTION SCORECARD QUARTER 2 2016/17 2016-17 **Devon County's Adoption Population** Percentage **Adoption Scorecard: Average Time Indicators** YTD **Devon 2014-17 Quarterly Performance** Number of Children adopted 100% 32.0% Aged 5 and Over 8 547 514 545 Aged Under 5 68.0% 489 487 500 No. of adopted children in sibling groups 60.0% 487 487 476 Number of children with a decision to be placed for Adoption 462 Number of children with a placement order 85.3% 400 51.5%

51.7%

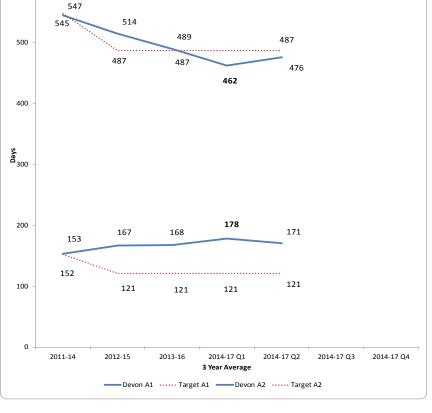
43.1%

30

25

DEVON COUNTY COUNCIL

Number of children whose decision to be placed for adoption has been rescinded 6 Number of children ending care due to Special Guardianship order 22 England DEVON SN average average Children Looked After and Adoption Performance measures (2014-17)(2012-15)(2012-15) Adoption scorecard A1: time between child entering care and placement for adoption 476 days 593 days 517 days Adoption scorecard A2: time between receiving court authority to place a child and deciding on a 171 days 152 days 223 days match Adoption scorecard A3: children waiting less than 16 months between entering care and placement 47% for adoption (NB: measure reduced from 18 months previosuly reported) Adoption 1: Percentage of looked after children who ceased to be looked after who were adopted 14.8% 16% 14% Adoption 2: Percentage of looked after children who ceased to be looked after because of special 11.5% 10% 10% *Data source: ALB Adoption Survey, CareFirst and Adoption Database



The Q2 figures continue to show positive work being undertaken in the adoption service to improve timescales for children. An additional tracker has been put in place by management systems to support the A2 indicator which is evidencing signs of improvement.

The children who wait are those who are older and are deemed difficult to place and have longer transitions. Good progress can be seen in the number of children who are placed in sibling groups (60%) and this specific work to support these children is ongoing. The figure for % of children adopted has continued to exceed the English average showing a positive trajectory from last year's figures (12%). The numbers of children gaining permanence through SGO's is also above statistical neighbours and the English average. Although The A2 indicator is better than the English National it is behind statistical neighbours and an action plan is in place to address this



Children's Social Care Workforce Profile to October 2016

27) Worker Case Allocation and FTE Breakdown by Service and Team

Service Area		Team Name	Practice Manager	Current FTEs - Caseload Adjustment*	Total Open Cases	Of Which, Allocated to Named Worker	% Allocated to Named Worker	Ave. No. of Cases per Current FTE Total
	Exeter	IRCX1	Juanita Scallan	5.1	57	57	100.0%	11.2
Initial	Mid & East	IRCM1	Kevin Kenna	8.4	146	146	100.0%	17.4
Response	North	IRCN1	Roger Walter / Naomi Pollard	8.3	95	94	98.9%	11.5
	South	IRCS1	Jean Beynon	7.4	211	211	100.0%	28.5
Initial Respons	se Total			29.2	509	508	99.8%	17.5
		CFCX1	Tilia Lenz	6.6	125	124	99.2%	18.9
Children &		CFCX2	Phil Stagg	6.2	107	107	100.0%	17.3
Families	Exeter	CFCX3	Aiden Mitchelmore	7.0	125	125	100.0%	17.9
		CFCX4	Helen Neighbour	6.8	89	89	100.0%	13.1
Children and F	amilies - Ex	eter Total		26.6	446	445	99.8%	16.8
		CFCM1	Richard Ashdown	5.6	127	127	100.0%	22.7
Children &		CFCM2	Helen Patten	6.0	110	110	100.0%	18.5
Families	Mid & East	CFCM3	Emily Hextall	5.0	87	87	100.0%	17.4
		CFCM4	Corrina Bryant	8.0	108	107	99.1%	13.5
Children and F	amilies - Mid	d/East Total		24.6	432	431	99.8%	17.6
		CFCN2	Rebekah Porter	7.6	176	176	100.0%	23.2
Children & Families	North	CFCN3	Fran Hughes	7.5	122	119	97.5%	16.3
rainines		CFCN4	Heather Cooper	4.6	100	99	99.0%	21.7
Children and F	amilies - No	rth Total		19.7	398	394	99.0%	20.2
		CFCS1	Lisa Jackson	5.1	106	106	100.0%	20.7
Children &		CFCS2	Herdaypal Johal	7.1	134	134	100.0%	18.9
Families	South	CFCS3	Kathy Pendle	6.7	136	136	100.0%	20.4
		CFCS4	Diane Yates	7.6	178	177	99.4%	23.5
Children and F	amilies - So	uth Total		26.5	554	553	99.8%	20.9
	Exeter	PTCX1	Juliet Jones	14.2	261	260	99.6%	18.4
Permanency &	Mid & East	PTCM1	Peter Baron	12.2	134	134	100.0%	11.0
Transition	North	PTCN1	Giles Bashford	11.2	203	202	99.5%	18.1
	South	PTCS1	Karen Thompson	13.9	221	221	100.0%	15.9
Permanency ar	nd Transitio	n Total		51.5	819	817	99.8%	15.9
,	DCS East Mid	ICCEMID	Brian Copp	3.4	91	86	94.5%	27.2
	DCS Exeter	ICCEXETR	Martin Quaintance	6.8	139	126	90.6%	20.4
	DCS Exeter 2	ICCIAEME	Martin Quaintance / Brian Copp	1.0	2	1	50.0%	2.0
Disabled Children's	DCS North 1		Jonathan Mitchell	1.6	43	33	76.7%	26.9
Services	DCS North 2	ICCNORTH2	-	2.6	36	32	88.9%	13.8
	DCS South 1	ICCSWEST	Tasha Allington	2.0	40	40	100.0%	20.0
	DCS South 2	ICCSWEST2		5.2		73		
Disabled Child			Tasha Allington		73 424	391	100.0% 92.2%	14.0
	i en a dervic	PFC1	Elaina Nouton	22.6				
Private Fostering Total (Excludi	ing EOC Ca		Elaine Newton	2.9	62 3 644	62 3 601	100.0%	21.5
·				203.4	3,644	3,601	98.8%	17.9
Finance Only Cas		FOC01 ICSFREME, ICSFRN & ICSFRS			311 1,092			
No Assigned Team					0			
No Assigned Team Total (Including FOC Cases)								

Staff names in red text denotes 'Agency Staff'

Minus staff shown as on long term sick leave or maternity

In 'Current FTEs - Caseload Adjustment*' figures ASYE's and NQSW's can only carry a 60% caseload and therefore a full time (1 FTE) ASYE or NQSW is adjusted to be 0.6 FTE

All Team Managers and Assistant Team Managers are excluded from caseload calculations, i.e. they are not case-holding.

In the Private Fostering team the Manager is included and is said to be case helding.

Cases that have not been assigned to a team will be considered to the team that their main caseworker is a member of.

^{*} FTE Caseload Adjustment = Family Practitioners only counted in P&T teams, ASYEs throughout adjusted to be 0.6 of their FTE for caseload purposes.

The average caseload is 17.9 down from 19.8 in Sept16.

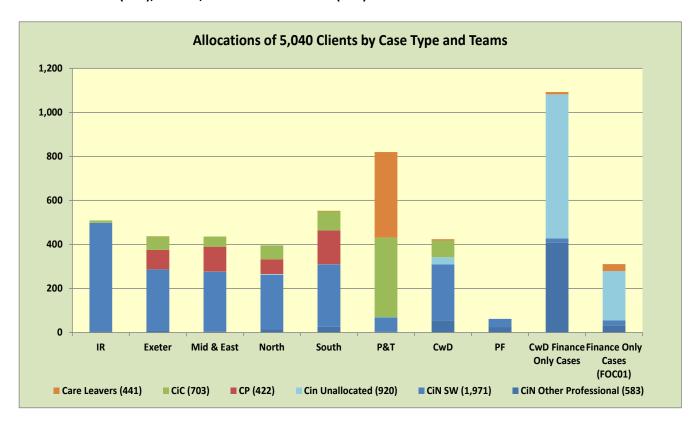
There is variation in some service areas; comparison between Oct16 and Sept16;

20.9 from 24.1 in South, 20.2 from 20.7 in North, 17.6 from 20.1 in Mid/East, 16.8 from 18.9 in Exeter, 15.9 from 16.9 in P&T, 17.5 from 20.7 in IR and 18.8 from 20.7 in DCS.

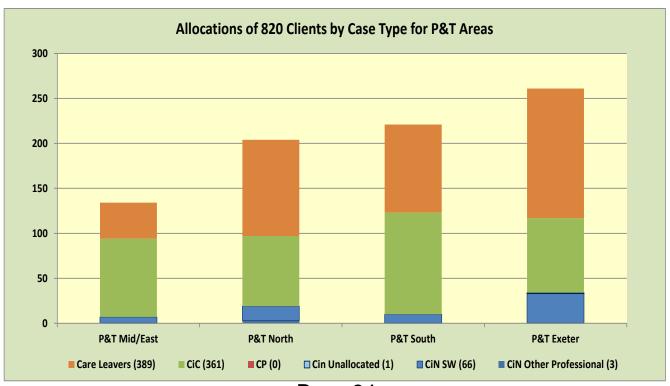
There is also wide discrepancy in team sizes. Work is underway to address this and ensure equity.

Allocation generally remains at a very high level. The proportion of permanent staff continues to increase.

28. Allocations; Children in Need, 3,915 (includes 1,092 DCS finance, 311 Finance only) plus, CP (422) and Children in Care (703), Total 5,040 and Care Leavers (441) shown for information.



29. Allocations; P&T teams, Open Cases (820).



3. Internal Case Audits

• The overarching aim of the audits is to improve the quality of practice and outcomes for children and young people. The audit considers the quality of the information and recording on the young person's file, the arrangements for the audit include discussion with the Social Worker, the quality of the decision making process, risk assessment and analysis. Accordingly, the scoring system above reflects this. Judgements are: (1) No or few standards met. (2) Some standards partially met. (3) Some standards met in full. (4) Many standards met in full. (5) All standards met in full or exceeded. The charts below show the cases that meet standards 3, 4 and 5.

CASE AUDITS: CHILDREN IN NEED

Of the **59** internal audits completed during Oct. 2016, **24** relate to Children in Need.

% judged as 'some', 'many' or 'all standards met in full or exceeded'

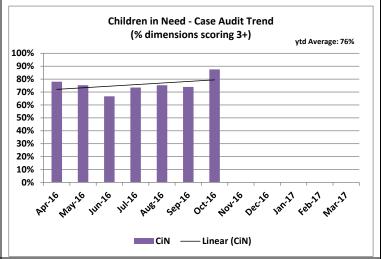
CACCEGG						
Audit Standards	Oct.	2016				
Audit Standards	No's	%				
1a: Management scrutiny/oversight	22	92%				
2: Experience of child/young person	20	83%				
3: Practitioner contact	21	88%				
4: Assessment & needs analysis	20	83%				
5: Planning for children	21	88%				
6: Recording and report writing	22	92%				

Number of audit dimensions scored	144
Number of audits for CiN cases	24
Overall % judged 'Acceptable' or better	87.5%

3+ scores increase for standard 1a, 3, 4, 5 and 6, and decrease for standard 2.

Overall % 3+ scores increase 13.5% compared to Sept. 16.

CiN case audits completed since April 16 show a gradually levelling trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



Year to date % of 3+ scores is 76%.

Oct. 16 is 11.5% above the year to date average for 3+scores.

CASE AUDITS: CHILD PROTECTION

Of the **59** internal case audits completed during Oct. 2016, **15** relate to Child Protection cases.

% judged as 'some', 'many' or 'all standards met in full or exceeded'						
Audit Standards	Oct.	2016				
Audit Standards	No's	%				
1a: Management scrutiny/oversight	11	73%				
2: Experience of child/young person	12	80%				
3: Practitioner contact	11	73%				
4: Assessment & needs analysis	11	73%				
5: Planning for children	12	80%				
6: Recording and report writing	13	87%				

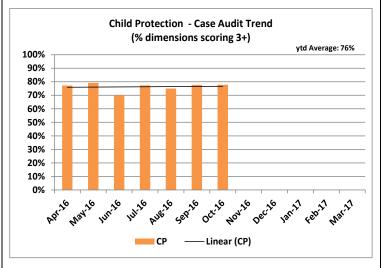
Number of audit dimensions scored	90
Number of audits for CP cases	15
Overall % judged 'Acceptable' or better	78%

3+ scores increase for standards 1a, 2, and 4.

Standard 5 remains the same and standards 3 and 6 decrease compared to Sept. 16.

Overall % 3+ scores are the same as Sept. 16.

CP case audits completed since April 16 show a gradually levelling trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



Year to date % of 3+ scores is 76%.

Oct. 16 is **2% above** the year to date average of 3+ scores.

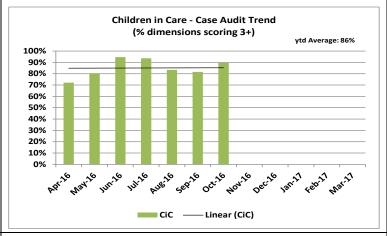
CASE AUDITS: CHILDREN IN CARE

Of the **59** internal case audits completed during Oct. 2016, **19** relate to a Child in Care.

% judged as 'some', 'many' or 'all standards met in full or exceeded'						
Audit Standards	Oct. 2016					
Audit Stalldards	No's	%				
1a: Management scrutiny/oversight	12	63%				
2: Experience of child/young person	19	100%				
3: Practitioner contact	17	89%				
4: Assessment & needs analysis	18	95%				
5: Planning for children	19	100%				
6: Recording and report writing	18	95%				
Number of audit dimensions scored 115						
Number of audits for CiC cases		19				
Overall % judged 'Acceptable' or better	9	0%				

3+ scores for standard 1 is below Sept. 16 with all other standards above. Overall % 3+ scores up 8% compared to Sept. 16.

CIC case audits completed since April 16 show an improving trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



Year to date % of 3+scores is 86%.

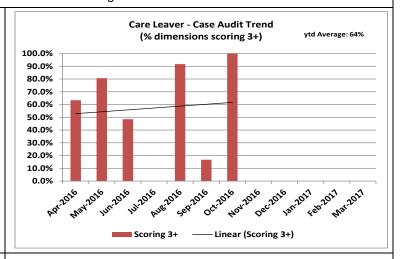
Sept. is 4% above the year to date average of 3+ scores.

Care Leavers

Of the **59** internal case audits completed during Oct. 2016, **1** has a status of Leaving Care.

% judged as 'some', 'many' or 'all standards met in full or exceeded'					
Audit Standards	Oct.	2016			
Addit Standards	No's	%			
1a: Management scrutiny/oversight	1	100%			
2: Experience of child/young person	1	100%			
3: Practitioner contact	1	100%			
4: Assessment & needs analysis	1	100%			
5: Planning for children	1	100%			
6: Recording and report writing	1	100%			
Number of audit dimensions scored 6					
Number of audits for Care Leavers	Number of audits for Care Leavers 1				
Overall % judged 'Acceptable' or	10	00%			

There is 1 Care leaver audit completed for Oct. 16. 3+ scores for all standards were met.

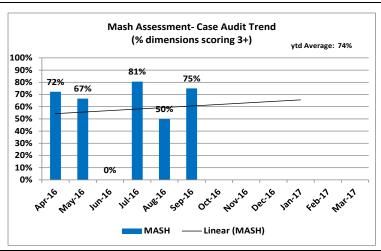


The year to date average of 3+ scores is **64%**.

Assessments

Of the **59** internal case audits completed during Oct. 2016, none relate to Assessments.

% judged as 'some', 'many' or 'all standards met in full or exceeded'					
Audit Standards	Oct. 2016				
Audit Standards	No's	%			
1a: Management scrutiny/oversight	0	0%			
2: Experience of child/young person	0	0%			
3: Practitioner contact	0	0%			
4: Assessment & needs analysis	0	0%			
5: Planning for children	0	0%			
6: Recording and report writing	0	0%			
Number of audit dimensions scored	0				
Number of audits for Care Leavers 0					
Overall % judged 'Acceptable' or better	()%			



Year to date % of 3+ scores is 74%.

Parent / Carer Feedback Forms:

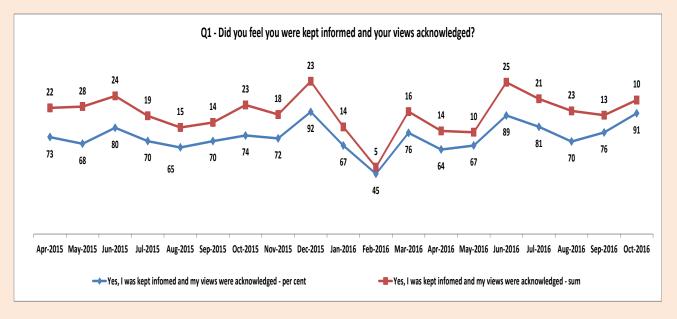
- 11 feedback forms for 15 individual children and young people were received in October 2016 which is 6 forms less than September.
- The feedback covers 11 individual Social Workers.

Involvement indicators (respect & courtesy; support; kept informed & views acknowledged; agreement with outcome)

- 91% of respondents in October, report positive feedback against all four involvement indicators compared to 82% for September.
- 3 respondents reported positive feedback with parents/carers reporting they were very appreciative of the support they received.

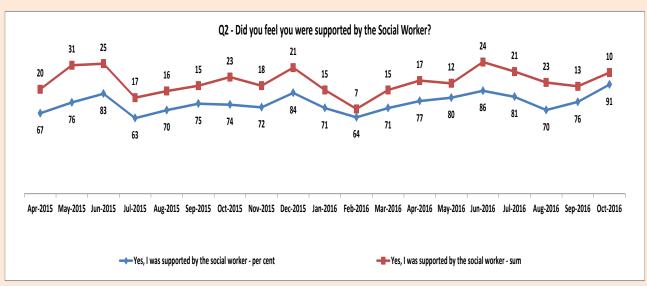
Q1 - Did you feel you were kept informed and your views acknowledged?

- 10 (91%) of respondents reported they were kept informed and their views acknowledged, an upturn of 15% compared to September (76%).
- All respondent completed this indicator.



Q2 - Did you feel you were supported by the Social Worker?

- 10 (91%) of respondents reported that they felt supported by their social worker, an upturn of 15% compared to September (76%).
- All respondents completed this indicator.



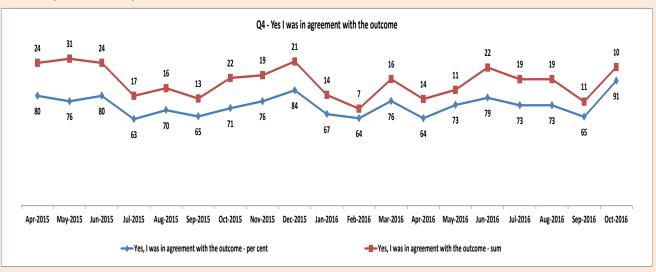
Q3 - Did the Social Worker treat you with respect and courtesy?

- 10 (91%) of respondents reported they felt their social worker treated them with respect and courtesy, a downturn of 3% compared to September (94%).
- All respondents completed this indicator.

Apr-2015 May-2015 Jun-2015 Jul-2015 Aug-2015 Sep-2015 Oct-2015 Nov-2015 Dec-2015 Jan-2016 Feb-2016 Mar-2016 Apr-2016 May-2016 Jun-2016 Jul-2016 Aug-2016 Sep-2016 Oct-2016 Yes, the social worker treated me with respect and courtesy - per cent

Q4. Were you in agreement with the outcome?

- 10 (91%) of respondents reported they agreed with the outcome. An upturn of 26% compared to September (65%).
- All respondents completed this indicator.



 There is an inevitable lag between case closure activity and receipt of feedback forms from families, so reporting timescales mean that the information analysed in section 3.1 is based on all forms received in the month rather than all cases closed in that month.

"Key Themes"

 Lack of information and communication remain a key factor for negative feedback.

Recommendations:

- Look at alternative options to increase parent carer feedback.
- Investigate the number of cases "unclassified" on closure.
- Allocate resources to overhaul forms and integrate with wider SMS QA systems and qualitative measures.

What Parents & Carers said

"SW picked up the thread quickly and gave us the best support we had". "SW was fantastic".

"SW was helpful, courteous, friendly and approachable, a real asset".

" The details are incorrect and I am unsure where information has come from".

"My anxiety worsened having different Social Workers".

"The service and outcome have been poor".
"We didn't understand why Social Services got
involved in the first place".

7 of 11 respondents provided comment.

** INDEPENDENT REVIEW UNIT ** CHILD PROTECTION MEETING ATTENDANCE														
Overall attendance rates by meeting type Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16														
No.of total meetings	No.	%												
ICPC other Professionals	27		30	54%	21	61%	22	36%	25	37%	24	72%	7	60%
Health Professionals		25%		38%		36%	6	60%	7	59%	7	69%	2	35%
Total ICPC Attendance		52%		51%		55%	28	48%	33	50%	33	58%	9	54%
Core Groups other Professionals	66		30	85%	33	75%	30	69%	20	92%	30	80%	21	86%
Health Professionals		58%		61%		56%		67%		78%	11	77%	3	100%
Total Core Groups Attendance		67%		80%		70%				86%		79%	24	88%
Child Protection Reviews other Professionals	109		92	70%	82	72%	99	63%	29	52%	83	47%	67	72%
Health Professionals		45%		47%		48%	20	76%	8	59%	18	84%	14	55%
Total CPR Attendance		66%		64%		66%	119	65%	37	53%	101	69%	82	68%

** INDEPENDENT REVIEW UNIT ** Timeliness of Social Worker Reports for CiC Reviews

182 IRU monitoring reports for Children in Care received for October.

Changes of Social Worker since last CiC Review

Of the 182 monitoring forms returned in October, 162 recorded data on changes in social worker.

Of these, 32% show the child/young person having 1 or more changes of social worker since the last CiC review

44 children had a change of SW, 40 have 1 change, 4 have 2 changes since their last review.

Teams have been working hard to provide stability in the services and have invested heavily in recruiting newly qualified social workers in order to provide a more long term stable workforce. This corresponds with new permanent staff starting.

Trend – % of cases reviewed with 1 or more changes of Social Worker since last review:-

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
% of QA Forms completed in the month that							
indicate 1 or more changes in Social Worker	38.7%	36.5%	27.7%	27.5%	18.1%	30.0%	32.1%
since the last CiC review							

ACOH/01

People's Scrutiny Committee Thursday 5 January 2017

Devon County Council and Devon Prisons from a Care Act Perspective – Update for People Scrutiny.

Recommendation:

To note the current status of progress and ongoing plans for action in relation to Devon prisons and adult social care post implementation of the Care Act 2014.

1. Background

In November 2015 a masterclass was held for People Scrutiny that outlined a range of partnership work between Devon County Council and the Devon Prisons as a result of the implementation of the Care Act. There was also an overview of the work underway to identify and support families of prisoners.

This report is to provide an update on progress in the work resulting from the implementation of the care act. An update on supporting families of prisoners, 'thinking family and protecting children' will be provided at a future Scrutiny meeting.

2. <u>Progress on Strategic Priorities</u>

2.1 Adult Social Care Assessment activity and outcomes

The dedicated social care team (a social worker and an occupational therapist) has continued to ensure access to timely assessment and support planning as needed for prisoners with potential social care needs. This small team of staff are highly valued by the prison service. The work of the Senior Social worker was also acknowledged in recent National Social Work Awards by winning a Silver Award for her social work role in this setting.

The staff are based in HMP Exeter but outreach to cover Dartmoor and Channings Wood. The social care staff work alongside their colleagues in health care to provide a multi-disciplinary approach, particularly for prisoners with more complex health and care needs.

There have been 157 assessments started for people in prisons in 2016/17 to date. This breaks down across the prisons as 55 (35%, HMP Dartmoor), 68 (43%, HMP Exeter and 34 (22%, HMP Newton Abbot – Channings Wood). Of these assessments, there are 13 that are underway / active (8.3%).

Assessment Outcome	HMP Dartmoor	HMP Exeter	HMP Channings Wood	Grand Total
Complete	48	65	31	144
Abandon Assessment	1	2		3
No service (no eligible social care need)	19	16	2	37
No service (universal/signposting)	20	7	12	39
NHS Continuing Healthcare Only		4		4
Reablement / Community Enabling		1		1
Soc Care Offer (inc. equip, adapt, prof support)	8	35	17	60
Incomplete	7	3	3	13
	7	3	3	13
Grand Total	55	68	34	157

There are 93 clients for who assessments were completed. There were 57 (61.3%) who received no services, 18 (19.3%) who received Equipment, 6 (6.5%) who received personal care and 12 (12.9%) who received both equipment and personal care.

Service Type Received	HMP Dartmoor	HMP Exeter	HMP Newton Abbot	Grand Total
No services	31	16	10	57
Dom Care only	0	4	2	6
Equipment Only	6	6	6	18
Dom Care and Equipment	1	9	2	12
Grand Total	38	35	20	93

2.2 Development of the 'Devon Buddy' model (Peer support scheme)

At the outset of this work it was important to deliver the social care function into the Devon Prisons in line with the principles and key themes of the Care Act 2014. To promote wellbeing and independence at all stages and reduce the risk of people reaching crisis point. With this in mind a key element of the strategy was to work with the prisons to support the further development and delivery of a peer support scheme.

Devon 'Buddies' are prisoners who have an employment opportunity to work on the wings to provide low level enabling and non personal care based task based support to prisoners below or at the threshold for social care. The competency based learning and development for prisoners trained in this role is overseen by Devon County Council and the training delivered by an organisation called Recoop.

Appendix 1 for a case study.

Currently there are 10 trained Buddies at Dartmoor supporting 25 prisoners, 5 trained Buddies at Exeter supporting 14 prisoners and 5 trained Buddies at Channings Wood supporting 19 prisoners

The below is a summary from those involved in this scheme and the continued positive experience of this role:

i. Governor at Exeter Prison

Buddies play a critical role in the Devon Prisons in supporting the delivery of Social Care by:

Providing additional trained eyes within our population. Many referrals by Buddies have been received concerned about their peers, prisoners who would not have or reported their difficulties to staff

- Providing social interaction with prisoners and support
- > The role of the Buddies has in no small way helped to prevent cases becoming more complex
- > Personal gratification and life changing experiences for the buddies
- > A scheme which is very much supported and appreciated by staff and prisoners
- A scheme which has been recognised as good practice by the Chief Inspector of Prisoners in an inspection of HMP Exeter in August
- > The importance of this scheme is recognised by the Deputy Director of Custody for the South West by match funding commitment
- ➤ The buddies fulfil a critical role with the social care agenda, supporting delivery aiding staff assisting prisoners in need, a role which if lost would see a significant gap in the care we provide.

ii. Feedback from prisoners who have been supported by a Buddy:

'One word to describe my Buddy is excellent!'

'He is good at cleaning and as I am blind I've taught him to help guide me and he is good at it. He introduces himself at the door. He listens, we chat, we are good company. He is very careful to put everything back in the right place so I know exactly where it all is'

'I find my Buddy to be attentive, very positive and always helpful and encouraging. He helps me with the tasks I find too difficult to do and also actively encourages me to do what I can for myself. He walks with me to exercise and back and encourages me to go out on exercise. He treats me with respect constantly and is understanding of my health issues and memory problems'

iii. Feedback from a prisoner who undertakes the role;

I've done many jobs in the prison but being a Buddy is definitely the most rewarding. I can see that I'm making a really difference to a fellow prisoner. Poor bugger, I wouldn't want to be in his shoes in here. It's a win win situation. He gets the support he needs, I get to show that I'm not all bad, there is still a good side to me".

Appendix 2 for feedback from Buddies undertaking training in 2016.

In order to support the continued development of this function HMP Exeter are going to appoint a stand alone role to support the Buddy programme. They will work Monday to Friday 9-5, not on the usual rota involving nights.

The prisons are considering the 'optimum level of Buddy capacity needed in light of level of need being identified in part through the assessment and support planning activity of the social care staff within a prison setting.

2.3 Provision of personal care

Where a prisoner has been assessed as eligible for a personal care service and there is no opportunity to utilise the 'Buddy' arrangements to support the individual, then Devon Country Council have commissioned personal care via an independent provider (Ark nursing and care agency). Ark are a registered personal care provider who have been working in Exeter Prison (originally funded by the Ministry of Justice) since 2014.

In recent months NHS England have completed a full procurement process for the future delivery of health care services into the Devon prisons. It is now timely for Devon County Council to consider an opportunity for joint delivery arrangements with the new provider of health care services. This would provide improved opportunities for delivery of seamless care and operational efficiencies for the deployment of care staff in a regime that creates challenges in terms of inflexibility of visiting hours and operational delivery. This work is underway with NHSE.

3. Legal considerations

There are no specific legal considerations at this time

4. Summary

The partnership working with Devon prisons, NHS England and Recoop continue to support the delivery of an effective model for the requirements in the Care Act 2014 in relation to the new responsibilities for Devon County Council as outlined below:

'The Care Act, which came into effect in April 2015, makes clear where responsibility lies for assessing the care and support needs of adult prisoners, for providing care and support where those needs meet eligibility criteria, and also for transferring that care back into the community at sentence end.

A council is responsible for assessing and meeting the care and support needs of prisoners in any prisons located in their area. The responsibility will no longer rest with the council in the area from where a prisoner came.

After the assessment, the council will determine whether the person is eligible for care and support using the same eligibility criteria used for people living in the community. If the person is assessed as having needs which meet those criteria, the council will be required to meet those needs.'

Electoral Divisions: All

Keri Storey – Head of Care Operations and Health

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries: Keri Storey Tel No: 383000 Room: A107

Appendix 1

Buddy / Client Case Study - HMP Dartmoor 2016

The Referral

Occupational Therapist Devon Prison Cluster

Mr W has been prescribed some exercises by a community physiotherapist and has been given a sheet outlining what these exercises are but on visiting him I was worried that he may need support to do the exercises a). due to being unsteady on his feet, b). being unsure what and how to do them and at risk of giving up, and then as a consequence further losing muscle strength and being at risk of becoming less ambulant/mobile and independent in activities of daily living.

Support Plan

On speaking with Mr S, the Buddy who supports Mr W, he and the OT formulated a plan where Mr S will work with Mr W, every day going through the exercises with Mr W. Mr S is also going to support Mr W to access the Gym's over 50's sessions on Mondays, Wednesdays and Fridays.

Expert Witness Statement

NHS Dorset Health Care Nurse

As one of the Nurses in HMP Dartmoor, I have observed how Mr S has assisted one of the gentlemen who he is a Buddy for, he regularly does his physiotherapy exercises with him, he records this on a sheet, when he has done each exercise twice daily with him. The gentleman who he assists states that this has helped him recover greatly, and attributes his speedy recovery to Mr S's help with this, among the other things he does for him.

Senior Officer (Health and Social Care Lead) Witness Statement

Mr S's work ethic is second to none; he is caring and professional, ensuring that prisoners under his care receive all that is required to ensure decency. I have observed him with one of the prisoners who is terminally ill and he has proven that nothing is too much trouble. As well as caring for his physical needs, he spends time talking and keeping him company. He has shown that he is willing to go the extra mile for others.

Client Witness Statement

Mr S has acted as a Buddy on my behalf since I was transferred to this health and social care wing. This was due to an injury in my foot for which I had an operation. Although I'm gradually improving, Mr S fetches me and accompanies me to medical appointments. This eases my task considerably. The programme raised for exercises has proved to be very helpful to me in relationship to strengthening my leg muscles. I am now able to get up from a sitting position without supporting myself with my hands which I couldn't do before. My balance is improving and I'm very pleased to date. The walking the wing is giving me some problems. 3 laps is ok but 4 gives me pain in my hip. Mr S has been great at persuading me <u>not</u> to do too much, but to go through the exercises gently but regularly. He will do them with me which is good.

Appendix 2

Quotes Regarding Buddy Training 2016

The best bit was an insight into care and support. It was very refreshing for me to have the facilitator treat me with respect and showing me that I have something of value to offer others

It was an extensive course which leads me to believe in being a better person.

I don't think you can get a better trainer. I have a better understanding of how people should be treated. Keep up the good work!

I enjoyed getting an understanding and a good base knowledge to go and help people out.

Thank you for providing a comprehensive training programme and making the sessions interactive and fun to attend. I found the group was friendly and willing to engage and learn new skills.

The tutor has made the course not only informative and useful, but enjoyable too. It meant that there was no classroom disruption and all students engaged in all sessions.

I found the course very instructive and educational and a great help to myself to learn about others. I now realise how much Buddies are needed and know the role. I enjoyed learning about other people other than myself.

The best bit was the trainer, with her knowledge and interaction with the group. It was a well presented and interactive course covering a wide range appropriate to the job.

Gaining knowledge was very interesting. It was delivered really well, we were made to interact and I enjoyed doing so.

The tutor is one of the best I have worked with, could not have asked for better

ACH/17/59 Scrutiny Committee 5 January 2017

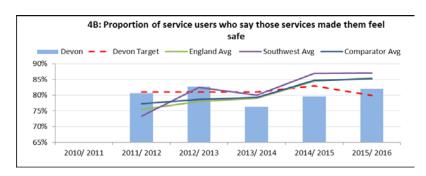
Performance Report – October 2016
Report of the Head of Adult Commissioning and Health and the Head of Adult Care Operations and Health

Introduction and Background

The Adult Performance Framework (APF) (Appendix A) is structured under the current adult vision priority areas to highlight areas of good performance and where improvement and further development are needed. This report below focuses on those indicators where targets are not being met, and are either Amber (1 – 5% away from target) or Red (more than 5% from target). Overall there are 32 performance indicators reported in the Adult Performance Framework, with targets set. Of those 32, 17 are green (53.1%), 6 are amber (18.75%) and 9 are red (28.1%). Full details of all indicators can be found in Appendix A.

1. Vision Priority 1 - To ensure that people using services feel safe

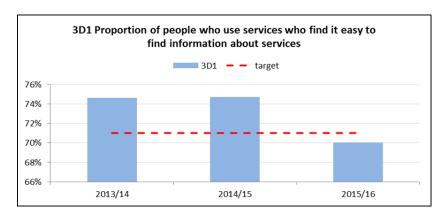
4B – Users who say services have made them feel safe and secure. (Amber)



Performance for Devon has improved for 2015/16, from 79.4% (Red) in March 2015, to 82.0% (Amber) for March 2016. ASCOF 4B is a complimentary measure, to ASCOF 4A (Users who feel safe), giving specific comment on the impact of services on achieving this outcome. Despite an improvement in performance on both these measures, service users in Devon still feel less safe than service users in other areas in the region, or England generally. Members should note this is a perception indicator and forms part of the quality of life measure.

2. Vision Priority 2 - To reduce or delay any need for long term social care and support

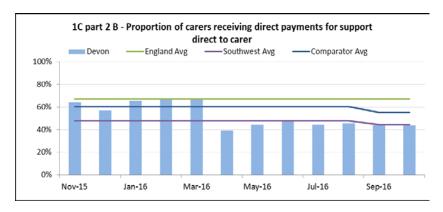
<u>3D part 1 – People who find it easy to find information and support (Red)</u>



Performance for Devon has declined for 2015/16, from 74.5% (Green) in March 2015 to 70.0% (Red) for March 2016. This is a service user perception indicator from the Adult social Care survey. When the Page 47

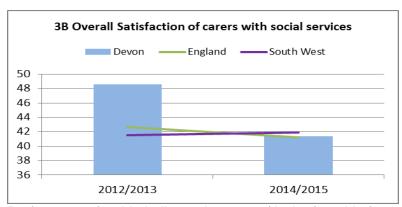
Survey was run the DCC website was undergoing change which meant that some of the web-links were not working correctly, and this may have impacted on performance. Good quality information and advice is an essential feature to effectively managing demand and improvements have been made, including 'Pinpoint' as the on-line directory of services across Devon.

1C part 2 B - Carers receiving Direct Payments for support direct to Carer (Red)



Performance for this indicator is at 43.5% (Red) for October 2016, a decline from 66.5% for March 2015. This change in performance follows a changed count methodology for this indicator for carers. Changes to the Carers Offer to make it Care Act compliant from April 2015 resulted in the removal of Flexible Breaks Grants and Take A Break vouchers which had been included in the calculation of these indicators. These schemes ended in March 2016. This ensures we were following more closely the spirit and intent of the 2015 indicator definition changes. This resulted in a dip in performance since April 2016, but now provides a more credible baseline for measuring performance in future years.

3B - Overall satisfaction of carers with social services (Amber)

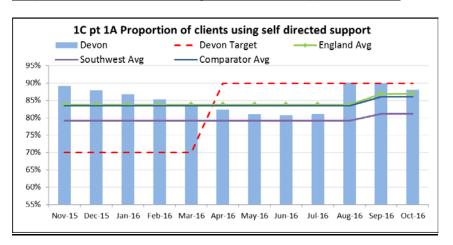


Performance for this indicator is 41.1% (Amber) and is from the 2014/15 Carers Survey. It should be noted that the Carers Survey run in 2014-15 coincided with the consultation on changes to the Carers Offer to make it Care Act compliant. Performance dipped against a number of indicators, but remains ahead of benchmarks. The next Carers Survey has taken place in late 2016, with results available May 2017.

Following the Care Act, Devon remodelled the assessment and support process for Carers. To date, over 6,000 Carer Assessments have been completed, the majority by Devon Carers. Carers who have been assessed have a very high level of self-directed support, and use Direct Payments. Devon performs well compared to regional and national comparators.

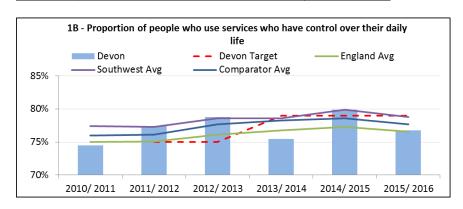
3 Vision Priority 3 - To expand the use of community based services and reduce the use of institutional care

<u>1C part 1 A – Adults receiving self-directed support (Amber)</u>



Performance for this indicator has improved since March 2015 (83.49%) to 88.11% for October 2016. For the rolling 12 months to 31st October 2016 7,987 clients had received a personal budget. The target for 2015/16 was increased to 90%, following the change in indicator definition in 2014/15 which reported carers and service users in separate indicators and benchmarking data became available for other authorities. Performance did improve from August 2016 following a technical correction in the data calculation. It should be noted that performance in Devon is still better than all comparator benchmarking.

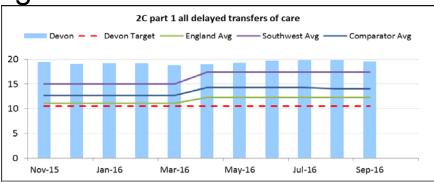
1B - People who have control over their daily life (Amber)



Performance in Devon has fallen for 2015/16 to 76.8% (Amber) from 79.84% for March 2015 (Green). This is calculated form the annual Adult Social Care Survey. A study found members of the public gave 'control' the highest weight and it is therefore subject to a separate indicator (ASCOF 1B). The measure is determined as a percentage of people responding 'I have as much control over my daily life as I want' or 'I have adequate control over my daily living'.

The measure is again a perception indicator, which gives an overall indication of the reported outcome for individuals. Devon ranks 78/152 LAs with performance (76.8%) just above England (76.6%). Statistical Neighbour performance ranges from 74.9% to 82%.

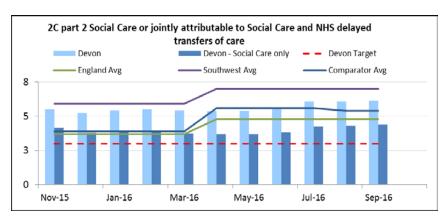
2C Part 1 – Delayed Transfers of Care from hospital, per 100,000 population (Red)



Current performance against ASCOF 2C (part 1) Delayed Transfer of Care (all sources) has increased to 19.50 per 100,000 population and is worse than the 2015-16 England (12.30) and Regional (17.4) comparators. Analysis shows the majority of cases for delayed discharge are waiting for further non acute NHS care which includes intermediate care and reablement. This affected the largest number of patients (513 out of 1,475) and caused the largest number of days of delay (16,693 out of 52,879). For acute beds the RD&E has the largest number of delayed patients (722 out of 927). For non-acute beds, the provider with the largest delays is DPT (298 out of 548).

Improvement work for hospital delays is overseen by the multi-agency Better Care Fund Plan and work continues to improve and strengthen the action plans that have been developed at a Devon wide level for implementation through locality level groups. This is overseen by the new A&E Board.

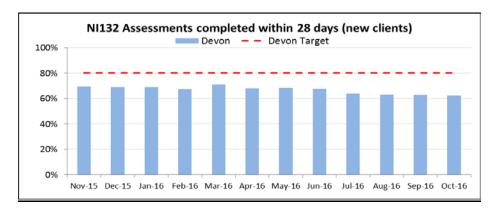
<u>2C Part 2 – Delayed Transfers of Care from hospital, per 100,000 population, attributable to social care or jointly to social care and health (Red)</u>



ASCOF 2C (part 2) measures delays attributable to social care and jointly between the NHS and social care: current performance has deteriorated slightly on last month to 6.15 and is in excess of England Average for 2015/16 of 4.80, but better than the South West average of 7.00. Performance for Social Care Only delays is 4.40 and has been worsening over recent months. Of the 465 patients delayed due to social care or jointly to social care and the NHS over the last 12 months, the highest reasons for delay were, Awaiting Care Package in own home which affected 133 patients (29%), Awaiting Completion of Assessment which affected 89 patients (19%) and Awaiting Residential Home placement which affected 82 patients (18%).

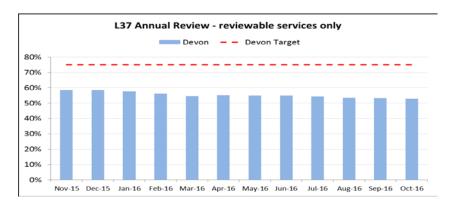
4 Vision Priority 4 - To ensure that people have a positive experience of social care services

NI132 – New clients assessed within 28 days (Red)



This is a local measure for Devon, and measures how many new people have their assessment of need completed within 28 days of contacting us. For the rolling 12 months to 31st October 7,354 people had an assessment completed within this timescale, out of 11,849 people. Performance has been in decline over the last 18 months and is currently at 62.06% (Red) against a target of 80.8%. There is no benchmarking data available to compare our performance to other local authorities.

L37 – Annual Review (Red)



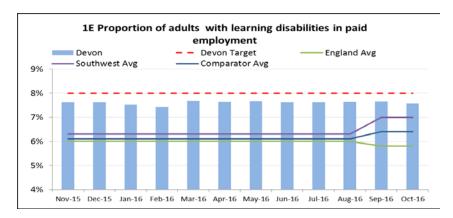
This is a local measure for Devon, and measures how many people in receipt of a service for more than 365 days have received an annual review in the last 12 months. For the rolling 12 months to 31st October, 4,187 people had a review, out of 7,897 people. Performance has been in decline over the last 24 months and is currently at 52.74% (Red) against a target of 75.0%. There is no benchmarking data available to compare our performance to other local authorities.

L74a – Proportion of safeguarding strategy meetings/agreements held within 7 days (Red)



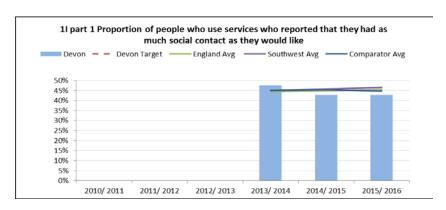
This is a local measure for Devon, and measures how many Safeguarding Strategy meetings met the 7 day timescale requirement in the last 12 months. For the rolling 12 months to 31st October, 135 meetings, out of 285 took place within 7 working days. Performance has been in decline over the last 12 months and is currently at 47.36% (Red) against a target of 80.0%. There is no benchmarking data available to compare our performance to other local authorities.

1E - Adults with a Learning Disability in paid employment (Red)



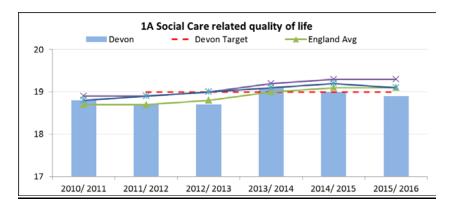
Performance in Devon for October 2016 is 7.57%, a slight reduction since March 2016 (7.69%). The underlying data shows that there are 8 more people with a learning disability in paid employment now than in March (160 compared to 152), but the number of people with a learning disability who have been assessed has also increased, from 1,977 to 2,115. In Devon, people with a learning disability more likely to be in paid employment than people regionally or nationally.

11 part 1 – Adults who reported they have as much social contact as they like (Amber)



Performance in Devon for 2015/16 has been static compared to 2014/15. For part 1 (service users) Devon is below England and comparator averages, which have increased slightly. Performance is probably influenced by Devon's rurality. Members should note this is a perception indicator and forms part of the quality of life measure.

1A – Social Care related quality of life (Amber)

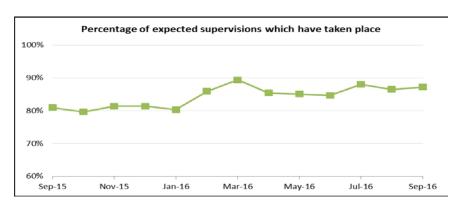


Devon performance has declined slightly for 2015/16, and Devon ranks below the England average and other comparator averages. ASCOF 1A measures 'social care related quality of life' and is a composite indicator computed by equally weighted responses to 8 questions within the ASC User Survey. Each of the questions has four possible outcomes ranging from 'no unmet needs' to 'no needs met'.

As this is a perception indicator, responses are subjective and likely to be externally influenced, e.g. by national media, local consultation etc.

5 Vision Priority 5 - To ensure the social care workforce can deliver effective, high quality services

<u>L23 – Staff supervision meetings (Red)</u>



This is a local measure for Devon, and calculates how many supervision sessions have been recorded in the last 12 months, for front line social care staff. Current performance is 87.2% for September 2016, against a target of 100.0%. Senior managers receive a detailed report on a monthly basis to highlight area and individual performance gaps.

Tim Golby Keri Storey
Head of Adult Commissioning and Health Head of Adult Care Operations and Health

Electoral Divisions: ALL

Local Government Act 1972: List of Background Papers

None

Who to contact for enquiries:

Name: Damian Furniss Contact: 07905 710487

Cabinet Member: Councillor Stuart Barker

Devon Adult Social Care

Senior Leadership Team
Adult Care Operations and Health
& Adult Commissioning and
Health
Adult Performance Framework
October 2016

Management Information Homepage

Visior	Priority 1: To ensure that people using services feel safe
1. 1	Are we keeping people safe?
	1.1.1 Are people feeling safe?
	1.1.2 Do people who receive services think they make them feel safer?
	1.1.3 Is our use of Deprivation of Liberties Standards proportionate?
	1.1.4 Are safeguarding concerns and enquiries increasing
1.2.	Do we commission services which are affordable, sufficient and of at least adequate quality?
	1.2.1 Is there sufficent supply for residential/nursing care, personal care and unregulated care?
	1.2.2 Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?:
Visior	Priority 2: To reduce or delay any need for long term social care and support
2.1.	Are we enabling people to be independent for longer?
	2.1.1 How do we best measure the impact of prevention?
	2.1.2 Is information, advice and signposting diverting people from requiring assessment?
	2.1.3 How can we evidence the reducing need of people?
	2.1.4 Do people find it easy to access information and advice?
2.2	Are we supporting carers well?
	2.2.1 Are carers saying their quality of life is improving?
	2.2.2 Are people getting enough social contact?
	2.2.3 Are carers being assessed receiving a service as a result?
	2.2.4 What proportion of carers receiving a service do so via a personal budget?
	2.2.5 What proportion of carers receiving a service do so via a direct payment?
	2.2.6 Are we supporting more carers directly?
	2.2.7 Are we supporting more carers indirectly?
	2.2.8 How many carers are being assessed/identified?
/isior	Priority 3: To expand the use of community based services and reduce the use of institutional care
3.1.	Are we extending choice and control?
	3.1.1 Are people offered and taking up a personal budget?
	3.1.2 Are people taking up Direct Payments as the preferred personal budget option?
	3.1.3 Are people using personal budgets saying they have more choice and control?
	3.1.4 Are allocated budgets in line with assessed need?
	3.1.5 Do people receive a service quickly?
3.2	Do we help keep people out of hospital wherever possible?
	3.2.1 Are delayed transfers of care reducing?
	3.2.2 In particular are delayed transfers of care attributable to social care reducing?
	3.2.4 Are older people discharged from hospital offered appropriate reablement and rehabilitation?
	3.2.5 sthe reablement and rehabilitation of older people being discharged from hospital effective?
	3.2.6 s ASC contributing to minimising hospital admissions?
3.3	Do we help people to remain at home wherever possible? / Are we minimising the use of residential services?
	3.3.1 Are younger adults being maintained in their own homes?
	3.3.2 Are older adults being maintained in their own homes?
	3.3.3 Are we reducing the balance of residential vs community services?
	3.3.4 sthere a balance of service provision in the market place? Are there adequate services to meet community need?
	3.3.5 Are we increasing the number of people we support in the community?
/isior	Priority 4: To ensure that people have a positive experience of social care services
4.1.	Are we delivering an effective care management service?
	4.1.1 Are people assessed in a timely way?
	4.1.2 Are people reviewed i)6 - 8 weeks after assessment, and ii) annually?
	4.1.3 Is the quality of assessment, review and care planning audited as good?
	4.1.4 Is the user/carer perception of the quality of assessment, review and care planning good?
	4.1.5 Productivity of teams
	4.1.6 Is our safeguarding response timely?
	4.1.7 Are safeguarding enquiries and concerns recurring for the same people?
	4.1.8 Is our use of Mental Capacity Act assessments proportionate?
	4.1.9 What are the outcomes for the clients?
	4.1.10 Transitions into Adult Services
4.2	Are we improving peoples lives? OR Are we helping people to improve their lives?
	4.2.1 Are younger adults living independently?
	4.2.2 Are younger adults in employment?
	4.2.3 Are people getting enough social contact?
	4.2.4 Are service users saying their quality of life is improving?
	4.2.5 What are the outcomes of what we do?
/isior	Priority 5: To ensure the social care workforce can deliver effective, high quality services
5.1.	Do we have a workforce which is well trained and competent to meet the needs of service users and carers?
	5.1.1 Workforce FTE, vacancies, agency staff, sickness, maternity and adoption
	5.1.2 Absence
	5.1.3 Appraisal and Supervision
	5.1.4 Recruitment and Retention
	5.1.5 Qualified Workforce
lie!	
/ISIOI	Priority 6: To ensure that strategic planning and commissioning of adult social care services is integrated with the NHS and other partners
5.1.	

	Adult's	Services	APF Score	ecard - Oc	tober 2016			
			2015/16 Bei	nchmarking		2015/16 ACS Targets	2016/17 ACS Targets	2016/17 Octobe Performance
Code	Title	Devon	Regional	Comparator	England	Devon Target 2015/16	Devon Target 2016/17	Performance @ Oct 2016
	riority 1: To ensure that people using seel safe							
1.1 We a	re keeping people safe							
4B	Users who say services have made them feel safe and secure	82.0%	87.1%	85.2%	85.4%	79.9%	84.5%	82.0%
4A	Users who feel safe	69.0%	69.6%	68.7%	69.2%	66.3%	68.3%	69.0%
L24	Rate of DOLS per 100,000 population	N/A	N/A	N/A	N/A	N/A	No Target	36
L25	Safeguarding alert volumes	N/A	N/A	N/A	N/A	N/A	No Target	2,369
L26	Whole service investigation volumes	N/A	N/A	N/A	N/A	N/A	No Target	14
APF 1.1.4	Making Safeguarding Personal - meeting preferred outcomes	N/A	N/A	N/A	N/A	N/A	No Target	91.8%
	commission services which are affordable, and of at least adequate quality							
APF 1.2.1	Unfulfilled Care Packages	N/A	N/A	N/A	N/A	N/A	No Target	117
3A	Overall satisfaction of people who use services with their care and support	68.0%	66.3%	64.6%	64.4%	68.0%	68.0%	68.0%
APF 1.2.2	Percentage of commissioned services in Devon	N/A	54.0%	N/A	N/A	No Target	66.0%	78.0%
2.1. We a longer 3D part 1	People who find it easy to find information about	70.0%	73.3%	72.4%	73.5%	71.0%	74.5%	70.09
22 We :	support are supporting carers well							
1D		8.1	7.9	7.8	7.9	8.2	8.2	(14/15) 8.2
1I part 2	Carer reported quality of life Carers who reported that they had as much social	39.0%	36.4%	35.6%	38.5%	45.0%	39.0%	(14/15) 39%
NI135	contact as they would like Carers receiving needs assessment/ review/ and a	N/A	N/A	N/A	N/A	43.0 % N/A	No Target	48.0%
	specific carer's service, or advice and information	70.9%	55.4%	60.7%	77.7%	No Target	89.4%	98.7%
1C Part 2 I	b Carers receiving self-directed support Carers receiving direct payments for support direct to	44.4%	44.4%	55.2%	67.4%	_	66.9%	43.5%
	carer					No Target		
APF 2.2.8	Number of Carers being identified / assessed Overall satisfaction of carers with social services	N/A	N/A	N/A	N/A	N/A	No Target	5,698
3В	Carers who report that they have been included or	41.4%	41.9%	40.8%	41.2%	46.1%	41.9%	(14/15) 41.4%
3C	consulted in discussion about the person they care for	73.0%	72.2%	73.0%	72.3%	73.7%	73.7%	(14/15) 73%
	riority 3: To expand the use of community ervices and reduce the use of institutional							
3.1. We	are extending choice and control							
1C Part 1	a Adults receiving self-directed support	84.0%	81.1%	86.0%	86.9%	No Target	89.9%	88.1%
1C Part 2	a Adults receiving direct payments	30.6%	28.5%	30.4%	28.1%	No Target	33.5%	33.9%
4D	People who have control over their daily life	76.8%	78.8%	77.7%	76.6%	79.0%	79.9%	76.8%
1B								
APF 3.1.4	% variance from Estimated Budget to Agreed Budget	N/A	N/A	N/A	N/A	N/A	No Target	6.9%
		N/A N/A	N/A N/A	N/A N/A	N/A	N/A	No Target	6.9% £279.91

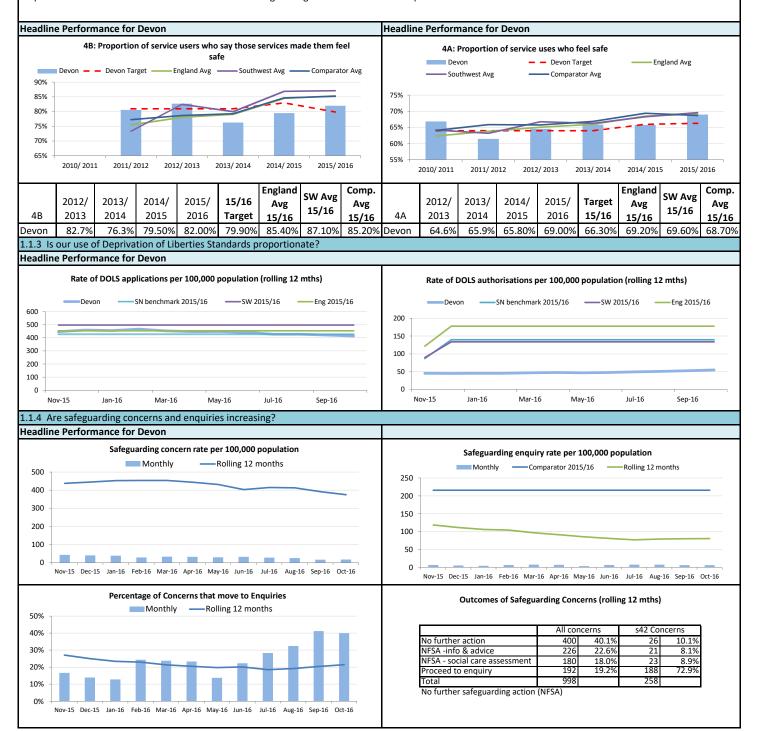
3.2. We h	nelp keep people out of hospital wherever								
2C Part 1	DTOC (Delayed transfers of care) from hospital per 100,000 population	18.6	17.3	14.0	12.1	10.5	No Target		19.5
2C Part 2	DTOC attributable to social care or jointly to social care and the NHS	5.4	6.9	5.4	4.7	3.0	No Target		6.2
2B part 1	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	87.1%	84.1%	83.8%	82.7%	81.5%	81.5%		90.1%
2B part 2	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	1.3%	2.9%	2.5%	2.9%	3.3%	No Target		1.8%
2D	Received a short term service during the year where the sequel to the service was either no ongoing support or support of a lower level	87.8%	82.9%	78.7%	75.8%	No Target	88.4		89.4%
	elp people to remain at home wherever								
-	/ We are minimising the use of residential								
services 2A part 1	Long-term support needs of younger adults (18-64) met by admission to residential and nursing care homes, per 100,000 population	13.2	13.4	13.2	13.3	17.0	15.1		11.0
2A part 2	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population	500.6	606.4	557.2	628.2	540.5	514.6		445.4
Vision Pr	iority 4: To ensure that people have a								
positive e	experience of social care services								
4.1. We a service	re delivering an effective care management								
NI 132	Timeliness of social care assessment - new clients assessed within 28 days	N/A	N/A	N/A	N/A	80.0%	80.0%		62.1%
L37	Annual review - reviewable services	N/A	N/A	N/A	N/A	75.0%	75.0%		53.0%
APF 4.1.3	Practice Quality Review - Percentage of requested cases completed	N/A	N/A	N/A	N/A	N/A	No Target		54.4%
APF 4.1.3	Practice Quality Review - Number completed (Number requested)	N/A	N/A	N/A	N/A	N/A	No Target	#	50 (92)
L74a	Proportion of safeguarding strategy meetings/agreements held within 7 working days	N/A	N/A	N/A	N/A	80%	80%		43.4%
L77	Proportion of safeguarding case conferences held within 30 working days of strategy meetings	N/A	N/A	N/A	N/A	80.0%	80.0%		81.6%
L27	Mental Capacity Act assessments completed	N/A	N/A	N/A	N/A	N/A	No Target		1,922
	are improving peoples lives OR We are seeple to improve their lives								
1G	Adults with a learning disability who live in their own home or with their family	70.0%	72.2%	73.4%	75.4%	72.1%	69.5%		75.2%
1H	Adults in contact with secondary mental health services living independently, with or without support	63.8%	55.8%	55.1%	58.6%	60.8%	63.8%		64.3%
1E	Adults with a learning disability in paid employment	7.3%	7.0%	6.4%	5.8%	8.0%	8.0%		7.6%
1F	Adults with secondary mental health services in paid employment	5.6%	9.4%	9.0%	6.7%	7.4%	6.7%		7.2%
1I part 1	Adults who reported that they had as much social contact as they would like	42.8%	46.6%	44.6%	45.4%	45.0%	44.8%		42.8%
1A	Social care related quality of life	18.9	19.3	19.1	19.1	19.0	19.1		18.9
	iority 5: To ensure the social care workforce								
-	ave a workforce which is well trained and								
competer carers	nt to meet the needs of service users and								
L21	Percent of working days lost to sickness	N/A	N/A	N/A	N/A	4.8%	4.5%		3.4%
L23	Staff supervision meetings	N/A	N/A	N/A	N/A	100.0%	100.0%		87.2%

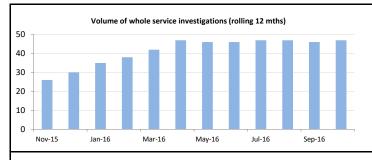
Vision Priority 1: To ensure that people using services feel safe

1. 1 Are we keeping people safe?

Summary of Performance (Insight and Impact analysis) -

Service user views are captured annually as part of the national Adult Social Care User Survey. Published data relates to 2014-15, where Devon performance remains below benchmarks for both ASCOF perception measures of 'safety'. Provisional outcomes for 2015-16 show improvements in both indicators. DEPRIVATION OF LIBERTIES SAFEGUARDS (DoLS): following the Cheshire West ruling, there is significant pressure in the system. Waiting lists for applications stood at 2,895 at the end of October. Work to develop workflow reports for those DoLS applications triaged as high priority will follow Care First development. As this work progresses we will be better able to describe the impact of actions to ensure the right people are being prioritised. SAFEGUARDING: as a result of the Care Act, safeguarding terminology changed for 2015/16 from alerts/referrals/investigation to concerns/enquiries. New forms were introduced in DCC to reflect these changes from August 2015. Further changes have been made to the Enquiry form to better capture data on outcomes relating to risk assessment and Making Safeguarding Personal. Rolling 12 months data will reflect a mixed picture of data before and after these form and threshold changes. The number of concerns increased following Care Act implementation but is stabilising following management action. Alternative options for addressing the presenting issue (including care management) are considered before making the threshold decision; this may explain the apparently low percentage of concerns moving to enquiries. National comparators for concerns and enquiries will be available in October 2016 when the Safeguarding Adult Collection data is published.



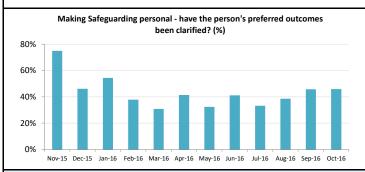


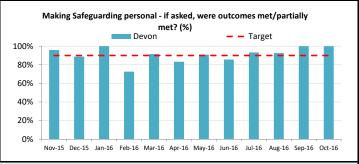


Safeguarding Risk Assessment Outcomes - 6 mths to end October 2016

Risk Identified	144
Risk Identified %	61.0%
No Risk identified/inconclusive	28
No Risk identified/inconclusive %	11.9%
Ceased at individual request	3
Ceased at individual request %	1.3%







1.2. Do we commission services which are affordable, sufficient and of at least adequate quality?

Summary of Performance (Insight and Impact analysis) -

The Care Quality Commission (CQC) changed its inspection regime in October 2014. Quality is assessed by the percentage of social care providers rated Good or Outstanding by CQC. Figures show active organisations only (i.e. not inactive or de-registered organisations). Performance has steadily been improving and was at 80.4% (1 Oct 2016) which higher than both the rate for the South West region (77.8%) and the rate for England (73.2%). Quality for community based providers (88.4%) is markedly higher than for the residential care sector (78.5%). This remains a priority area for development along with a better understanding of market sufficiency and price.

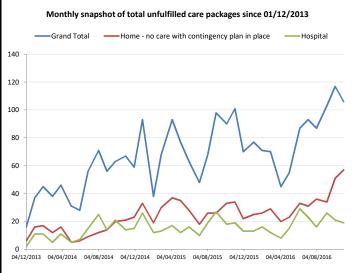
Quality suspensions have fallen again this month, whilst safeguarding suspensions have remained the same.

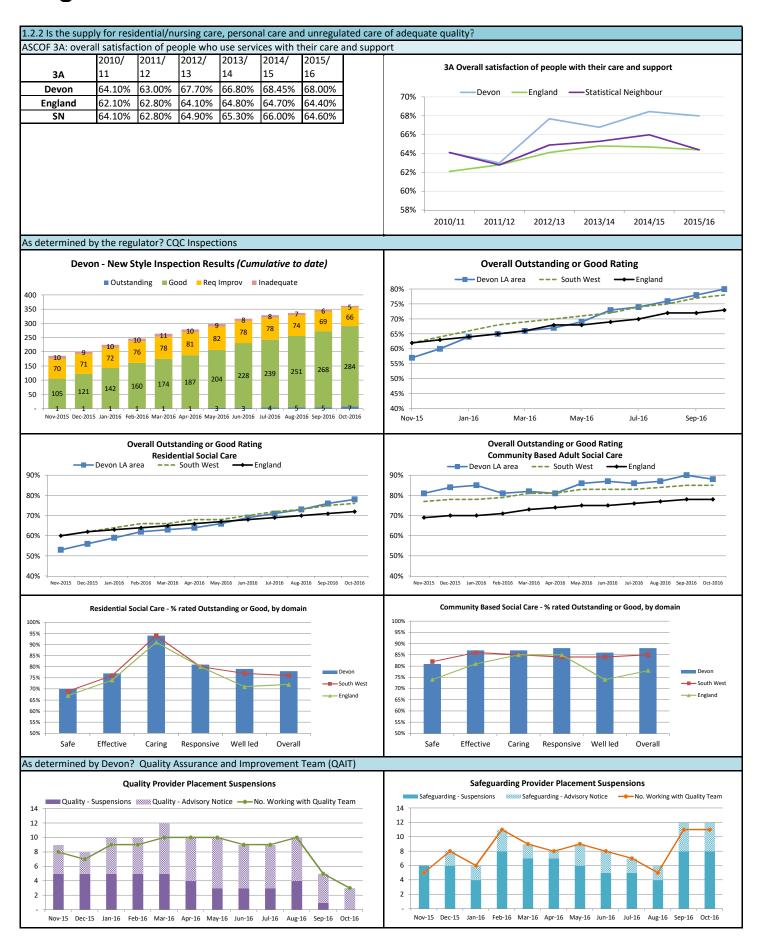
1.2.1 Is there sufficient supply for residential/nursing care, personal care and unregulated care?

Unfulfilled care packages

Below is an extract from the Unfulfilled Care Packages report, dated 04/10/2016. There were a total of 106 people with unfulfilled care packages that week, of which 23 were new to the list in that week. As at the end of October 2016 there were 4182 people in receipt of personal care, meaning UCPs represent 2.53% of personal care clients. Whilst Eastern has the most Unfulfilled packages of care, Northern has 1 case which has been waiting the longest. Opposite is a graph showing the monthly snapshot trend since 01/12/2013, and includes number of clients who are in hospital, or at home with no care.

Length of time without supply	Eastern	Northern	Southern	Grand Total	New clients to the list
Less than 4 weeks	50	4	12	66	23
Between 4 & 7 Weeks	13	1	4	18	0
Between 8 & 11 Weeks	7	1		8	0
Between 12 & 15 Weeks	2	1	4	7	0
Between 16 & 19 Weeks	3	1	1	5	0
25 Weeks	1			1	0
46 Weeks		1		1	0
Grand Total	76	9	21	106	23





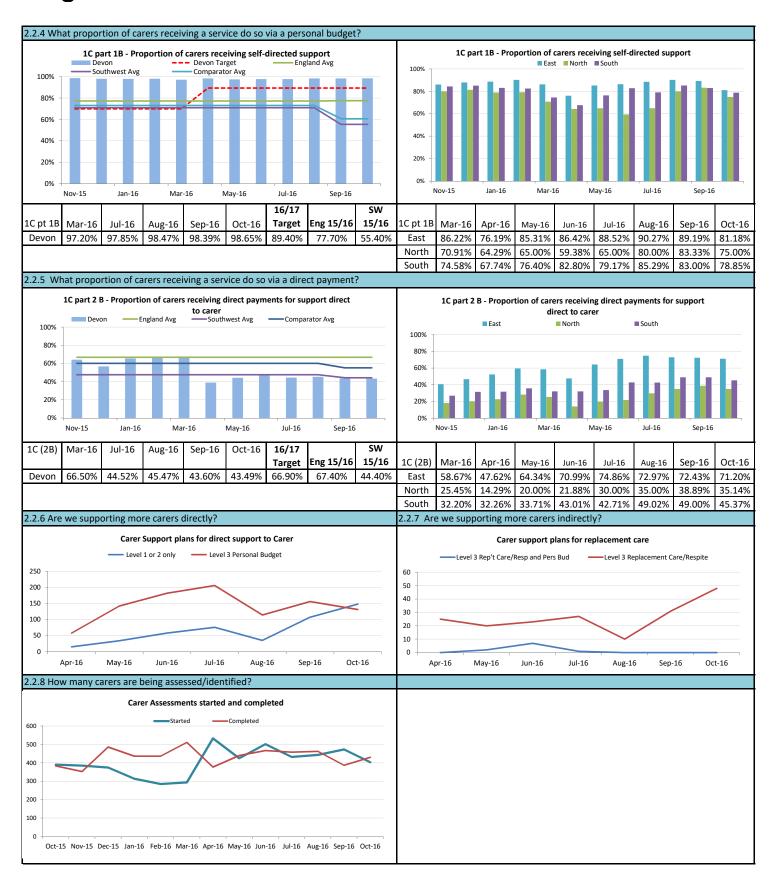
Vision Priority 2: To reduce or delay any need for long term social care and support 2.1.4 Do people find it easy to access information and advice? Headline Performance for Devon 3D service users & carers find information about services easy 2011 / 12 2012/13 2013/14 2014/15 2015/16 78% Target 76% 74% 3D - Proportion of people who use 72% services an carers who find it easy to 70% 76.1 find informaiton about services 66% 3D1 - Proportion of people who use services who find it easy to find 62% 74.6 74.7 70 71 information about services 2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 3D2 - Proportion of carers who find it easy to find information about 66.1

2.2 Are we supporting carers well?

Summary of Performance (Insight and Impact analysis) -

Implementation of the carers elements of the Care Act has resulted in a revised three tier offer for carers, which has resulted in significant practice and process changes. The Care Act provided carers with an entitlement to individual assessment and since April 2015 6392 Carers Assessments have been started, of which 5872 had been completed by 30th September 2016. Of the completed assessment forms during 2015/16 49.47% had an outcome of Social Care offer. Feedback from carers is captured biennually through the national Survey of Adult Carers, which enables performance to be benchmarked Nationally, Regionally and against Statistical Neighbours. Devon performance for the composite indicator ASCOF 1D, Carer reported Quality of Life is good and above benchmarks. Likewise for ASCOF 1I (part 2) % of carers having as much social contact as they would like. Devon performs well against the carers personalisation measures ASCOF 1C parts 1b and 2b and is above England and Regional Comparators for 2014/15.





Vision Priority 3: To expand the use of community based services and reduce the use of institutional care

3.1. Are we extending choice and control?

77.40%

Devon

78.70%

75.50%

79.84%

76.80%

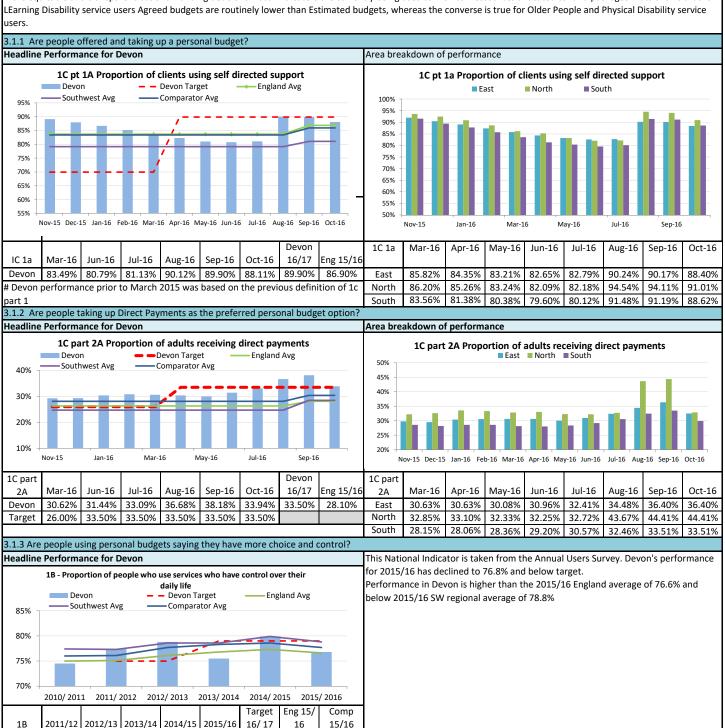
79.90%

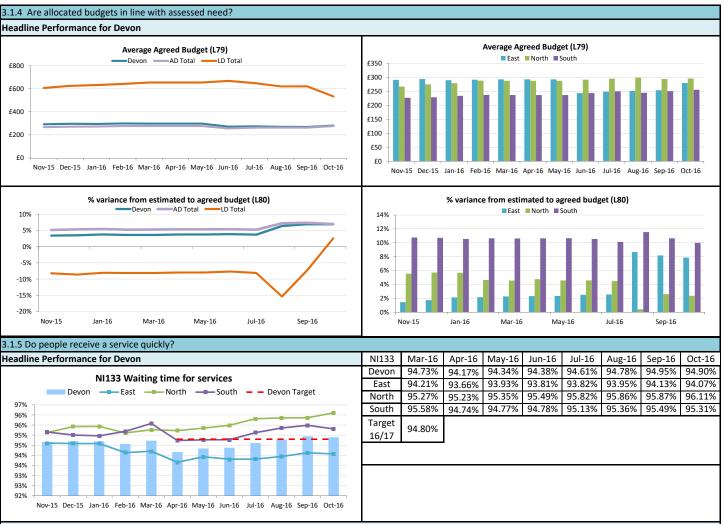
76.60%

78.20%

Summary of Performance (Insight and Impact analysis) -

Devon performas well against the national personalisation metrics: ASCOF 1C parts 1A and 2A, which measure self-directed support and direct payments; benchmarking in excess of comparators in 2014-15. Reported performance against both measures had declined during 2015-16. upon investigation however, a correction has been made to the calculation process and therefore performance from August 2016 onwards has improved and is meeting the target. Service user perceptions are measured annually through the national Adult Social Care User Survey, which enables benchmarking of performance. In 2014-15, Devon performance against ASCOF 1B (Proportion of people who feel they have control in their daily lives) was above national and regional comparators. A new resource allocation system was introduced in 2015-16 to provide a more equitable and transparent basis for funding decisions. Local indicators are currently being used to monitor ressources allocated to fund packages. Data shows that for LEarning Disability service users Agreed budgets are routinely lower than Estimated budgets, whereas the converse is true for Older People and Physical Disability service users.



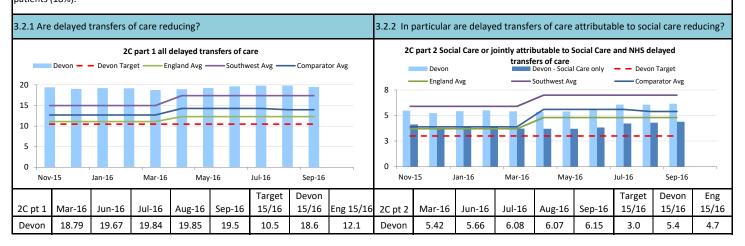


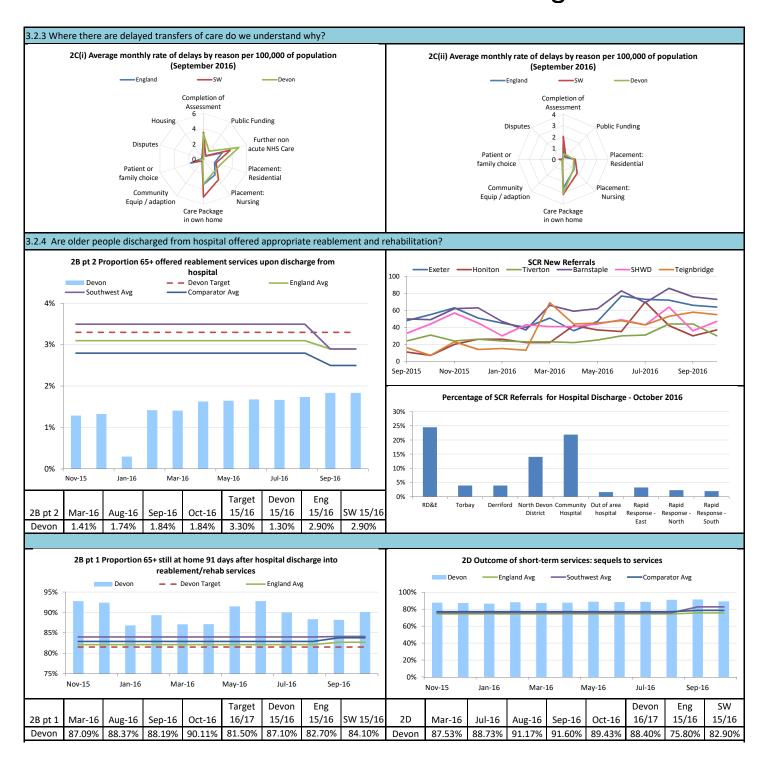
3.2 Do we help keep people out of hospital wherever possible?

Summary of Performance (Insight and Impact analysis) -

Understanding and improving delayed transfers of care is a priority area. Local, Regional and National performance has been in decline throughout 2015-16 and remains a cause for concern. Current performance against ASCOF 2C (part 1) Delayed Transfer of Care (all sources) has increased to 19.50 per 100,000 population and is well in excess of the 2015-16 England (12.30) and Regional (17.4) comparators. Improvement Plans are in place and actions are in-hand to improve recording consistency. Analysis shows the majority of cases for delayed discharge are waiting for further non acute NHS care which includes intermediate care and reablement. Since 1st October 2015 the majority of cases for delayed discharge are waiting for further non acute NHS care which includes intermediate care and reablement. This affected the largest number of patients (513 out of 1,475) and caused the largest number of days of delay (16,693 out of 52,879). For acute beds the RD&E has the largest number of delayed patients (722 out of 927). For non-acute beds, the provider with the largest delays is DPT (298 out of 548).

ASCOF 2C (part 2) measures delays attributable to social care/both: current performance has increased slightly on last month to 6.15 and is in excess of England Average for 2015/16 of 4.80, but better than the South West average of 7.00. Performance for Social Care Only delays is 4.40 and has been increasing over recent months. Of the 465 patients delayed due to social care or jointly to social care and the NHS over the last 12 months, the highest reasons for delay were, Awaiting Care Package in own home which affected 133 patients (29%), Awaiting Completion of Assessment which affected 89 patients (19%) and Awaiting Residential Home placement which affected 82 patients (18%).



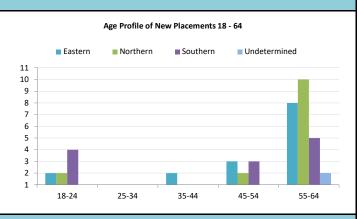


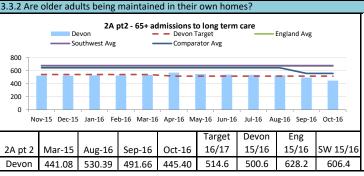
3.3 Do we help people to remain at home wherever possible ?/ Are we minimising the use of residential services?

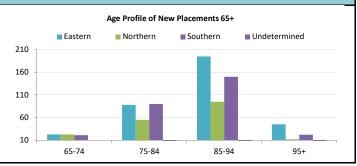
Summary of Performance (Insight and Impact analysis) -

Permanent admissions to residential and nursing care (ASCOF 2A) for service users aged 18-64 (part 1) and 65 and over (part 2) have seen an improvement during 2015-16 when compared to 2014-15. Performance for both parts of the indicator is ahead of target. For the 18-64 cohort, performance is below the 2014-15 England comparator (14.2) and for service users aged 65 and over, performance is significantly better than 2014-15 comparators.

3.3.1 Are younger adults being maintained in their own homes? 2A pt1 Residential Nursing admissions 18-64 Devon Target Comparator Avg 20 16 14 12 10 8 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 SW 15/16 Mar-15 Sep-16 16/17 15/16 Jul-16 Aug-16 Oct-16 Devon 19.31 14.41 13.72 12.81 10.98 15.10 13.3 13.4



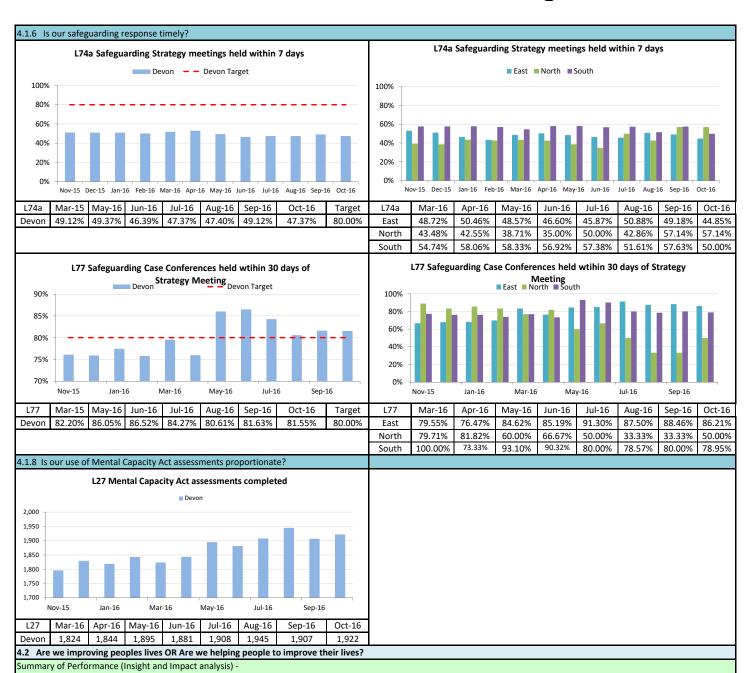




Vision Priority 4: To ensure that people have a positive experience of social care services 4.1. Are we delivering an effective care management service? Summary of Performance (Insight and Impact analysis) The care management service has recently been reorganised leading to integration of learning disability teams with older people and physical disability teams. The staffing establishment has been a previous concern, but vacancy levels have now returned to more normal levels. The focus is now on improving performance in key areas, for example, productivity, efficiency (by removing duplication) and demand management (pre-contact, at point of contact and when people are receiving services). 4.1.1 Are people assessed in a timely way? NI132 Timeliness of assessment NI132 Assessments completed within 28 days (new clients) NI132 Assessments completed within 28 days (new clients) Devon Target 100% 80% 80% 40% 40% 20% 20% 0% Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 14/15 NI132 Mar-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Devon NI132 Apr-16 May-16 Jun-16 Jul-16 Aug-16 74.50% 80.00% 62.12% Devon 70.87% 67.85% 63.82% 63.21% 62.92% East 66.66% 64.07% 61.83% 60.86% 81.13% 64.07% 63.22% 62.76% North 66.71% 66.12% 66.12% 65.43% 64.80% 63.76% 63.27% 61.71% 67.51% 67.51% South 67.97% 66.67% 65.96% NI132 Assessments by Primary Support Reason Waiting List for Devon NI132 by Primary Support Reason **Weekly Waiting List Summary** 0-14 CDP Total CHSC Total ■ Learning Disability Support ■ Mental Health Support Social Support 2500 ■ Memory and Cognition Physical Support Sensory Support 100% 2000 1500 60% 40% 20% 11/10/2015 11/01/2016 11/04/2016 11/07/2016 11/10/2016 4.1.2 Are people reviewed i)6 - 8 weeks after assessment, and ii) annually? L37 Annual Reviews for clients in receipt of a service open for 365+ days Summary of Due and Overdue Reviews for 2016/17 by Area and age band **Grand Total** Total 1) Under L37 Annual Review - reviewable services only 2) 31 to 3) 91 to 4) Over Total 31 days 90 days 365 days 365 days Overdue Devon - Devon Target Eastern 191 1,802 1119 2,921 80% 18-64 57 87 369 285 798 330 1128 70% 65+ 134 198 431 240 1003 776 1779 60% No DOB 1 50% Under 18 13 13 Northern 120 186 355 151 812 579 1.391 18-64 35 115 130 332 160 492 30% 85 21 478 65+ 133 239 419 897 20% No DOB Under 18 10% 628 396 153 226 1.403 Southern 812 2,215 18-64 34 208 589 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 222 811 151 356 590 1404 No DOB L37 Mar-15 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Target 54.85% 54.94% 54.17% 53.37% 53.22% Under 18 0 2510 Total 697 1,073 4,017 6.527 L37 performance breakdown by Area formance breakdown by Area _37 per Jun-16 Sep-16 Aug-16 48.56% 48.56% L37 Annual Review - reviewable services only 49.40% North 59.84% 60.28% 60.38% 61.05% 60.12% 57.02% 57.02% 52.82% ■ East ■ North ■ South South 53.13% 80% 60% 40% 20%

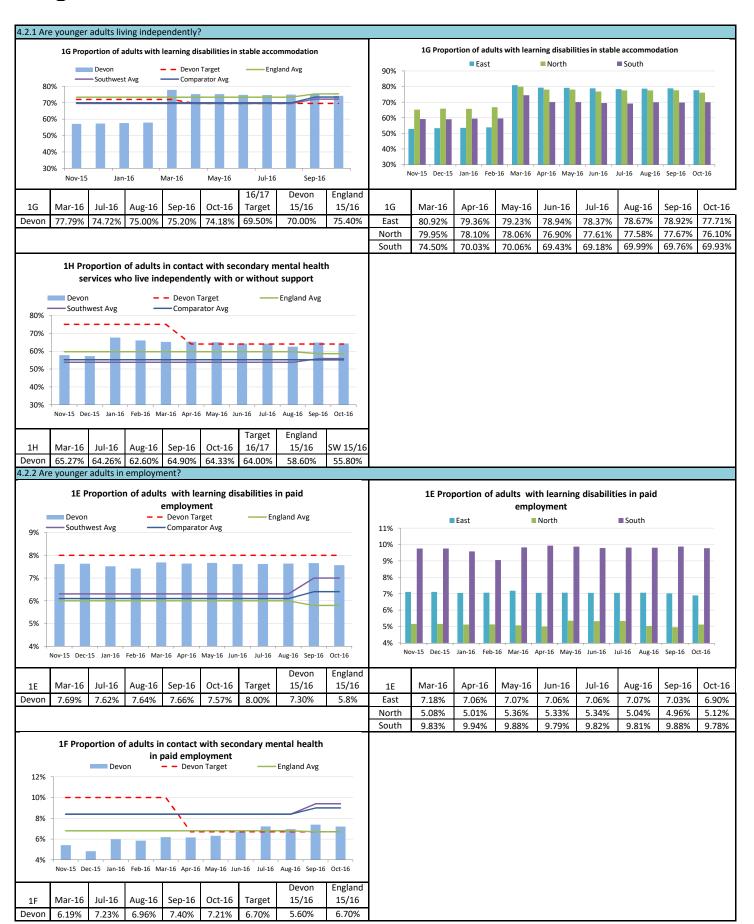
Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16

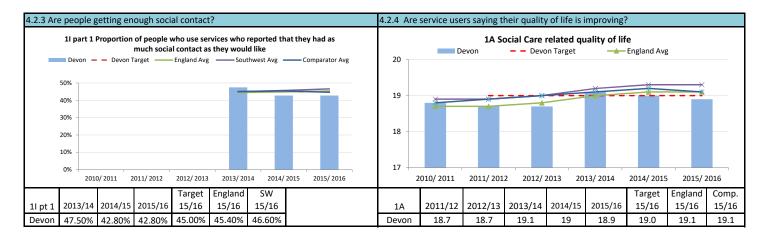
4.1.3 Is the quality of assessment, review and care planning audited as good? Summary of Practice Quality Review A new desktop process to monitor the quality of social work practice was introduced in January 2016. The process identifies a random sample of cases to be reviewed against a set of standardised assessment criteria. During October, 92 cases were identified for review with 50 completed (54.35%). The process is currently being embedded and it is anticipated that completion rates will improve over time. Of thoses cases reviewed in October, a total average of 70.72% of all questions are scored as Fully met, with 12.90% being Partially met. During October, 10 Safeguarding Practice Quality Reviews were requested and 10 completed (100%). Of these, a total average of 56.67% were scored as Fully met and 29.17% being Partially met. Further reporting metrics are in development with the Prinicpal Social Worker. October 2016 Practice Quality Review Scores October 2016 Safeguarding Adults Practice Quality Review Scores ■ 1 - Partially Met ■ 0 - Not Met ■ N - Not Applicable ■2 - Fully Met ■1 - Partially Met ■0 - Not Met ■N - Not Applicable 100% 80% 80% 60% 60% 40% 40% 20% 20% Strengths, Assets & Grand Total Involvement Total Outcomes Total Involvement Total Strengths, Assets & Outcomes Total Policy, Legislation & Grand Total Requirements Total Number of My Assessment Practice Quality Review requested and Number of My Assessment Practice Quality Review requested and completed (Staff Member Locality) - October 2016 completed by reviewers locality - October 2016 50 40 30 25 30 20 20 15 10 10 0 0 Cross Locality North South Cross Locality Practice Quality Review - My Assessment - Average Score by Locality -Trend of Percentage of My Assessment Practice Quality Reviews October 2016 completed by reviewers Locality - October 2016 ■ Cross Locality ■ East ■ North ■ South 100% 80% 70% 95% 60% 90% 40% 85% 30% 80% 20% 75% Jun-16 Jul-16 Oct-16 Aug-16 Sep-16 4.1.5 Productivity of teams Number of Assessments and Reviews completed per locality per Completed Assessment and Reviews per month by team type month East CDP -East CHSCT North CDP Cross Locality 1400 North CHSCT South CHSCT South CDP 900 £¹²⁰⁰ 800 [additional lines] 700 Forms per FIE 600 500 400 300 200 200 100 0 Feb-16 Mar-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16



During 2014-15, service user classifications changed from primary client group to recording the primary reason for their support. This reduced the numbers of service users receiving Learning Disability Support and adversely impacted on the 2014-15 final performance against ASCOF indicators 1E (employment) and 1G (settled accommodation). Current performance benchmarks well and is ahead of all 2015-16 comparators for both indicators. The comparable indicators (ASCOF 1F and 1H) report performance for service users aged 18-69 with a Mental Health Support reason. Current performance is above 2015-16 benchmarks with regard to employment and for accommodation. Service user perceptions are capture annually in the national Adult Social Care User Survey. Performance against the quality of life indicator (ASCOF 1A) is marginally below comparators in 2014

15, but overall is static agains the prevous year.





Vision Priority 5: To ensure the social care workforce can deliver effective, high quality services

5.1. Do we have a workforce which is well trained and competent to meet the needs of service users and carers?

Summary of Performance (Insight and Impact analysis) -

This section of the Adult Performance Framework has been developed to monitor the quality of the Adult Social Care workforce. Its focus is to provide a combined view of the current workforce in terms of numbers, vacancies. turnover, sickness absence, qualifications, supervision and appraisal. The intention is to answer a range of important questions, for example: Is the workforce happy/unhappy? Are they supported by Managers? Do we enable them to develop? Do we make sure they have the right tools to do their jobs well? Are we able to recruit suitable staff?

Headline themes: Devon's 2015-16 turnover rates for Social Workers is in excess of the national benchmark published in the NMDS-SC. Internally, comparing voluntary turnover between roles shows similar rates between Social Workers and Occupational Therapists. The recent regrading of Social Workers is starting to stabilise this position. Sickness absence levels are below target this month and the level of absence attributable to mental health/psychological issues (30.35%) could give cause for concern. The qualification profile of the workforce is good with over 28% qualified to NVQ Level 4 or above.

5.1.1 Workforce FTE, vacancies, agency staff, sickness, maternity and adoption

The following charts aim to show the actual FTE worked during the month compared to the budgeted FTE. They also show a breakdown of agency staff employed, vacancies and FTE lost to sickness, maternity and adoption leave. These figures do not take into account any annual leave taken during the period or days spent on training courses.

Key to charts:

99.99 Budgeted FTE

Vacancies

FTE lost to sickness, maternity & adoption leave

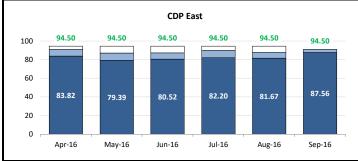
.99 Actual FTE + Agency FTE - FTE lost to sickness, maternity & adoption

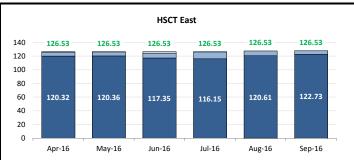
*These figures do not take into account any annual leave taken during the period or days spent on training courses.

Data sources:

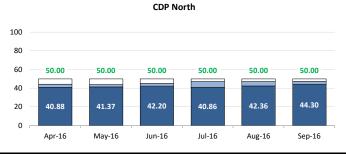
HR database Budgeted FTE monthly extract

HR database Performance Indicator absence extracts



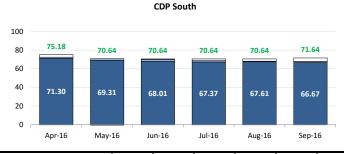


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
FTE Lost to Sickness	4.38	5.06	3.74	5.20	3.93	2.16	FTE Lost to Sickness	3.42	3.58	4.87	7.69	4.62	2.72
Maternity & Adoption	2.65	2.65	3.05	2.40	2.40	1.40	Maternity & Adoption	2.41	2.41	2.41	2.41	2.41	2.41
Agency	0.00	0.00	0.00	0.00	0.00	0.00	Agency	13.41	13.41	13.41	13.41	13.41	13.41
Vacancy (inc. Agency)	3.65	7.40	7.19	4.70	6.50	3.38	Vacancy (inc. Agency)	13.79	13.59	15.31	13.69	12.30	12.08





	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
FTE Lost to Sickness	2.50	2.39	2.75	5.16	3.66	1.91	FTE Lost to Sickness	2.62	3.46	2.75	3.76	2.59	2.80
Maternity & Adoption	1.00	0.00	0.00	1.00	1.00	1.00	Maternity & Adoption	1.00	1.00	1.00	1.00	1.00	1.00
Agency	0.00	0.00	0.00	0.00	0.00	0.00	Agency	4.00	4.00	0.00	3.00	3.00	3.00
Vacancy (inc. Agency)	5.62	6.24	5.05	2.98	2.98	2.79	Vacancy (inc. Agency)	7.72	9.88	7.49	9.49	9.49	8.88





	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
FTE Lost to Sickness	1.24	1.51	2.00	1.40	0.56	0.70	FTE Lost to Sickness	2.43	1.84	1.79	1.65	2.21	4.23
Maternity & Adoption	0.00	0.00	0.00	0.00	0.00	0.50	Maternity & Adoption	2.42	1.42	2.42	2.42	2.42	1.81
Agency	1.00	1.00	1.00	1.00	1.00	1.00	Agency	14.50	14.50	13.50	13.50	13.50	12.50
Vacancy (inc. Agency)	3.64	0.82	1.63	2.87	3.47	4.77	Vacancy (inc. Agency)	3.41	2.61	3.22	-0.48	0.51	-2.11

