

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 :
Our ref :

Date : 10 March 2017
Please ask for : Stephanie Lewis

Email: 01392 382486

PEOPLE'S SCRUTINY COMMITTEE

Monday, 20th March, 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

A G E N D A

PART I - OPEN COMMITTEE

- 1 Apologies for Absence
- 2 Minutes
Minutes of the meeting held on 23 January 2017 (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 Devon Safeguarding Adults Board - Annual Report (Pages 1 - 2)
Ms Sian Walker, Independent Chairman of the DASB will attend to present the Annual Report and respond to any questions.

- 6 Devon Safeguarding Children Board - Relationship with People's Scrutiny
Verbal update from Chairman of Devon Safeguarding Children's Board.
- 7 Internal Audit Plan 2017/18 (Pages 3 - 20)
Report of the County Treasurer (CT/17/25).
- 8 Dementia Spotlight Review (Pages 21 - 36)
Report of the Dementia Spotlight Review Group (CS/17/12)
- 9 Public Health Nursing Spotlight Review (Pages 37 - 38)
Report of the Public Health Nursing Spotlight Review Group (CS/17/11).
- 10 Children's Standing Overview Group (Pages 39 - 40)
Report of meeting held on 27 February 2017 (CS/17/13).
- 11 Adults Standing Overview Group (Pages 41 - 42)
Report of meeting held on 2 March 2017 (CS/17/14).
- 12 Small Schools Task Group - Update on progress against recommendations
Head of Education and Learning to provide a verbal update.
- 13 ICS Pre-Procurement (Pages 43 - 46)
Report of the Chief Officer for Children's Services (CS/17/13).
- 14 Regional Adoption Agency - update on proposals (Pages 47 - 52)
Report of the Head of Children's Social Work and Child Protection (CS/17/16).
- 15 Children's Social Work and Child Protection Workforce Survey (Pages 53 - 72)
Report of the Chief Officer for Children's Services.
- 16 Children's Performance Report (Pages 73 - 102)
Report of the Head of Children's Social Work and Child Protection (CS/16/02)
- 17 Adult's Performance Report (Pages 103 - 128)
Report of the Head of Adult Commissioning and Health and the Head of Adult Care Operations and Health (ACH/17/59).

MATTERS FOR INFORMATION

- 18 People's Scrutiny Committee Work Programme
In accordance with the previous practice, Scrutiny Committees are requested to review the list of forthcoming business (previously circulated) and to determine which items are to be included in the Work Programme.

The Committee may also wish to review the content of the Cabinet Forward Plan to see if there are any specific items therein it might wish to explore further.

The Work Programme and Forward Plan can be found at:
<http://democracy.devon.gov.uk/mgPlansHome.aspx?bcr=1>

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.*

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 and can also be accessed via the Modern.Gov app, available from the usual stores.

Webcasting, Recording or Reporting of Meetings and Proceedings

The proceedings of this meeting may be recorded for broadcasting live on the internet via the 'Democracy Centre' on the County Council's website. The whole of the meeting may be broadcast apart from any confidential items which may need to be considered in the absence of the press and public. For more information go to: <http://www.devoncc.public-i.tv/core/>

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.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting. An open, public Wi-Fi network (i.e. DCC) is normally available for meetings held in the Committee Suite at County Hall. For information on Wi-Fi at other locations, please contact the Officer identified above.

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: <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>)

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

Emergencies

In the event of the fire alarm sounding leave the building immediately by the nearest available exit, following the fire exit signs. If doors fail to unlock press the Green break glass next to the door. Do not stop to collect personal belongings, do not use the lifts, do not re-enter the building until told to do so.

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Please switch off all mobile phones before entering the Committee Room or Council Chamber

If you need a copy of this Agenda and/or a Report in another format (e.g. large print, audio tape, Braille or other languages), please contact the Information Centre on 01392 380101 or email to: centre@devon.gov.uk or write to the Democratic and Scrutiny Secretariat at County Hall, Exeter, EX2 4QD.



Induction loop system available

- Embedding Care Act 2014 in Practice and through multi-agency working, ensuring that Safeguarding is understood widely.
- Developed an Assurance Framework for Safeguarding Adults to ensure quality services can be provided to the people of Devon.
- Ensured that information and learning from the Devon Safeguarding Adults Board is disseminated to all Primary Care practitioners to improve Safeguarding practice.

NORTH DEVON HEALTH CARE NHS TRUST

- Updated and reviewed its Safeguarding Adult and Deprivation of Liberty Safeguards policy to ensure it is compliant with the Care Act 2014.
- Safeguarding training has been reviewed and attendance has met standards.
- Safeguarding Adult Lead chairs the MCA sub-group and led on the organisation of a MCA awareness week and conference in February 2016 on behalf of the Devon and Torbay SAB.
- Safeguarding Adult Nurses support the education and investigation into concerns about whole services which are led by Devon County Council. These supported investigations are beneficial in ensuring the health and wellbeing of people in residential and nursing care is Safeguarded.

SOUTH DEVON & TORBAY CLINICAL COMMISSIONING GROUP

- The joint safeguarding adults and children team was created at the beginning of the year, this has

gone from strength to strength and continues to develop.

- Created new role of Designated Nurse for Safeguarding Adults to give a greater focus and integration for Safeguarding across whole organisation.
- Designated Nurse for Safeguarding Adults chairs the Devon and Torbay Learning and Improvement Group to develop shared working and learning across the area.

SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST

- Analysis and Review of Safeguarding Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 20 cases completed with CCG Adult Lead to improve how we manage Safeguarding cases.
- Received positive safeguarding feedback from 111 CQC inspection.
- All Non-Emergency Patient Transport Service (PTS) staff completed Safeguarding training and training has been quality assured.

TORBAY & SOUTH DEVON NHS FOUNDATION TRUST

- Production of a multi-agency self-neglect tool to improve awareness and
- The co-location of the Children and Adults Single Point of Contact via the Multi Agency Safeguarding Hub to improve how we work together.
- Adoption of the ADASS self-assessment tool for learning and improvement.

Devon Safeguarding Adults Board

Annual Report 2015–2016



WELCOME FROM THE CHAIR

2015/16 was my last year as Independent Chair for the Board. It has been a privilege to see the work that goes on throughout the year; while the individual tragedies make the news coverage, I have seen the reality of caring, professional people, giving of their best in challenging circumstances. Much of what we have achieved has been based on the ability of all our constituent agencies to work together for the benefit of adults at risk. I would like, through this Annual Report, to express my appreciation and acknowledge all the staff and those who use the service and their families involved in the safeguarding of people at risk and handover to the new Chair.

Bob Spencer



NEW CHAIR

I am delighted to have been appointed to the role of Independent Chair for Devon Safeguarding Adults Board and look

forward to working with all partners. I have a background with 40 years' experience of working in social care, housing and health services and I welcome the opportunity to be working again in Devon. I am driven by a passion for ensuring all services to vulnerable people are person-centred, easy to access and importantly promote independence, whilst ensuring people are safe. Ensuring that people are supported to keep themselves safe is important, as it is to ensure that people are able to express what outcomes they wish to achieve. This is described as 'Making Safeguarding Personal' and I am personally committed to ensure that this is rooted throughout and across all partner organisations and that front line staff are supported to have the confidence in working alongside people to deliver this. **Siân Walker**

Executive Board

Key decisions have been made at this Board. It was attended by all member organisations and took place four times.

Themed Workshops

These are workshops that were held four times a year to look at key issues within Safeguarding. In 2015/16 these were used to develop the Business Plan for the Board and discuss how organisations share and manage information about safeguarding people.

Mental Capacity Act (MCA) Sub-Group

This group ensured that organisations have a good understanding of the MCA and also the Deprivation of Liberty Safeguards. This group discussed any information and key issues, and organised an MCA Awareness Week and Conference in February 2016.

Operational Sub-Group

This is where people who work in all the different organisations across Devon agree how they work together. The group work together to Safeguard and Protect Devon's citizens. Different organisations bring important updates on their work to share with the partners

Safeguarding Adults Review Group

This group gathers information and makes recommendations to the Chair on whether a review needs to take place and how that review is delivered. The group has a key role in organising and delivering the Reviews and then ensures outcomes are passed to the Board for dissemination of key learning and review amongst all

partner organisations. In 2015/16 Devon Safeguarding Adults Board completed one Safeguarding Adult Review.

Learning and Improvement Group

This group makes sure that all organisations are completing the right kinds of training and that this training is being used to improve how to Safeguard people.

Business Plan

2016-19

For the next three years, some of the main areas of work for the Board will be:

- 1 Improving people's experience of safeguarding and delivery of 'Making Safeguarding Personal' across all partners.
- 2 Prevention of harm and neglect in care and health services, whilst promoting independence.
- 3 Improving awareness and application of MCA and Best Interests for people.
- 4 Protecting people from harm by proactively identifying people at risk, whilst promoting independence.
- 5 Increasing awareness and support routes for Self-Neglect cases.
- 6 Reducing Financial Abuse and Scams.
- 7 Improving Support for Families at risk by building family dimension into everything we do.
- 8 Significantly reducing the prevalence of Modern Slavery & Human Trafficking.
- 9 PREVENT (Protecting vulnerable people from being exploited by violent extremism).

Partner key achievements

DEVON & CORNWALL POLICE

- Increased resources in Sexual Offences and Domestic Abuse Investigation Teams (SODAIT's) and improved working between investigators and safeguarding officers to provide better support to victims of domestic abuse and sexual violence.
- Training and awareness to improve safeguarding investigations for victims experiencing modern day slavery, human trafficking and radicalisation.
- Central safeguarding teams in place in Devon with additional resources and improved working practices to provide a better service for the public.
- There have been a number of police operations where adults at risk have been identified and safeguarded as a result of our actions.

DEVON COUNTY COUNCIL

- Delivered comprehensive training programme for all care management staff. This increased understanding and knowledge of the Care Act 2014 in practice.
- Implemented decentralised model for screening Safeguarding concerns, including identifying when a Safeguarding enquiry is required. This is located within front door Care Direct Plus service. This has been positively evaluated in terms of sharing knowledge and practice experience more widely. This ensures a more timely response to safeguarding concerns.

- The Quality Assurance & Improvement Team works collaboratively with NHS colleagues to proactively support care providers. In the last 12 months whole service safeguarding proceedings have nearly halved and there has been a 12% increase in the proportion of services rated overall by CQC as "good" or "outstanding".
- Developed improved approach to the quality assurance of Safeguarding practice with a focus on Making Safeguarding Personal.

DEVON PARTNERSHIP TRUST

- Developed a Street Triage Service fully operational which responded to 1,178 referrals, providing support and advice to safeguard vulnerable people.
- Working with Devon and Cornwall Police to share information on people who are receiving services from the Trust to improve and inform safety planning and appropriate resources for individuals.
- 3 Place of Safety Suites in place across Devon which have helped reduce people placed in Police custody under section 136.
- Launched a Think Family Toolkit to ensure that the impact of any mental health difficulties are considered within assessments in the context of individual's family lives and roles whether as a carer for others themselves or those caring for them.

NEW DEVON CLINICAL COMMISSIONING GROUP

- Training on Adult Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards was delivered to GPs. Successful in raising awareness and confidence in Primary Care.

People Services - Outline Internal Audit Plan 2017/18 Report of the County Treasurer

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

The attached report summarises the proposed internal audit activity within Adult Care and Health, and Children's Services for the 2017/18 financial year.

Recommendation: members of the committee are requested to consider:

- the outline internal audit plan;
- provide input which will assist the detailed internal audit planning needs;
- highlight audits they may wish to receive summary reports from;

Mary Davis

Electoral Divisions: All
Local Government Act 1972

List of Background Papers

Contact for Enquiries: Robert Hutchins
Tel No: (01392) 382437 Larkbeare House

<u>Background Paper</u>	<u>Date</u>	<u>File Ref</u>
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Nil

There are no equality issues associated with this report



Internal Audit Plan 2017/18 Adult Care and Health Children's Services

Devon County Council
People's Scrutiny

Page 4

March 2017

Not Protectively Marked

Robert Hutchins
Head of Audit Partnership

CUSTOMER
SERVICE
EXCELLENCE



Auditing for achievement

INTRODUCTION	1
ANNUAL SERVICE LEVEL PLANS- ADULT CARE AND HEALTH; CHILDREN'S SERVICES	2
THEMATIC OVERVIEW OF AUDIT COVERAGE	3
HIGH LEVEL AUDIT PLAN	4
PROPOSED AUDIT REVIEWS AND ASSOCIATED RISKS	5
FRAUD PREVENTION AND DETECTION AND INTERNAL AUDIT GOVERNANCE	13
APPENDIX 1 - AUDIT FRAMEWORK	14

<p>Devon Audit Partnership</p> <p>The Devon Audit Partnership has been formed under a joint committee arrangement comprising of Plymouth, Torbay and Devon councils. We aim to be recognised as a high quality internal audit service in the public sector. We work with our partners by providing a professional internal audit service that will assist them in meeting their challenges, managing their risks and achieving their goals. In carrying out our work we are required to comply with the Public Sector Internal Audit Standards along with other best practice and professional standards.</p> <p>The Partnership is committed to providing high quality, professional customer services to all; if you have any comments or suggestions on our service, processes or standards, the Head of Partnership would be pleased to receive them at robert.hutchins@devonaudit.gov.uk .</p>	<p>Confidentiality and Disclosure Clause</p> <p>This report is protectively marked in accordance with the government security classifications. It is accepted that issues raised may well need to be discussed with other officers within the Council, the report itself should only be copied/circulated/disclosed to anyone outside of the organisation in line with the organisation's disclosure policies.</p> <p>This report is prepared for the organisation's use. We can take no responsibility to any third party for any reliance they might place upon it.</p>
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Introduction

Internal auditing is defined by the Public Sector Internal Audit Standards (PSIAS) which set out the requirements of a 'Board' and of 'senior management'. For the purposes of the internal audit activity within the Council the role of the Board within the Standards is taken by the Council's Audit Committee and senior management is the Council's Leadership Group. The Audit Committee, under its Terms of Reference contained in the Council's Constitution, is required to consider the Internal Audit Plan to provide assurance to support the governance framework.

This Council's Internal Audit Charter formally describes the purpose, authority, and principal responsibilities of the Council's Internal Audit Service, which is provided by the Devon Audit Partnership (DAP) as represented in the audit framework at Appendix 1, and the scope of Internal Audit work. The PSIAS make reference to the role of "Chief Audit Executive". For the Council this role is fulfilled by the Head of Devon Audit Partnership.

The chief audit executive is responsible for developing a risk-based plan which takes into account the organisation's risk management framework, including using risk appetite levels set by management for the different activities or parts of the organisation.

The audit plan represents the proposed internal audit activity for the year and an outline scope of coverage. At the start of each audit the scope is discussed and agreed with management with the view to providing management, the County Treasurer (Section 151) and members with assurance on the control framework to manage the risks identified. The plan will remain flexible and any changes will be agreed formally with management and reported to Audit Committee.

Expectations of People's Scrutiny for this annual plan

People Scrutiny Committee members are requested to consider:

- the annual governance framework requirements;
- the basis of assessment of the audit work in the proposed plan;
- the resources allocated to meet the plan;
- proposed areas of internal audit coverage in 2017/18.

In review of the above People Scrutiny Committee are required to consider the proposed audit plan.

Robert Hutchins
Head of Audit Partnership

Annual Service Level Plans - Adult Care and Health; Children's Services

Adult Care and Health

Audits within this area include three reviews regarding recommissioning: (Residential & Nursing Care along with the Supporting Independence and Caring Well at Home procurements) with the aim of providing assurance that such recommissioning exercises will have a beneficial impact on sufficiency, quality and activity / cost / spend. The scope for the Short Term Interventions audit links to the risk register concern of underdeveloped short term service solutions leading to increased demand for long term services adversely impacting on costs. The review of Spend on Individuals will seek to ascertain what the authority spends on service users individually and in aggregate, ensuring practitioners are aware of all SLAs applicable and no duplication of SLAs exists for different service types meeting the same need.

Children's Services

Work within Children's Services will include how Devon works with the district councils in tackling homelessness amongst 16/17 year olds looking at how the protocols and practices implemented are working in practice and their compliance with legislation. The audit review upon Legal Care Proceedings has also been requested by both Plymouth City Council and Torbay Council and it is hoped a joint piece of work can be undertaken allowing best practice between authorities to be shared.

Value Added

We will undertake the annual follow up on all audit areas identified as 'Improvements Required' or 'Fundamental Weaknesses' in 2016/17.

Service Area Overview of Audit Coverage						
Page 8 Thematic Overview Audit Coverage	Adult Care & Health	Children's Services	Communities, Public Health, Environment & Prosperity	Highways, Infrastructure Development and Waste	Major Projects	Value Added
	Safeguarding Practice Quality Review Preparing for Adulthood Strategy Outcomes Based Commissioning of Personal Care Promoting Independence Assistive Technology Management Information	Placement Stability Legal Care Proceedings Homelessness in 16/17 year olds Preventing adolescents from coming into care Children Asylum Seekers SEN - High Needs Funding Schools & SFVS	Reported elsewhere	Reported elsewhere	Reported elsewhere	Fraud Prevention and Investigation National Fraud Initiative Advice Audit Follow Up
Core Assurance	Business Processes & Governance - Ethics & Culture, Payroll & HR functions, Budgeting System, VAT, Procurement, Supplier Resilience, Contract Lifecycle, Grant Certification, Audit Assurance Planning & Reporting.					
	Key Financial Systems (Material Systems) - Bank Reconciliation, Creditors, Debtors, Finest System Admin, Fixed Asset Register, Income Collection, Main Accounting System, Payroll.					
	ICT - Service Strategy, Service Transition, Service Operation, Service Design					

The elements proposed for audit for the coming year are those identified through risk assessment and discussion with Senior Management. This overview is supported by the proposed audit reviews and associated risks.

People - High Level Audit Plan 2017/18

This table shows a summary of planned audit coverage for the year totalling 275 direct days. It should be borne in mind that, in accordance with the Public Sector Internal Audit Standards, the plan needs to be flexible to be able to reflect and respond to the changing risks and priorities of the Authority and, to this end, it will be regularly reviewed with both Adult Care and Health, and Children's Services, and updated as necessary, to ensure it remains valid and appropriate. As a minimum, the plan will be reviewed in six months to ensure it continues to reflect the key risks and priorities within the two service areas given the significant changes across the public sector.

Detailed terms of reference will be drawn up and agreed with management prior to the start of each assignment - in this way we can ensure that the key risks to the operation or function are considered during our review. The following pages give a brief overview of the focus of proposed audit coverage within the 2017/18 financial year.

A detailed analysis of proposed audit reviews is provided in the following schedule.

Core Activity for Internal Audit Review (Extract for People's Scrutiny)	Coverage in Days
Adult Care and Health	185
Children's Services	90
Total for Adult Care and Health, Children's Services	275
Total for DCC	1,060

Proposed audit reviews and associated risks

SRR / ORR – Local Authority Strategic or Operational Risk Register reference

ANA - Audit Needs Assessment risk level

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
Adult Care and Health				
Adult Care Operations and Health				
Safeguarding	ANA - Medium; client request	To assure changes to safeguarding process and practice in the safeguarding and wider care management function have been successfully implemented: <ul style="list-style-type: none"> • Have we implemented everything from the independent report by David Taylor? • Are we compliant with ‘Making Safeguarding Personal’? 	Q1	15
Practice Quality Review	ANA - Low; client request	To assure that the Practice Quality Review process is embedded and having an impact: <ul style="list-style-type: none"> • Are managers and staff complying with Practice Quality Review? • Are the right practice standards being assessed? • Is the assessment of managers consistent? • Is feedback given to individuals? • Are lessons learned leading informing senior management decision making? 	Q1	15
Forecasting future spend on adult social care for cases in transition	ANA - Low; client request	To assure that the future impact of cases in transition from Children’s Services is quantified, accurately built into financial planning and monitoring processes. <ul style="list-style-type: none"> • Are cases in transition identified and communicated early enough? • Is their potential future financial impact quantified? 	Q1	15

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		<ul style="list-style-type: none"> Does this inform financial planning? Does this inform financial monitoring? To include any relevant learning from Plymouth and Torbay. This should inform the subsequent audit of implementation of the 'Preparing for Adulthood' strategy.		
Preparing for Adulthood Strategy	ANA - Low; client request	To assure that the 'Preparing for Adulthood' strategy and action plan are being implemented: <ul style="list-style-type: none"> Does the new SEND strategy incorporate 'promoting independence' and 'preparing for adulthood' as priorities? Is practice in Children's Services changing accordingly? Is practice in Adult Services changing accordingly? Is the transition from Children's Services to Adult Services better managed?	Q2-3	15
Services for people with sensory disabilities	ANA - Medium; client request	To assure that current arrangements for meeting the needs of people with sensory disabilities are fit for the future: <ul style="list-style-type: none"> What are the arrangements for the care management of and provision of support to people with sensory disabilities? How do these work if people have sensory disabilities and other needs? Does it achieve good outcomes? Is spend on the service proportionate to population need and equitable compared with other client groups?	Q2-3	10
Promoting Independence	ANA - Low; client request	To assure that 'promoting independence' is a whole council initiative: <ul style="list-style-type: none"> Has the council's 'promoting independence' policy informed the strategy and planning of all relevant parts of the council: health and care, public health, communities, communications? Does the council's 'promoting independence' strategy articulate how the whole council and its partners should put 	Q2-3	10



Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		this policy into practice? Is the strategy being successfully implemented through the 'promoting independence' programme?		
Independent Reviews	ANA - Low; client request	To assure that the business case for investing in external case review capacity is sound in practice: <ul style="list-style-type: none"> Was the business case the procurement was based on reasonable? Did the procurement process lead to a solution that met the requirement laid out in the business case? Did the external review capacity undertake the required number of reviews? Were those reviews undertaken to the specified practice standards? Did those reviews lead to the envisaged financial benefits? Is there a business case for extending the arrangement?	Q3-4	10
Spend on individuals	ANA - Medium; client request	To assure that the authority knows who it serves and what it spends on them individually and in aggregate? <ul style="list-style-type: none"> Is the relationship between people and service agreements on the authority's care management system sound? Are practitioners working with people aware of the service level agreements applying to that person and considering all services received in review? Is the authority's financial and performance monitoring clear in differentiating people and service level agreements and specifying which it is reporting on? Is there any duplication of service level agreements for different service types (eg. direct payments and individualised support) meeting the same need?	Q4	10

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
Adult Commissioning and Health				
Outcomes Based Commissioning of Personal Care	ANA - High; client request	To assure that there is a business case for the introduction of outcomes-based commissioning through the Living Well at Home contract for the provision of domiciliary care: <ul style="list-style-type: none"> • Is there an evidence-based business case? • Is the relationship with lead providers enabling of this business case? Is the business case being delivered in practice?	Q2-3	15
Recommissioning of Residential and Nursing Care Page 13	ANA - Medium; client request	To assure that the recommissioning of residential and nursing care for older people will have a beneficial impact on sufficiency, quality and activity/cost/spend: <ul style="list-style-type: none"> • Has an options analysis been undertaken that considers all options? • Is it based on evidence from other authorities? • If a dependency tool approach is taken is it aligned with tools used in care management and by providers? • Does it increase or decrease risks regarding sufficiency, quality and cost? • Does it enable outcomes-based commissioning of residential/nursing care? 	Q1-2	10
Recommissioning of unregulated care through the Supporting Independence procurement	ANA - Low; client request	To assure that the recommissioning of unregulated care will have a beneficial impact on sufficiency, quality and activity/cost/spend: <ul style="list-style-type: none"> • Is the scope clear, with unregulated care being less easily defined than regulated care? • Has an options analysis been undertaken that considers all options? • Is it based on evidence from other authorities? 	Q1	10

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		<ul style="list-style-type: none"> • If a dependency tool approach is taken is it aligned with tools used in care management and by providers? • Does it increase or decrease risks regarding sufficiency, quality and cost? Does it enable outcomes-based commissioning of residential/nursing care?		
Caring Well at Home procurement	ANA - Low; client request	To assure that the recommissioning of unregulated care will have a beneficial impact on sufficiency, quality and activity/cost/spend: <ul style="list-style-type: none"> • Is the tender and evaluation process well structured? • Will the outcome increase or decrease risks regarding sufficiency, quality and cost? • Will the outcome embed a Promoting Independence approach for carers, improving strengths-based practice in the provider and related care management functions? 	Q1-2	10
Short Term Interventions	ORR TG30 ANA - Medium; client request	To assure that our plans to better integrate our short-term interventions offer with the NHS and improve access pathways and triage are coherent across the county while being sensitive to partner and place and will have the desired impact of extending their reach and effectiveness: <ul style="list-style-type: none"> • Are there plans in place locally and do they cohere across the county? • Are they being implemented to plan? • Will they lead to an improved offer and improved pathways and triage to ensure the right person receives the right intervention at the right time to maximise their independence? • Are they available to all people who would benefit, not just those discharged from hospital or referred by the NHS? 	Q4	10

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		<ul style="list-style-type: none"> Will they reach more people? Will they be more effective at keeping people out of hospital and minimising their reliance on longer-term services?		
Assistive Technology	ANA - Medium; client request	To assure that we are taking the opportunities offered by the new DILIS contract by making better use of assistive technology to find cost-effective solutions to people’s needs: <ul style="list-style-type: none"> Is the implementation of the DILIS contract realising its potential benefits? Are we changing our practice to make better use of assistive technology solutions? Is this instead of rather than complementary to other solutions?	Q2-3	10
Management Information	ANA - Low; client request	To assure the quality of data used in statutory returns and other key management information products is sufficient to enable insights to be gained by comparing between authorities and over time: <ul style="list-style-type: none"> Does our not collecting information on every contact limit our understanding of flow through the system through the SALT return? Does our recording of short-term services enable us to monitor their reach and effectiveness through the SALT return? Does our current accounting structure enable us to complete the ASC-FR return accurately? Does our recording practice enable us to track sequences of events? Does our recording practice enable us to manage the risks associated with market sufficiency challenges in personal or residential/nursing care?	Q1	10

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
Adult Care and Health: Advice, planning, monitoring and performance reporting			Q1-4	10
Children’s Services				
Children’s Social Care				
Children Asylum Seekers	ANA - Medium; client request	Devon will be taking in more children asylum seekers over the next few years. Already taken around 8/10 in recent months. Best practice and arrangements are emerging in Devon. Look at the practices and see if effective. Also review how we deal with outside agencies. Do we have good levels of communication with outside agencies/key contacts such as the NHS.	Q4	10
Homelessness in 16/17 year olds	ANA - Low; client request	New protocols being implemented with district councils to tackle homelessness for 16/17 year olds. Review the protocols and practices. Is the guidance working; are practices compliant with legislation (National Legislation).	Q2	10
Legal Care Proceedings (Possible joint audit with Plymouth and Torbay)	ANA - Medium; client request	Legal Care proceedings in child protection cases. The rate of care proceedings in Devon is around double the national average; any reasons why? What is the process, does it comply with quality standards; legislation and regulations. Include role of council’s legal service and assess for quality of service.	Q1	15
Placement Stability	ANA - Medium; client request	Looked after children placement stability – review data on children in terms of placements. Are they being moved too often and are they being placed too far away from family and friends. What protocols/practices are in place to ensure placements are monitored and careful consideration is taken before moving a child. Any approval	Q1	15

Risk Area / Audit Entity	Risk / Audit Needs Assessment (ANA) – an assessment of the priority of the planned review	Proposed Audit Work / Scope	Proposed Timings (Quarter)	Estimated Audit Effort (Days)
		processes? Note what things are considered if thinking of moving a child. Is it enough? Is support put into place prior to the move to make it easier for the child.		
Preventing adolescents from coming into care	ANA - Medium; client request	Pilot scheme in North Devon looking at preventing teenagers/adolescents coming into care for the first time. Using North Devon as pilot due to higher rates of adolescents coming into care. Aim is to create different worker roles to provide more varied hours and thus more available staff. Review and document rates of adolescents coming into care throughout the county to see if any other hot spots requiring more prompt attention.	Q3	10
Education and Learning				
 PEN - High Needs Funding	ANA - Medium; client request	Scope to be determined.	Q	20
 Children's Services: Advice, planning, monitoring and performance reporting			Q1-4	10

Fraud Prevention and Detection and Internal Audit Governance

Fraud Prevention and Detection and the National Fraud Initiative

Counter-fraud arrangements are a high priority for the Council and assist in the protection of public funds and accountability. Internal Audit will continue to investigate instances of potential fraud and irregularities referred to it by managers, and will also carry out pro-active anti-fraud and corruption testing of systems considered to be most at risk to fraud. In recognition of the guidance in the Fraud Strategy for Local Government “Fighting Fraud Locally” and the TEICCAF (The European Institute for Combatting Crime and Fraud) publication “Protecting the English Public Purse 2016”. Internal Audit resources will be allocated to allow a focus on identifying and preventing fraud before it happens. Nationally these areas include Procurement, Payroll, Blue Badges, Direct Payments and Pensions.

The Cabinet Office runs a national data matching exercise (National Fraud Initiative - NFI) every two years. Work on the 2016/17 exercise has already commenced with resulting data matches available from early 2017. We will work with Council departments to ensure that the matches are reviewed and action taken as may be necessary.

Internal Audit Governance

An element of our work is classified as “other chargeable activities” – this is work that ensures effective and efficient audit services are provided to the Council and the internal audit function continues to meet statutory responsibilities. In some instances this work will result in a direct output (i.e. an audit report) but in other circumstances the output may simply be advice or guidance. Some of the areas that this may cover include:-

- Preparing the internal audit plan and monitoring implementation;
- Preparing and presenting monitoring reports to Senior Management and the Audit Committee;
- Assistance with the Annual Governance Statement;
- Liaison with other inspection bodies (e.g. External Audit, Audit South West);
- Corporate Governance - Over recent years Internal Audit has become increasingly involved in several corporate governance and strategic issues, and this involvement is anticipated to continue during the year;
- On-going development within the Partnership to realise greater efficiencies in the future.

Partnership working with other auditors

We will continue to work towards the development of effective partnership working arrangements between ourselves and other audit agencies where appropriate and beneficial. We will participate in a range of internal audit networks, both locally and nationally which provide for a beneficial exchange of information and practices. This often improves the effectiveness and efficiency of the audit process, through avoidance of instances of “re-inventing the wheel” in new areas of work which have been covered in other authorities.

We have developed sound working arrangements with Grant Thornton, the authority’s external auditors and have regular liaison meetings to understanding their requirements and to provide the information they require, maximising the benefits of close working. We have also developed an effective working relationship with Audit South West (NHS Internal Audit) and anticipate more opportunities to work collaboratively together as integration between the Council and Health progresses.

Appendix 1 - Audit Framework

Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015, which state: “A relevant authority must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards (PSIAS) or guidance”.

DAP, through external assessment, demonstrates that it meets the Public Sector Internal Audit Standards (PSIAS).

The Standards require that the Chief Audit Executive must “establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals”. When completing these plans, the Chief Audit Executive should take account of the organisation’s risk management framework. The plan should be adjusted and reviewed, as necessary, in response to changes in the organisation’s business, risk, operations, programs, systems and controls. The plan must take account of the requirement to produce an internal audit opinion and assurance framework.

This audit plan has been drawn up, therefore, to enable an opinion to be provided at the end of the year in accordance with the above requirements.



We will seek opportunity for shared working across member authorities. In shared working Devon Audit Partnership will maximise the effectiveness of operations, sharing learning & best practice, helping each authority develop further to ensure that risk remains suitably managed.



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Health & Wellbeing / People's Scrutiny

Dementia Spotlight Review



20 March 2017

Agenda Item 8

Contents

	Preface	3
	Introduction	4
	Recommendations	5
	Summary	6
	Overview	7
	Key Issues	9
	Risk Factors	
	Diagnosis	
	Communities	
	Memory Cafes	
	Dementia 10 Point Plan	
Appendix 1	The Carer's Journey	11
Appendix 2	Exeter City Council	12
Appendix 3	Site Visits	13
Appendix 4	Contributors	15
Appendix 5	Bibliography	15

This report can be downloaded from:

<http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=134&MId=321&Ver=4>

Preface

The impact dementia has on the lives of those who are living with the condition and their family is massive yet can be little understood outside the family. This light touch report is part of ongoing work to encourage more people to be aware of dementia and how it can change lives so radically.

There is some excellent work being carried out in Devon to provide support and spread awareness in the community. The County Council is well placed through its networks to help facilitate reaching all parts of Devon. As we all know one body cannot do this work alone but by drawing as many partners together such as memory cafes, dementia alliances and district authorities as examples of how support can be provided.

A key point we learnt from the evidence heard from our witnesses during this review was the importance health and wellbeing brings to our lives. If we want to improve the life expectancy for ourselves and our families, being [physically active](#) and taking part in social interaction can play a vital role.



**Councillor
Sara Randall Johnson**

Sara Randall Johnson
Chair

Agenda Item 8

Introduction

The following members — Councillors Sara Randall Johnson (Chair), Channon, Clarence, Squires, Wragg and Wright— would like to place on record its gratitude to the witnesses who contributed to the spotlight review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.

At the People's Scrutiny Adults' Standing Overview Group meeting on 28 September 2016 it was determined to undertake a detailed piece of work on dementia care jointly with Health & Wellbeing Scrutiny. The following terms of reference were agreed:

1. To review the progress on developing a Devon strategy for dementia – the dementia 10 point plan
2. To examine why Devon has more people in residential care with dementia than its statistical neighbour comparator group the County Council benchmarks against.
3. To identify the variety of initiatives being driven across the County to make cities, villages, towns and parishes more inclusive for people living with dementia and their carers.
4. To review the County Council's role encouraging partnership working between groups and organisations to build on existing support and reduce duplication.
5. To report back to the People's Scrutiny Committee on the findings of the review.

On 16 January 2017 the spotlight review on dementia was undertaken. Time and resources necessitate that this report provides a snapshot approach to further highlight issues relating to dementia in Devon. This brief report does not in any way pretend to be an exhaustive exploration of these issues.

Recommendations

Recommendation 1

That the County Council continues to roll out a programme of dementia awareness training, encouraging all members and staff to become [Dementia Friends](#). To ensure that front line staff, in particular, engage more sympathetically and with an increased level of understanding with those people with dementia.

Recommendation 2

That a refresh of the mapping on the [Dementia Roadmap for Devon](#) website is undertaken to evaluate the level of community support for dementia across Devon and the work undertaken in the localities to ensure there is a consistency of provision across the County.

Recommendation 3

That as a landlord, Devon Farm Estates Committee considers the finding of Plymouth University's recent research into the impact of dementia on the farming community and how it might affect the County Council's tenants.

Recommendation 4

That learning from the memory cafes, [Dementia Friendly Communities](#) and Dementia Friends approach is extended to Learning Disability services.

Agenda Item 8

Summary

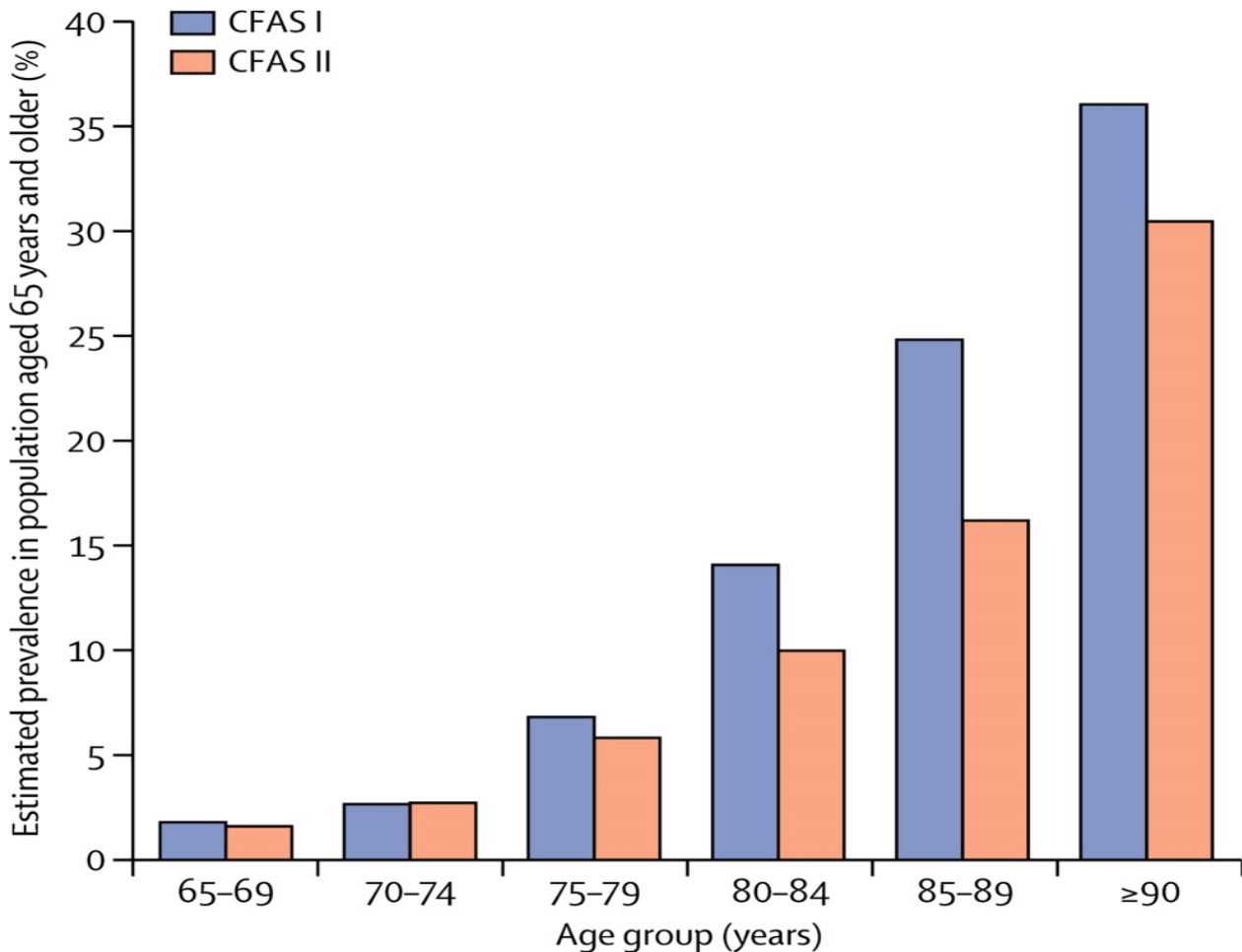
It is clear that there have been fantastic developments over the last decade in dementia awareness, diagnosis, care and carers support. Medical professionals have a much greater understanding and awareness of dementia when it presents and are better able to offer advice and signposting at an earlier stage. Community support in many areas of Devon is excellent. Memory cafes have been a huge success, being relatively cheap to set up and maintain, as long as there is a reliable source of volunteers – they provide good value.

However the County Council still needs to further work to support communities and external organisations promoting dementia friendly activities, recognising the many benefits and positive impact that various activities can have for people with dementia. One of the biggest challenges is ensuring that there is a consistency of provision across the County. The success of the work happening in towns such as Honiton is clear, but other communities need to be galvanised to do the same. Particularly given the impact of inward migration of older people and retirees to Devon and that this is not recognised fully in the County Council's funding arrangements.

Prevention through education is key to reducing demand for services in future. Greater dementia awareness and education is still needed amongst the general public, but also for County Council staff and members, particularly around the different types of dementia, and the possible contributory factors. The County Council needs to do more to demonstrate that Devon is dementia friendly, working in partnership with the district councils and the NHS.

Overview

UK Dementia Incidence Rate



N.B. [The Cognitive Function and Ageing Studies \(CFAS\)](#) were population based studies investigating dementia and cognitive decline of individuals aged 65 years and over.

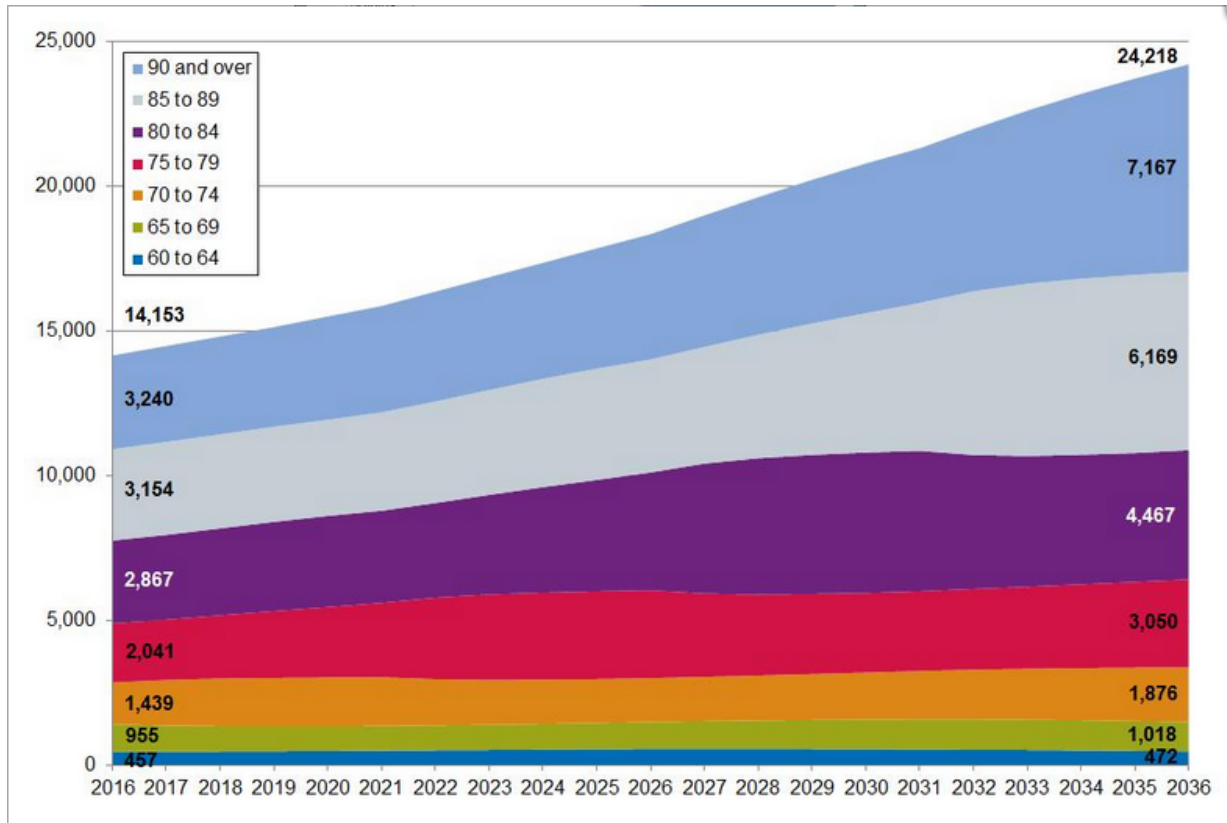
Alzheimer's Society figures indicate that there are currently more than [850,000](#) people living with dementia in the UK. This figure is predicted to rise to over 1,100,000 by 2025 and 2,000,000 by 2050.

In 2016, around 14,200 people living in Devon (1.83% of the population) were estimated to have dementia; this is set to increase to 24,200 (2.79%) by 2036. Unsurprisingly, parts of Devon with older populations have a higher prevalence of dementia. Data indicates that the incidence rate of dementia has decreased over time i.e. your individual chance of developing dementia is less today than in the past, however, as people live longer, the prevalence of dementia among the general population has and will continue to increase. Devon is below the national average but typical of its comparator group in terms of dementia prevalence; diagnosis rates have almost doubled in the last 10 years.

Dementia has different causes; Alzheimer's disease is the most common cause at 63%, vascular dementia at 17%, with other causes being much rarer; almost 50% of people with dementia in Devon have mixed dementia (both Alzheimer's disease and vascular dementia). It is estimated that based on the usual progression of the illness the current prevalence figures in Devon indicates approximately 55% of people with dementia to be at the mild stage, 32% moderate, 13% severe reflecting the gradual progression of the disease.

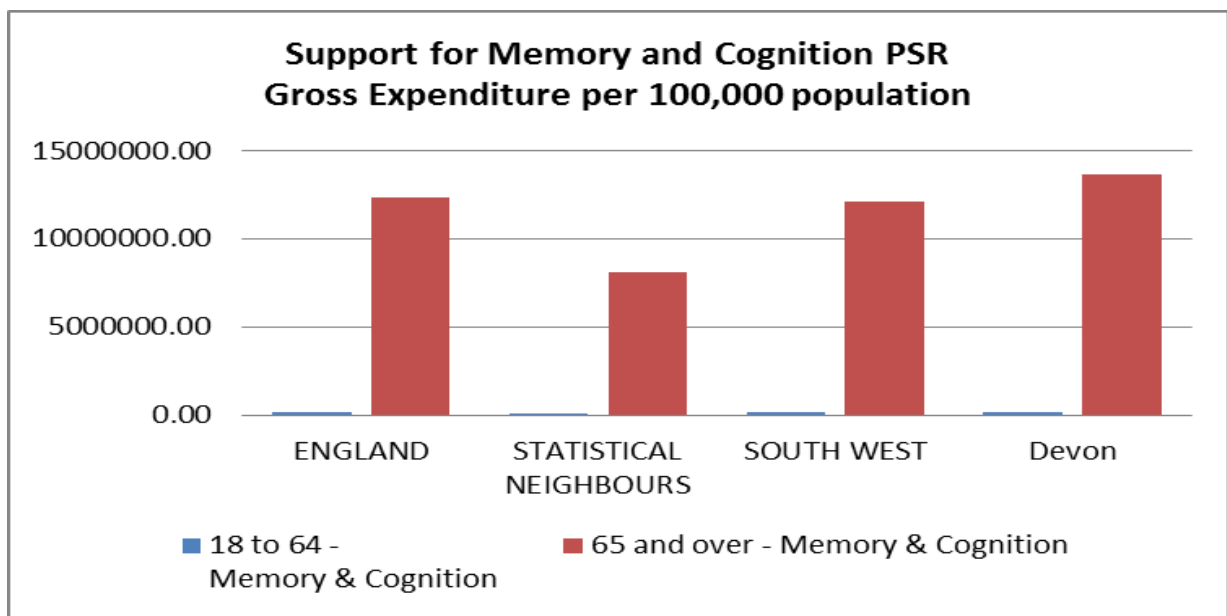
Agenda Item 8

Devon Dementia Prevalence Forecast



Devon spends more on dementia services and support than the England and South West average, and more than its statistical neighbour average; evidence shows that people in Devon go into residential care sooner than in other areas, so their stay tends to be longer. People with dementia are more likely to suffer from other health conditions; some such as urinary tract infections are avoidable, and when present can be an indicator of poor care.

Comparative Spend On Dementia



Key Issues

Risk Factors

There are clear links between vascular dementia and lifestyle factors, but there is also evidence linking lifestyle to Alzheimer's. Many of the same behaviours which impact on physical health, such as smoking, alcohol consumption, physical activity and diet can affect an individual's chances of developing dementia. In Devon:

- Smoking rates are relatively low;
- Alcohol consumption is relatively high;
- People are on average quite active, but there is a significant group of people who are doing less than 30 minutes of activity a week;
- People are eating more healthily than in other parts of the country;
- The biggest risk factor by far is age; people are living longer and are physically healthy for longer, meaning dementia is more prevalent.

'Mid-life' is a key time in addressing lifestyle factors that can increase an individual's chance of developing dementia. The [NHS Healthcheck](#) programme provides information on dementia to those over 65, but lifestyle changes need to happen before this time. Keeping socially active and maintaining good mental health are key preventative factors. People do not always associate lifestyle factors such as physical activity and alcohol consumption with conditions like dementia – education around this is important ([Devon's One Small Step](#) healthy lifestyle service focuses on this). The NHS [One You](#) campaign targets people at 'mid-life', providing advice on how to make healthier lifestyle choices.

Plymouth University has recently carried out a yearlong research into the experience of dementia in agricultural communities, the impact on farmers, their families, the business and home lives. The study [Rural dementia – we need to talk](#) identifies four areas of concern; the farm environment; a reluctance to ask for help; support services and changing rural communities.

Diagnosis

Nationally, the NHS is aiming to increase formal dementia diagnosis; early diagnosis can prevent crises and treatments can slow progression. GPs are today better trained to recognise the signs and offer support for those presenting with dementia, however some people will still not be able to acknowledge their disease or take up support/treatment. Diagnostic tests include ruling out other illnesses such as depression, thyroid function etc, family history is considered and MRI scans undertaken. Over the next 5 years the NHS ambition is to offer a consistent standard of care for patients newly diagnosed, supported by named clinicians or advisors, proper care plans developed in partnership with patients and families and options of personal budgets. In addition, the dementia challenge calls for a broader coalition between statutory services, communities and businesses.

Communities

There is an increasing amount of community support available for those with dementia and their carers such as memory cafes and the Dementia Support Service. Patient post diagnosis experience is better than in the past. Provision however is inconsistent and capacity still needs to be built within communities, supported and enabled by the Council.

The Council has a key role in supporting communities to be safe, healthy and prosperous by delivering, commissioning and enabling a wide range of services including dementia support, as well as areas such as domestic abuse, hate crime and community cohesion. The challenge for the Council is how it supports communities in all these areas at a time when funding is reducing and demand often increasing. Rurality and isolation adds additional complexities. The Council is now taking on a greater enabling role, working with community groups to deliver these services and has seen some great success across the County.

Agenda Item 8

Honiton Dementia Action Alliance brings together groups and organisations across the community committed to transforming the lives of people with dementia and their carers. Honiton Dementia Action Alliance was named by the Alzheimer's Society as the Dementia Friendly Rural Community of the year 2016.

Memory Cafes

In 2016 the [Devon Memory Café Consortium \(DMCC\)](#) was formed, gaining charitable status (making it eligible for funding applications), to give oversight to all cafes; today there are 50 cafes across Devon, all run by volunteers and around half have so far joined the consortium. The DMCC works closely with the County Council and Devon Partnership NHS Trust to run dementia awareness courses and share information/data across the various cafes.

Honiton Memory Café formed in 2011, is run by volunteers, many of whom are those who have cared for people with dementia. Honiton Dementia Alliance is also looking at providing other services/activities to reach those with dementia who do not attend the memory café, but who may need help with activities such as shopping or visiting the hairdresser. A recent survey indicated that the three most popular activities were walking for leisure, eating out and visiting the cinema/theatre. In direct response to this survey a walking group has been established led by trained volunteers, and Devon Wildlife Trust are currently looking to contribute; a pub lunch group has also been set up and is attended regularly by around 30 people; work has been undertaken with Sidmouth Theatre, with regular visits arranged where specific seats are made available; and once a month a nostalgic cinema event is held, where films chosen by audience are shown in the Beehive Community Centre.

Free dementia awareness sessions have been delivered at the library, where members of the public have proven to be keen to learn. Sessions have also been delivered to local firms of solicitors, supermarkets, banks, chemists and a the local bowls club; those who sign up to the Honiton Dementia Alliance receive a sticker to display in their window, showing that they are dementia trained. The memory café works closely with the youth groups including the scouts and girl guides; sixth formers from the local college volunteer at the café. County councillor locality budget funding has been used to produce various literature, including an awareness leaflet included with the local paper, and a guidance booklet for customer facing workers, as well as using social media. Memory cafes and other dementia support groups such as singing groups, also benefit hugely from small scale fund raising and donations, which can make a big difference to the lives of those who use these groups.

Dementia 10 Point Plan

The County Council and NEW Devon CCG's joint Dementia 10 Point Plan has been developed to provide assurance and to evidence the impact and improvements in the experience of people with dementia and their carers in Devon; it centres around:

- Reducing Risk – lifestyle changes, keeping healthy, particularly help to combat vascular dementia.
- Diagnosing well - diagnosis rate in Devon today is around 60%, in contrast with 40% in 2011.
- Informing, supporting and navigating – Alzheimer's Society currently provide post diagnosis support for the County Council and a contract for a new service will commence July 2017.
- Meaningful activity – inclusion and enablement.
- Person centred care – living well at home.
- Carers – support/respite.
- Hospital & care homes – dementia friendly.
- Housing and telecare – specially designed or adapted.
- Workforce – informed and trained.
- End of life care – support to plan for this time.

The Carer's Journey

A carer shared his experience of being a carer for someone with dementia, and the changes in service provision and attitudes towards the condition he has seen since his wife first began to display symptoms in 2004:

- Despite seeking expert medical attention in 2004 the carer and his wife first noticed a change in her behaviour, they did not receive a diagnosis for two and half years; at this time diagnosis involved monitoring changes over six month periods, as well as MRI scans and ultrasounds.
- The diagnosis was delivered by six medical professionals, across a table, and the advice offered was to 'ask the mental health nurse for some tips on your way out'; the experience was bewildering for both of them, and they left feeling on their own.
- The carer was pleased to report that experiences of diagnosis are very different today, that GPs and other professionals are much better informed, more empathetic, able to provide reminiscence reading material and signposting to dementia specialist or friendly day care and home care services, as well as support for carers; post diagnosis follow up care is much improved.
- In the past hospitals have struggled to deal with patients with dementia due to lack of training and understanding; they had a poor experience back in 2008, but had recently visited the RD&E in Exeter and had a much more positive experience, where staff were better informed.

The carer identified some areas which he feels could be improved further including:

- Specific support for carers, which recognise that this need changes over time in line with the development of the cared for person's condition; key point - 'a carer is not a volunteer'.
- Recognising the range of support that a carer may need, including practical help in the home to undertake new roles, the provision of safety information, being able to maintain social contact, keeping themselves healthy and well and knowing when to ask for help; carers also need support when the person they are caring for goes into full time care, this can be a difficult time when they can feel a range of emotions including relief, guilt, loneliness.
- Support for those with dementia to stay within their own community, which can be a particular issue for rural families who can particularly feel isolated from services and social contact.
- Greater research is needed; link between different forms of dementia and lifestyle factors needs to be understood; the carer and his wife have taken part in a number of research programmes and encourage others with dementia and their carers to do the same.
- Day and respite care is still lacking in many areas, and transport to services is also wanting.
- Private dementia care is very expensive, particularly when this is needed on a long term basis.

Exeter City Council

Exeter City Council (ECC) published on its [2 March 2017](#) People Scrutiny Committee agenda a Dementia Friendly Council review. The final report of the task & finish group includes 15 recommendations aimed at highlighting ECC's role as a member of the Exeter Dementia Action Alliance and the steps it is taking towards becoming a dementia friendly organisation, ensuring that the services offered strive to reflect the needs of individuals.

The recommendations to ECC's Executive include:

- a) Encourage organisations such as the Alzheimer's Society, memory cafés and Age Concern to apply for allotments for use by those with dementia.
- b) Outlines the work of this Task and Finish Group, in a press and social media release, highlighting that the Council can offer appointments later in the day, upon request.
- c) Establishes what information sharing there is already between Council departments in respect of vulnerable individuals, such as those with dementia and investigate the process for recording and sharing new information.
- d) Continues to support dementia friendly staff training across the Council, encouraging staff to become Dementia Champions.
- e) Looks into providing different modules of more in depth training for officers who work directly with members of the public.
- f) Explores dementia training as a compulsory requirement before a Hackney carriage/Private Hire driver's licence is granted.
- g) Ensures that dementia friendly engagement is reflected and considered in the social inclusivity dimension of evaluating procurements.
- h) Requires trained front line staff in particular to wear dementia friendly badges and a forget-me-not sign to be placed in a prominent place in the Customer Service Centre.
- i) Investigate the viability of providing a second toilet and/or carry out improvements to the existing toilet (including access) in the Customer Service Centre subject to costings and available resources.
- j) Provides clearer signposting for the toilet in the Customer Service Centre subject to costings and available resources.
- k) Provides a higher level of dementia awareness training for security staff.
- l) Investigates the potential for dementia friendly red coat tours.
- m) Ensures that information concerning dementia friendly activities is available at the tourist information centre.
- n) Encourages such organisations as the Devon Wildlife Trust and Active Exeter to adopt a dementia friendly approach in the provision of activities.
- o) Consider whether a similar review of other front line services within the Council should be undertaken at this stage and if so, to prioritise the order for review.

Site Visits

Councillors Sara Randall Johnson (Chair) and Rob Hannaford (Vice-Chair) of the People's Scrutiny Committee accompanied by Richard White, Social Care Commissioning - Sector Lead, undertook site visits to 3 care homes on 29 November 2016. The following issues were raised by the care home managers / noted by members:

Mapleton Community Care Home, Ashburton Road, Newton Abbot

- The County Council worked with Stirling University to create the Devon Centres for Dementia concept and to develop refurbishment projects at Mapleton and Woodland Vale in Torrington. In addition to excellence in ergonomic design many innovative technologies have been employed in the design of these homes to try to give the best outcomes to the people who live there, promoting their continued wellbeing.
- This design principal has also maintained a practical approach in providing an environment that is safe and efficient to work within. Best practice in the use of colour, light and space has been integral to the design. The Stirling concept advocates sub dividing accommodation into smaller suites each with its own front door and communal facilities serving a number of bedrooms. This model of care of living in small units/suites is designed to be less institutional and much more akin to a domestic setting with people doing the washing-up, baking, laundry as they might in their own homes.
- Predominantly the care home has people under a duty of County Council care aged between late 60s- 90s. The average length of stay at Mapleton is just under 2 years.
- Almost all of the residents receive regular visitors. It would however be hugely beneficial to have enduring volunteer arrangements.
- Mapleton does not have any contact with dementia groups in the area, despite Newton Abbot being a dementia friendly town.
- A lot depends on how isolated a person becomes within a community as to the level of crisis they are in and the need for them to enter a care home

Private Care Home 1

- Most of the older people in the home have dementia. Only 2/3 of the residents have some level of capacity. The frailty of the adults in the home has significantly increased in the last 3 years. Care homes are now similar to what used to be thought of as a nursing home with the average stay being less than 2 years. Those older people entering the home now are that much more vulnerable, often at a point of crisis and as a result are a challenging group. There is a need to look much earlier at individual's pathways.
- Market sufficiency and keeping care to budget are difficult to manage.
- It is not possible to do a full activities programme at the moment given the lack of clients.
- There are issues with the waiting time on client reassessments.
- Commissioners are also looking to put together a trusted provider model for assessments. The priority always has to be that people are getting the best possible care outcomes.
- The need to take a longer term view on extra care housing.

Agenda Item 8

Private Care Home 2

- One of the struggles is 24/7 care too late, where people are at home with an inadequate care package until they reach crisis point with a fall for instance and then are moved into care. The elderly care system relies on equally elderly carers looking after husbands/wives. There is something of a disconnect between, expectations, scrutiny and inspection.
- The key factors are quality and price. There is a pressure with the minimum wage.
- The most vulnerable group are the over 80s. It is a challenge moving forward to deal with the increasing number of frail older people. Devon has an aging population, with people living longer with complex needs – that is the key issue. People will not be coming into care homes for longer periods now - that time has gone. Instead there is a heavy reliance on families.
- The development / planning of new towns needs to take into account care for the elderly.

Contributors

The spotlight review received evidence on **16 January 2017** from the following:

Witness	Position	Organisation
Damian Furniss	Senior Manager - Performance, Policy and Involvement	Devon County Council
Tina Henry	Health Improvement & Policy Lead	Devon County Council
Simon Kitchen	Head of Communities	Devon County Council
Jenny Richards	Joint Commissioning Manager for Older people's mental health and dementia	Devon County Council / NEW Devon CCG
A	Carer	
David Light	Trustee	Devon Memory Café Consortium
Heather Penwarden	Chairman	Honiton Dementia Action Alliance Steering Group
Melinda Pogue-Jackson	Policy Officer	Exeter City Council
Anne-Marie Hawley	Scrutiny Programme Office	Exeter City Council
Solveig Sansom	Senior Manager – Strategic Commissioning Older People	Devon County Council

Bibliography

- [Dementia Carers Pathways](#)
- [Dementia Friendly Communities](#)
- [Dementia Friendly Council Task and Finish Group Report, People Scrutiny Committee, Exeter City Council \(2017\)](#)
- [Dementia Task Group Report, Health & Wellbeing Scrutiny \(2012\)](#)
- [Guide for Councillors: Transforming the quality of life for people with dementia in the community](#)
- [Our Dementia, Our Rights](#)
- [Reducing your risk of dementia](#)
- [Rural dementia – we need to talk](#)

Copies of this report may be obtained from the Democratic Services & Scrutiny Secretariat at County Hall, Topsham Road, Exeter, Devon, EX2 4QD or by ringing 01392 382232. It will be available also on the County Council's website at:

http://www.devon.gov.uk/index/councildemocracy/decision_making/scrutiny/taskgroups.htm

If you have any questions or wish to talk to anyone about this report then please contact:

Dan Looker

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Public Health Nursing Spotlight Review – Health and Wellbeing / People’s Scrutiny Report of the Spotlight Review Group

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: that Cabinet be recommended to adopt the approach set out in Option 3 of Report [CS/17/6](#) and transfer the 0-19 Public Health Nursing services to the County Council from 1 April 2018.

1. Context

At Cabinet on 11 January 2017 approval was given to consultations being undertaken on the proposed process for procuring a new contract/arrangements for commissioning of children's services upon the expiry of the current five-year contract with Virgin Care Limited on 31 March 2018; such consultation to take place during January and February 2017 with a further report to the Cabinet in March 2017 to determine the preferred option.

It was subsequently agreed that Health and Wellbeing / People’s Scrutiny undertake a spotlight review to consider the following Public Health Nursing services options set out in the January Cabinet Report (CS/17/6).

2. Background

In April 2013, the County Council and NHS Devon (Devon Primary Care Trust) entered into a 3+1+1 year (five year maximum) contract for the delivery of integrated children’s services with Virgin Care Limited via a pooled budget arrangement. The services are currently commissioned from this pooled budget with Northern, Eastern and Western Devon Clinical Commissioning Group acting on behalf of the commissioning partners as the Co-ordinating Commissioner. The intention of the commissioners at that time was to bring together three main elements of existing health services for children:

- Public Health Nursing services and the mandated National Child Measurement Programme (health visitors and school nurses)
- Specialist Child and Adolescent Mental Health services (CAMHS)
- Specialist Children with Additional Needs services (for those with complex needs such as physical and learning disability)

The pooled budget has a total value of almost £35 million per annum. The contract ends on 31st March 2018 and because it has already been extended twice, it cannot be extended again under national regulations. In terms of the County Council’s current financial contribution to the pooled budget:

- £3.5 million in specialist children’s services.
- £11.9 million in 0-19 Public Health Nursing services.

Devon County Council’s investment in Public Health Nursing is from the Public Health Grant, which is for the delivery of Public Health England’s national specification for a 0-19 service and is currently subject to a mandate (via a statutory instrument) for the five universal checks between 0 and 5 years of age. The service forms part of the Director of Public Health’s responsibilities made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act. This funding currently represents 41% of the total ring-fenced Public Health Grant for 2016-17 from Public Health England.

The process of pre-procurement formally commenced in June 2016. An independent chair was appointed to establish and chair a Pre-Procurement Board, the aim of which was to clarify intentions, begin collating the necessary finance and contractual data and, based on this, produce a set of recommendations on the approach to procurement.

Agenda Item 9

3. Spotlight Review

On 6 February 2017 members held evidence gathering sessions with the following witnesses to the review and appreciated their attendance at short notice:

- Virginia Pearson, Chief Officer for Communities, Public Health, Environment & Prosperity / Councillor Andrea Davis, Cabinet Member for Improving Health and Wellbeing
- Linda Murray, Head of Public Health Nursing, Virgin Care / Cathy Ellingford, Head of Care Effectiveness, Virgin Care
- Louise Campion, Principal Officer – Health and Wellbeing, Swindon Borough Council
- Philippa Court, Senior Manager: Early Help Provision, Devon County Council
- Phil Norrey, Chief Executive, Devon County Council
- Jo Olsson, Chief Officer for Children's Services, Devon County Council / Councillor James McInnes, Cabinet Member for Children, Schools and Skills

4. Conclusion

The spotlight review considered the three options set out in the January cabinet report and concluded that Option 3 represents an opportunity for the County Council to take greater control in the delivery of children's services. There is a need to strengthen the governance arrangements, accelerate the pace of integration to ensure the system enables effective working together and brings services closer to where children can access them. It is this integration of health, education and social care services that makes the biggest difference to outcomes for children and in particular for those that are more vulnerable.

Currently it would appear that early help has made some advances but it remains under-developed in Devon, and the position set out in the Ofsted inspection in 2015 has not changed significantly. Further work is needed to establish expectations and to clarify roles and responsibilities in terms of early help across the partnership. The County Council's strategic role is vital as the catalyst on the drive to improve each child's outcomes and start in life. Therefore it is critically important to have a Public Health workforce that works seamlessly with children's centres schools and early years settings.

The spotlight review appreciates that Option 3 and the in-sourcing of 0-19 Public Health Nursing Services would not be without risk. The transfer would represent a significant period of change and disruption as well as it being a considerable undertaking to bring the service in-house for next year. Clinical governance would also be an issue, and needs to be absolutely clear. Registration would be required with CQC and undergoing CQC inspection is an onerous process similar to Ofsted inspections. However if changes to strengthen early help, bridging the gap between universal, targeted and specialist services, are not implemented, not only is there a risk that costs in specialist services will rise, but that outcomes for some of Devon's most vulnerable children may suffer.

Delaying the longer term decision with Option 1 has some advantages, but it would mean that staff had another year of uncertainty and organisational change sets back progress, something the County Council can ill afford to allow. The impact of continuing financial restrictions, along with necessary changes in expectations, made Option 2 less favourable.

Members of the Spotlight Review:

Sara Randall Johnson (Chair of Spotlight Review / People's Scrutiny Committee)

Rob Hannaford

Andy Hannan

Debo Sellis

Richard Westlake (Chair of Health and Wellbeing Scrutiny Committee)

Electoral Divisions: All

Cabinet Member for Health and Wellbeing: Councillor Andrea Davis

Cabinet Member for Children's Services: Councillor James McInnes

Dan Looker - Scrutiny Officer (01392 382232 / dan.looker@devon.gov.uk)

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 **27 February 2017**, with Councillors Randall Johnson (Chair), Dewhirst, Hannaford and Hannan in attendance, the following issues were raised:

### Early Help and the MASH

- The MASH is undertaking a review with Early Help to become more locality aligned to mirror the locality structure plan of Children's Services.
- Thresholds and their standardisation. A key aspect of the MASH improvement plan is assisting partner agencies' understanding of the appropriate level of concern to pass to MASH. Good progress has been made, but there is more still to do.
- The weakness in the multi-agency Early Help system is a key risk.

### Early Help for Troubled Families: From programmes to system

- The Troubled Families Programme has brought structure and clarity to the system.
- There is no issue identifying troubled families (there is a broad range of criteria with all families that experience risk and need); it is getting the necessary level of response. Key is getting partners such as teachers and health practitioners to look at the underlying causes rather just the presenting symptoms.
- Early Help is now more high profile across the system. Professionals and organisations still need to be better held to account for their contribution.

### Delivery Plan for Devon's Children's Partnership

- The 5 key shifts that the Delivery Plan highlights are a locality based model; a strengthening of the Early Help system; an integration of services; bespoke and personalised services and asset or strengths based practice.
- The responsibilities of the Devon Children, Young People and Families Alliance is being merged with the Devon Safeguarding Children's Board, with the intention of having a streamlined governance structure in place by summer 2017.
- Work will start in June 2017 on the new strategy overarching strategy for Children's Services.
- Importance of the volunteer strategy, and the need to bring a new resource into teams around a child.
- Devon must continue to develop the quality of its social work moving forward.

### Children's Services: Re-procurement of Integrated Children's Services

- Integrated Children's Services has undertaken a lot of positive work but is not well integrated with education and social care. This is recognised and officers are hopeful that this deeper system integration will begin to develop.
- Concern about cuts to residential short breaks, and the anxiety this could cause parents.

# Agenda Item 10

- Referral to treatment time is an issue. Families need to access support when they need it and not wait for diagnosis.

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

- Officers are looking at anomalies, understanding the details of the various performance indicators in a much more analytical way. Work is being undertaken with frontline managers and individuals, engaging staff in how to improve outcomes.
- The fall in the level of Early Help engagement is worrying, however the data should improve when the new recording system 'Right for Children' system goes live on 1 April 2017, along with the Early Help assessment and planning tools which are being piloted to also go live in April 2017. The new Council needs to ensure adequate focus is given to this crucial area of work.
- Need to ensure children are not taken off Child Protection Plans too early before the risks are fully addressed.
- 3+ placements is a key indicator for Children's Social Work. The Corporate Parenting Board is looking closely at this, with the importance of sustaining placements recognised right across the system.
- Need to improve work relating to the voice of the child.
- Concern about multi-agency attendance and input at Child Protection meetings.
- Officers agreed that it would be helpful under the new Council for the children's scrutiny function to continue with the standing overview group structure.

**Cllr Sara Randall Johnson**  
**Chair**

## 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 **2 March 2017**, with Councillors Hannaford (Chair), Hosking and Randall Johnson in attendance, the following issues were raised:

Carers Contract Re-Procurement

- The service for support to carers, co-ordinated by Westbank is currently going through a re-tendering exercise. The tender is being launched in July 2017, ahead of the new service beginning in April 2018.
- The service is now in touch with approximately 20,000 carers; 7 years ago it was 6,000. Devon is doing well, however it is estimated that there are 80,000 carers in the County as identified through the census.
- The new contract will have a greater focus on peer support and volunteer networks.
- Early Help is a key area and the need to embed young carers earlier in the support system.
- GPs have a critical role in identifying carers.

Residential / Nursing Homes Commissioning Plans

- The average care home size in Devon is 19 beds, and 42 beds for a nursing home. Existing provision in the County is dominated by small / medium homes, many of which are not purpose built.
- Devon has fewer care homes rated as poor or inadequate by the CQC than its statistical neighbours.
- Devon does not have any of the large national care home providers. It is crucial to get fees right and be an attractive model for investment.
- Concern about the difficulty recruiting and retaining staff.
- Devon has fewer people in long term care than its statistical neighbours.
- An online bed vacancy system will show all bed vacancies in each home. This would be a major development as care managers have in the past spent a huge amount of time looking for a bed, and have in certain instances had to pay a premium where there has been limited availability.
- There is work to be done in terms of agreeing a strategy for spot purchasing placements for short term care and step-down rehabilitation beds.

Performance Framework / Indicators

- Members felt the performance narrative could be reduced to provide a more succinct take on how Adult Social Care (ASC) is performing with fewer indicators focussing more on what 'Good' looks like.
- That ASC does more to foster members' interest in their local community services early in their tenure on the County Council.
- The need to strengthen the relationship between Scrutiny and the Devon Safeguarding Adults Board.
- Focus on delayed transfer of care as this is a key indicator and performance needs to improve.

Cllr Rob Hannaford
Chair

Children's Services: Re-procurement of Integrated Childrens Services

Report of the Chief Officer for Children's Services

It is recommended that:

- 1.1. The Local Authority continues to commission jointly with the CCG's, CAMHS and community health and care services for children with additional needs. The delivery of services will be monitored through the commissioning governance arrangements of the Children Young People and Families Alliance and jointly funded through a pooled budget for the period of one year 2018/19 via a Section 75¹.
- 1.2. NEW Devon CCG as lead commissioner awards a one year contract for 2018/19 to Virgin Care Ltd.
- 1.3. The Local Authority work jointly with the CCG's through the next year to determine the strategy to shape service delivery. For services to be tendered during 2018 for award of longer term contracts from 2019 onwards.

2. Background context

2.1. In March 2013, Devon County Council and NHS Devon, awarded a three year contract with the option to extend to a five year maximum for the delivery of Integrated Children's Services. The contract term is 1st April 2013 to 31st March 2018. The contract was awarded to Virgin Care Limited and funded via a pooled budget arrangement with the total value of £35m.

2.2. The Services delivered under the contract include:-

- Public health nursing services, health visitors and school nurses.
- Specialised Child and Adolescent Mental Health services (CAMHS).
- Community Health and Care Support Services for Children with Additional Needs, such as physical and learning disability.

3. Strategic and Partnership Considerations

3.1. The delivery plan for the Childrens Young People and Families Alliance sets the key priorities and describe the five key shifts that need to happen to ensure the priorities are achieved. Key aspects of this are to create community based integrated services focused on delivering personalised services.

3.2. The development of the SEND strategy and the Sustainability Transformation Plan (STP) for the CCG's set the direction of travel for services which impact on children with additional needs and gives the priority to improve choice and control for children and families in the support they receive. The Local CAMHS Transformation plans set the direction for mental

¹ Section 75 of the NHS Act 2006 (as amended), the Secretary of State can make provision for local authorities and National Health Service (NHS) bodies to enter into partnership arrangements in relation to certain functions, where these arrangements are likely to lead to an improvement in the way in which those functions are exercised. The specific provision for these arrangements is set out in the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000.

Agenda Item 13

health services. The services within this contract are pivotal to the delivery of these strategies over the next three years.

4. Performance and review

- 4.1. As part of the Contract Review process the delivery of services within ICS have been evaluated, this has resulted in recommendations for the shape of future delivery of services, identified areas of good performance and areas for improvement.
- 4.2. There have been concerns about the waiting times for CAMHS this has improved significantly and there is confidence that the provider will continue to improve delivery against the priorities in the Local Transformation Plan.
- 4.3. The review focused on the delivery of the Local Offer and considered the provision of short breaks in the context of the priority for choice and control for families and the key shift to personalised and tailored services. This has found there is less need for residential Short Breaks and therefore resources need to be released to spend on more flexible packages of support for families. There are children for whom ongoing support through this service will be essential and continuity of care will be prioritised in these circumstances.
- 4.4. Priority areas for improvement are the service offer for children with Autism and the delivery of services to improve communication.
- 4.5. As part of improving our information and advice to parents through the local offer we have reviewed our arrangements and will no longer be purchasing this offer (DISC Plus) via this contract but continue to improve this through other mechanisms.
- 4.6. Whilst it will take some time to improve the performance of the service in some areas this process has begun and the change process underway will need the next two year period to be achieved. Therefore it is our recommendation that the continuation of the service via a one year contract provides the greatest opportunity to integrate service delivery, deliver change and therefore improve outcomes for children.

5. Engagement

- 5.1. Parents of disabled children have been leading the development of the SEND Strategy priorities over the last twelve months. This has led to the draft strategy document currently out for public consultation. The CCG's have led a public consultation on the health and care support services within ICS through Healthwatch. The outcomes of this engagement have informed the decisions outlined in this paper.

6. Legal Considerations

- 6.1. The requirements of the Children and Families Act 2014 have been considered and taken into account in the formulation of the recommendations set out in report. The services contracted within ICS make a significant contribution to the Local Offer for children with SEND. The Local Authority and the Partnership in compliance with the Code of Practice must ensure sufficient delivery of short breaks and community health and care

services. Through Education, Health and Care Plans children are able to access these coordinated, integrated and personalised services.

- 6.2. There is a procurement risk by the award of a one year contract. This is however mitigated both by the intended tender during 2018 and the lead contracting being undertaken by the NEW Devon CCG with the LA no longer a party to the contract but continuing oversight via the funding agreement of a S75.

7. Risk Management Considerations

- 7.1. The continuity of care through the services in the ICS Contract has been highlighted as a risk for the Corporate Risk Register. With mitigations as set out in this paper.

8. Financial Considerations

- 8.1. Devon County Council's current financial contribution to the pooled budget includes a Children's Services contribution of approximately £3.5 million and Public Health approximately £11.9 million in 0-19 Public Health Nursing services. The Public Health Nursing services within this contract will be the subject of a separate report to Cabinet.

- 8.2. Childrens Services spends in addition £1.5m with Virgin Care on associated services. This includes £750k for Community Support for children under 5 with complex needs (Portage) which is funded from the DSG along with enabling services and education funded provision to meet Education Health and Care Plan outcomes for children.

- 8.3. It is proposed that the current contract value for the Children's Services requirement within the contract of approximately £3.5m will be amended to reflect the reduced level of service requirement. The one year contract will no longer include DISC Plus and will reflect the reduced need for the short breaks service. The saving to be achieved from the one year contract award will be £240k with an additional £300k top sliced to develop innovation in the use of personal budgets. This will further support the delivery of the priorities of the strategy established through the engagement with families.

- 8.4. The mechanism of pooled funding via a Section 75 is recommended due to the integrated nature of the delivery of services and the cost that would be incurred to both partners to commission these services separately. For both a financial and service delivery perspective the joint funding provides value for money in the size of the service offered but also the management of delivery can be streamlined.

9. Equality and Sustainability

- 9.1. This Report has no specific equality, public health or sustainability implications that are not already covered by or subsumed within the detailed policies or actions referred to therein.

Jo Olsson
CHIEF OFFICER FOR CHILDREN'S SERVICES

Electoral Divisions: All

Cabinet Member for Children's Services: Councillor James McInnes

Agenda Item 13

Contact for enquiries:

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Background Papers

Cabinet Paper of the 11th January 2017

SEND Strategy

SEND Consultation

Delivery Plan for Children Young people and Families Alliance

NEW Devon CCG and South Devon and Torbay CCG Local Transformation Plans

Healthwatch Consultation

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

DEVELOPMENT OF A REGIONAL ADOPTION AGENCY (RAA)

The purpose of this paper is to;

- Brief members on the development of the RAA locally
- Outline current performance.

The decision on next steps in the RAA development will be taken to cabinet in April.

Members are asked to consider the report and identify any additional issues that should be considered prior to cabinet.

1. Introduction

In June 2015, the Department for Education (DfE) published 'Regionalising Adoption' and asked all adoption agencies in England to consider how to work much more closely together on a regional basis. This was enacted as the Education and Adoption Act 2016 which encourages authorities and voluntary adoption agencies to join together to form Regional Adoption Agencies (RAA). The Government's view is that structural change will improve the process for children and adopters

Devon County Council is already part of an existing adoption partnership with other authorities, Plymouth CC, Torbay BC, Somerset CC, Barnardo's and Families for Children, called Adopt South West¹. This is one of 19 groupings of local authorities and voluntary sector adoption agencies nationally.

The DfE expect the RAA programme to deliver consistently good and more innovative adoption practice that ensures improved life chances for children, in particular through;

- Improved adopter recruitment
- Improved timeliness of placing children
- More children achieving permanence through adoption
- Improved adoption support.

DCC and its partners have secured £607,000 funding to date, which has enabled us to mobilise joint activities to design a RAA for the Adopt South West area. This funding covers the cost of the project until March 2018 by which time the DfE expect the newly formed RAA to start operating. Collaboration with the Voluntary Agency sector in the service design is a requirement.

¹ Somerset County Council, Devon County Council, Plymouth City Council and Torbay Council at the time joined by Barnardo's and Families for Children as the Voluntary Adoption Agencies.

Agenda Item 14

The anticipated benefits for our children and adopters across the region are:

- Increase in permanence through adoption
- Maximise sustainable adoptions in the region
- Improve permanence timelines
- Practice Improvements across the RAA
- Improve the adoption scorecard.

The anticipated benefits for Devon County Council are:

- Investment in adoption and early permanence to combat costs of care downstream.
- Improve quality assurance in the process which reduces cost.
- Better shared resources across the region to improve value for money.

This report seeks to update Scrutiny Members on the significant progress and improvements in these areas and to assure members that continuing to improve outcomes for children and adopters remains a priority within children's services, across the Council and with partners.

2. Current performance across the LAs

One of the key issues for the RAA development is the current differential in adoption performance across the LAs. There is a need to secure best practice and outcomes and share this across the RAA guarding against any deterioration in performance.

Child timeliness for children who have been adopted			
		Average number of days between a child entering care and moving in with its adoptive family (Scorecard indicator A1)	Average time between an LA receiving court authority to place a child and the LA deciding on a match to an adoptive family (Scorecard indicator A2)
		2015-16	2015-16
ALL LOCAL AUTHORITIES IN ENGLAND		523	243
SOUTH WEST		430	201
	Devon	409	183
	Plymouth	426	222
	Somerset	382	167
	Torbay	360	154

Table 1; Timeliness for children who have been adopted²

Taken from the Adoption Leadership Returns (2015/16, published in March 2016), the performance of the Local Authorities across the Adopt South West collaboration, compares favourably with both the South West region and the England indicators. It highlights that there is currently differential performance across the four LA areas which reflects a difference in practice across the LAs.

² Adoption Leadership Board Local Level data for 2015/16
Data Source: Local_level_ALB_data_Quarter_4_2015_to_2016.ods

At the time these statistics were published, the A3 Scorecard Indicator, 'Percentage of children who wait less than 18 months between entering care and moving in with their adoptive family' was not published. This data will be published for 2015 – 2017 after the March 2017 ALB submissions.

		Number of adoption orders granted 2015/16
ALL LOCAL AUTHORITIES IN ENGLAND		2,600
SOUTH WEST		250
	Devon	35
	Plymouth	15
	Somerset	30
	Torbay	x

Table 2: Number of Adoption Orders Granted

At present 32% of the South West region's adoption orders are granted to the four local authorities within the Adopt South West. Analysis on future trends can be undertaken once the 2016/17 data becomes available.

	Devon (2014 – 16)	SN Average (2012 – 16)	England Average (2012 – 16)
Adoption Scorecard A1: time between child entering care and placement for adoption	476 Days	517 Days	593 days
Adoption Scorecard A2: time between receiving court authority to place a child and deciding on a match	171 days	152 days	223 days
Adoption Scorecard A3: Children waiting less than 16 months between entering care and placement for adoption	63.6%	n/a	47%
Adoption 1: Percentage of looked after children who ceased to be looked after who were adopted	14.8%	16%	14%

Table 3: Adoption KPIs; Extract from Devon County Council Adoption Scorecard Quarter 2 2016/17³

The Q2 figures show a positive impact to improvement work undertaken to improve timeliness for children. An action plan is in place to improve the A2 indicator including:

- Early identification of children for whom adoption may be the plan.
- Family finding at the earliest opportunity.
- Increased scrutiny at the Permanency Tracking Meetings held monthly.

³ Data Source: ALB Adoption Survey, CareFirst and Adoption Database

Agenda Item 14

- An 'Activity Day', run on Saturday 25th February which resulted in 21 expressions of interest from adopters for the children who attended.

3. Progress with the RAA to date

In July 2016, Devon County Council became the lead LA for the Adopt South West RAA project, with the recommendation that the RAA legal delivery mechanism would initially be a shared service with a local authority as host. Devon was to take the lead for the forthcoming year whilst all the risks are analysed. Alternative options such as a LATC, Joint Venture between the LAs and VAAs and a fully outsourced model were considered as possible models for the future; subject to more detailed analysis and options appraisal.

Two Voluntary Adoption Agencies (VAAs) operating in the region, Barnardo's and Families for Children, have remained partners in the work but have confirmed that they wish to remain outside of any RAA arrangement so that they can retain their own identity and continue to be commissioned to provide services locally.

During January 2017, design principles for the RAA were established between the four local authorities. For example;

- The scope of services; e.g. the RAA would include both permanence through adoption and SGO but not step-parent adoptions.
- The RAA must create efficiencies for each LA from year 1.
- As many decisions as possible should be delegated to the new RAA.
- Relevant budgets are delegated to the RAA which will operate within budgets, in line with contractual arrangements and will be accountable to a Governance Body.
- The decision about staffing arrangements should be dictated by practice improvement requirements.
- The RAA will be fully accountable for delivery and inspection.
- A mixed delivery model can be considered where this is likely to be viable (e.g. outsourcing adoption support).

Significant work is still required to establish a RAA. To meet the requirements of the DfE the project has focused on two key areas of work;

3.1 People and Practice

The focus of this work stream is to improve practice ahead of the eventual launch of the RAA. Adopters, operational staff and external stakeholders have been brought together to map and analyse existing working practices across the region's adoption services and agree best practice.

Three priority areas for practice improvements and efficiencies were established:

- Shared Adoption Panels to improve timeliness of key decisions.
- Joining marketing, recruitment and assessment activities to increase the pool of suitable adopters.

- Improving matching and placement practices to increase the number of children placed successfully.

The project is in the process of developing more detailed business cases for these priority areas clearly highlighting the link to achieving the DfE objectives and each of the Local Authorities' priorities. The first of these will be ready during Spring 2017.

Individual policies and procedures will need to be reviewed and aligned across the four LAs in appropriate areas whilst some may remain separate, e.g. relating to adoption and SGO allowances.

HR colleagues are working together to consider the options relating to the employment of staff, e.g. through TUPE or secondment arrangements. Consideration is being given to the location of staff in order to maintain links with each LA but to create links between staff working for the new RAA. Training and support for new ways of working in a single RAA are being considered and plans will need to be agreed for the ongoing professional development of staff.

3.2 Commercial Delivery

A second work stream focusses on defining the structural, financial and operational components of the RAA which includes the funding mechanism between the four local authorities and how staff will be employed.

The methodology for the four LAs contributing to the RAA is still to be determined. This could be based on demographics or outputs, i.e. each authority contributes based on the number of adoptions it receives.

Work on a joint supplier list for the purpose of Adoption Support Fund applications has been undertaken with the aim of having a regional supplier list and harmonised contracts and specifications in place by June 2017. Progress made under this work stream enabled us to make a further grant application during the second round of the Practice and Improvement Fund to become a pilot project for managing a devolved regional Adoption Support Fund budget. A grant of £33 0000 was awarded.

4. Conclusion

There is a regional appetite to establish a RAA and a commitment to this being the vehicle to share best practice, improve outcomes and create efficiencies in this area.

However, significant potential early risks and complexities have been identified, such as the creation of a pooled budget for the service, arrangements for the employment of staff and the oversight and accountability for performance by the new agency.

The intention is to submit an initial business case for the RAA which evaluates these risks and considers how they will be met in any new arrangement for Cabinet consideration in April 2017.

Agenda Item 14

Work on the specifications and procurement activities will continue with authority delegated to the Executive Member for Children's Services to approve the detailed proposals later in 2017 once the business case has been fully developed.

Once the RAA business case is approved, the work will focus on the transition of the individual Local Authorities' services to the RAA by April 2018.

Electoral Divisions: All

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

Chief Officer for Childrens Services: Jo Olsson

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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FINAL

Children's Social Work and Child Protection

Social Worker Survey: Autumn 2016

1. Introduction

The final report of the Social Work Taskforce (2009)¹ recommended that Councils undertake an annual social work 'health check'. These annual 'health checks' now form part of the Employers Standards for Social Work². In DCC a survey of all case holding social workers was undertaken between 15th November to 9th December 2016.

The sample group and questions are dissimilar to those of the 2015 survey so it is not possible to undertake any direct comparisons of results.

2. Summary of Key Findings.

From the overall responses received, headline findings are that;

- ✓ Managers are creating an environment where individuals are feeling supported and listened to.
- ✓ A significant proportion of the management population are aware of the Childrens Social Work and CP Improvement Plan and where to find a copy of the latest version.
- ✓ Individuals feel that their line managers are knowledgeable and experienced to be able to support them in their work.
- ✓ ASYE's report that they are receiving the support they need to complete their assessed year
- ✓ Over two third of Social Workers responding have had a case audited within the last 6 months.
- ✓ A high proportion of individuals could describe improvements in practice related to learning or training they have recently undertaken.
- ✓ Some annual appraisals had not been completed at the point of survey.

3. Response Rate

A 56% response rate, 364 staff (see Appendix 3) was achieved. This is a very significant improvement from 37% in 2015. 13 responses could not be included in the final sample as they were not from staff who were part of the targeted cohort (e.g. 'teacher').

This survey was specifically designed to evaluate the impact of the current Improvement Plan within the Children's Social Work and Child Protection Service and was sent to key practice roles; (ASYE's, Early Help Practitioners, Family Practitioners, Community Support Workers (Adoption and Fostering), Independent Reviewing Officers, Referral Coordinators, Residential

¹ Building a Safe, Confident Future - The Final Report of the Social Work Task Force 2009

² The Standards for Employers of Social Workers in England 2014; http://www.local.gov.uk/home/-/journal_content/56/10180/3511605/ARTICLE

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Support Workers, Youth Offending Officers, Adoption and Fostering Support Workers, and Social Workers).

The initial results from this anonymised survey have now been analysed and key findings are outlined within this report. A more detailed breakdown of responses for work groups, can be found within the Appendices. It is important to note the tone as well as the content of the additional comments included by respondents. There is a significantly more positive tone found in the language used in responses than that reported in 2015.

4. Initial Recommendations

The importance of continuing progress to reduce caseloads further is recognised. Further, the findings reinforce the importance of ensuring stable and effective frontline managers, through continuing focused work in this area which includes the remaining cohorts of the TM Development Programme that will be starting early in 2017.

Specific other recommendations to consider include;

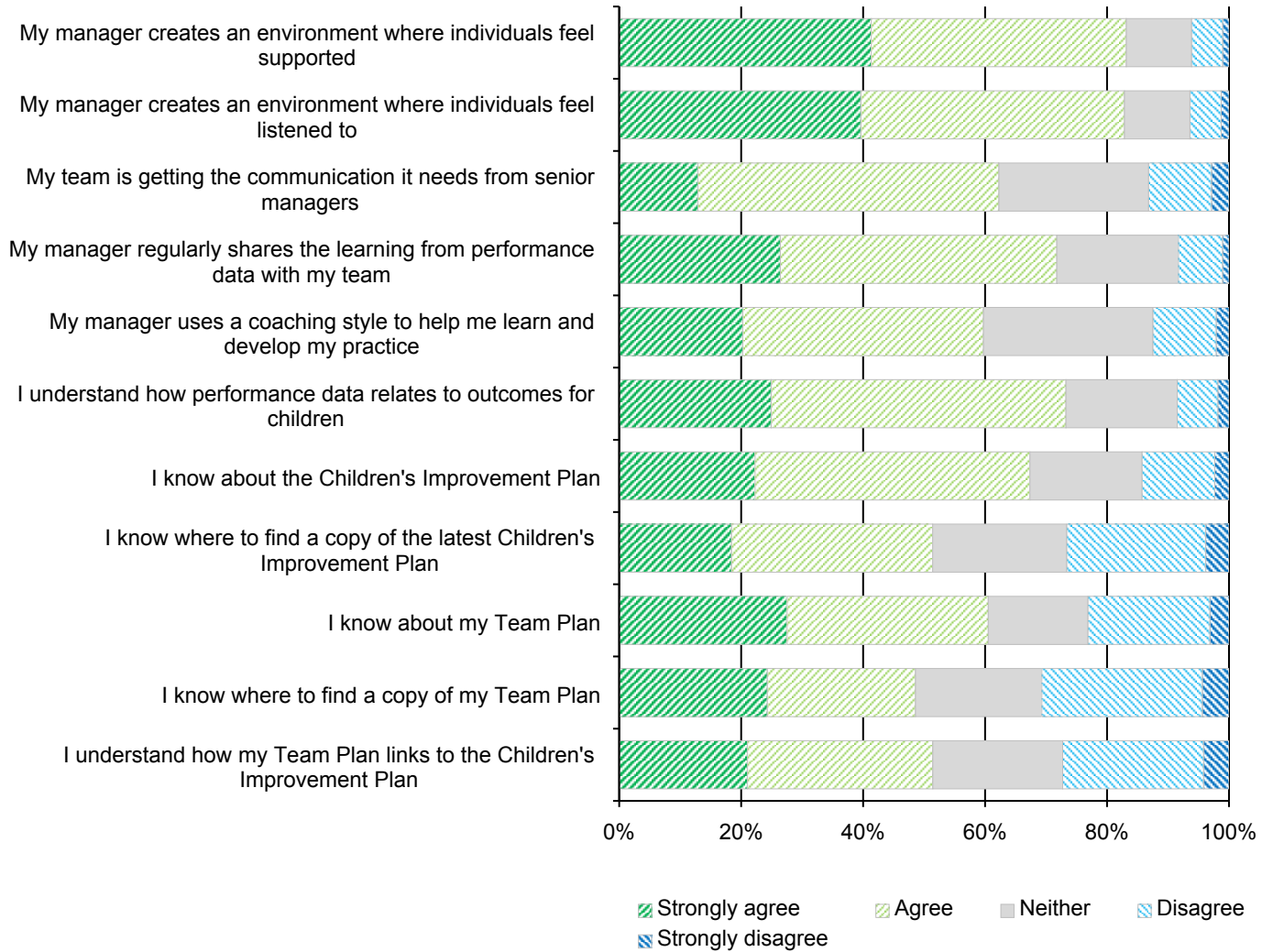
1. The outcome of the survey to be communicated to staff within 12 weeks of closing date (March).
2. The responses will be discussed by the wider management team and SMT will draft an action plan following this. Specific issues to be addressed include;
 - a. A review of the CSW and CP Communications Strategy, including communication regarding the Academy offer.
 - b. Specific updated communications to staff on progress of the Improvement Plan.
 - c. To further engage staff on specific practice improvements; including development of risk assessment tools and evidence based interventions.
3. To ensure the action plan is shared with staff.
4. SMT will utilise findings at the workforce planning development day (being held on 2nd February) to inform priorities.
5. Continue with ongoing engagement with staff so that collecting and using views is part of continuous improvement not special activity – Staff Reference Group.
6. To ensure all appraisals are completed by the end of January target date.

FINAL

5. Summary Analysis of All Responses

A summary of all the responses to the survey can be found below. Appendices provide a further breakdown of responses, though the low level of response should be noted in some areas.

5.1 Working as a team



	Agreed		
	Manager	Non-manager	Social Worker
I know about the Children's Improvement Plan	94%	61%	60%
I know where to find a copy of the latest Children's Improvement Plan	87%	48%	40%

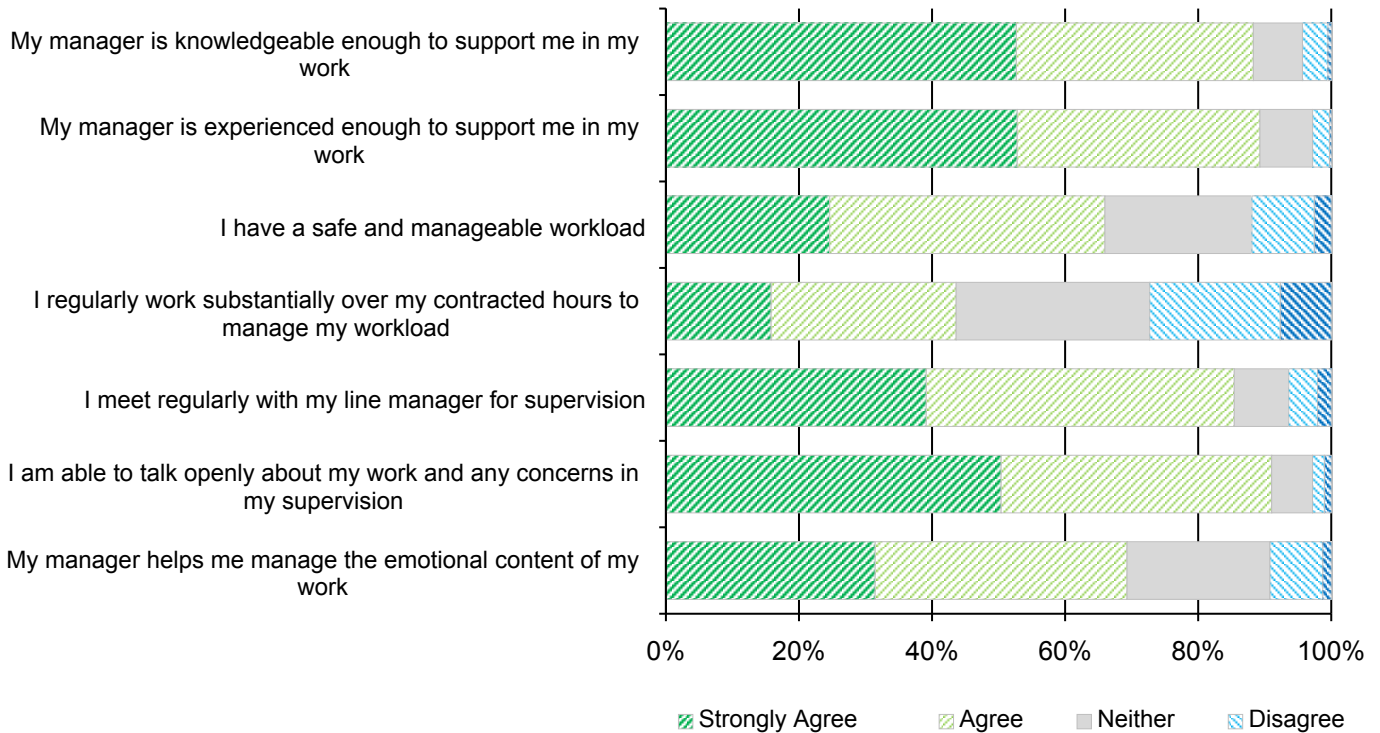
Comments

- 83% said their manager created an environment where the felt supported and listened to.
- 73% understood how performance data relates to outcomes for children.
- 49% knew where to find a copy of my Team Plan, and
- 51% knew how this linked to the service Improvement Plan.

FINAL

This demonstrates very good progress however about half of the staff are not yet sufficiently connected to the key plans and if manager responses are excluded, the rate is lower for frontline practitioners. The current appraisal process is designed to address this.

5.2 Managing my work



Comments

Respondents said managers were supporting them in their work and that they were able to talk openly about their work;

- 91% said they were able to talk openly about their work to their manager.
- 88% said their manager was knowledgeable enough to support them in their work.
- 44% said they regularly worked substantially over their contracted hours (56% due to late visits, 73% administration, and 34% other).
- 12% disagreed that they had a safe and manageable workload.

Those who said we could do more to help manage the emotional content of the work, suggested we could do the following to help:

- Consistent and supportive management.
- Training in building and improving resilience.
- Regular supervision with time to talk about the emotional impact, reflect, and be listened to.
- More discussions around case and children in supervision.
- Reflective supervision.
- Opportunity to talk through issues at end of day.
- Space to talk, in confidence (not open plan office).
- Being in the same office as rest of team.
- Greater understanding of work content, and realistic planning.
- Planned sharing and handing over of work.

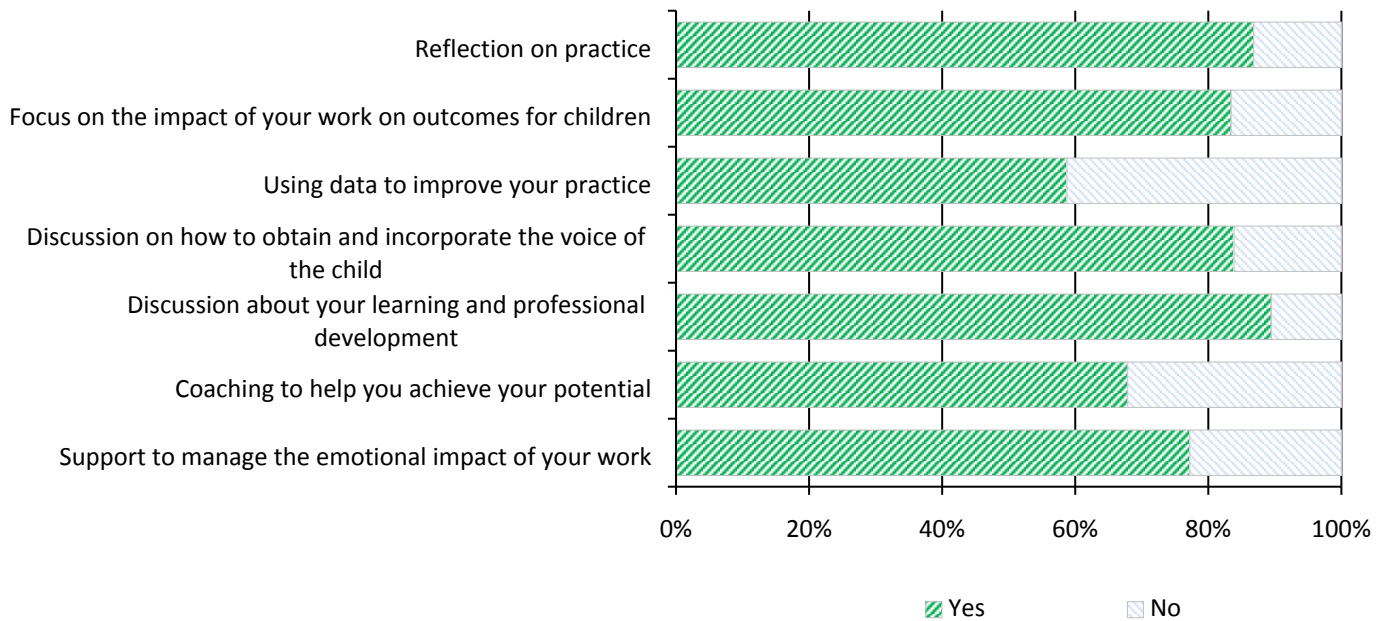
FINAL

This is a very strong endorsement of the management support available to staff in Devon. Further work is required to drill into the findings in relation to working over contracted hours. Social work is not a 9-5 job and late visits are part of the job. However, we need to be satisfied that staff are able to claim their time back through TOIL arrangements.

Safe and manageable caseloads are a key improvement priority. We have seen a managed reduction from average 25 (April 2016) to <18 (December 2016). Staff in their responses will be reflecting on a period of considerable shift, with more progress planned. Monitoring this indicator will be included in the next health check.

FINAL

5.3 Supervision



Comments

- 89% said discussion around learning and professional development.
- 87% reported reflecting on practice
- 59% said supervision used data to improve on practice.

Whether ASYEs feel they get the support they need to complete their assessed and supported first year in practice;

- 92% of ASYE's responding said they got the support that they needed to complete their assessed year in practice.

Where improvements could be made to the support offered by the Team Manager;

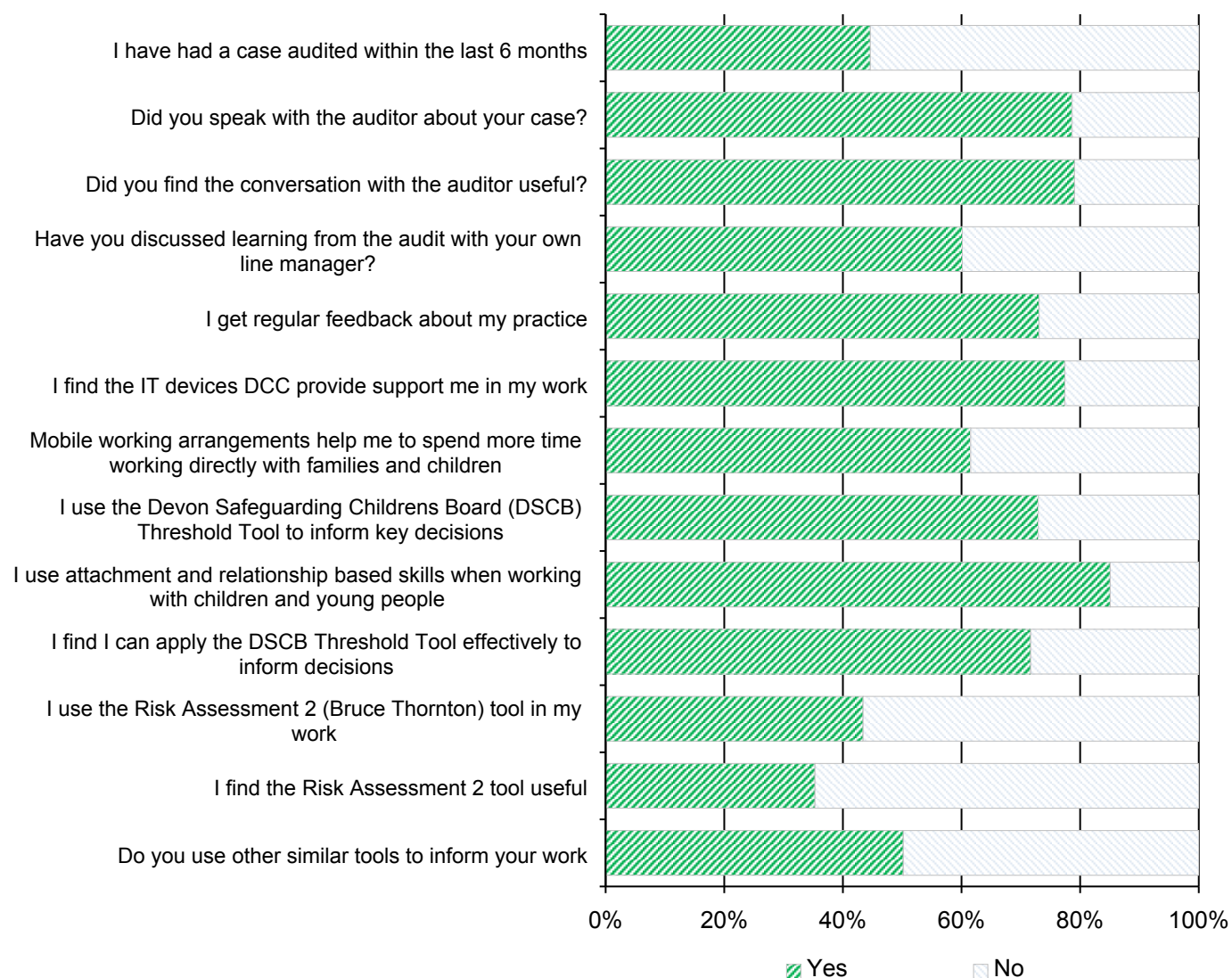
Several general comments were made, for example;

- Around permanency, availability, and nature of (agency) Team Managers and potential impact of this on supervision.
- A few mentioned that Team Managers could better intervene with caseloads, listen, be less process driven, and consider their issues.

Again a strong endorsement of practice management through supervision processes. From an under-developed start point in the use of data, the progress made is encouraging though with more to do. The potential to further develop a coaching style to support practice development is noted.

FINAL

5.4 Tools and Working Practices



	Yes		
	Manager	Non-manager	Social Worker
I use the Risk Assessment 2 (Bruce Thornton) tool in my work	44%	34%	58%
I find the Risk Assessment 2 tool useful	37%	35%	40%

Comments

- 85% said they use attachment and relationship based skills when working with children and young people.
- 45% said they had a case audited, with 79% of those saying it was useful.
- 43% used the Risk Assessment 2 (Bruce Thornton) tool in their work, with 35% finding it useful.

FINAL

Of those using other similar tools to inform their work, the following were mentioned:

Signs and Safety (9)
ASSET+ (8)
Jeff Fowler Checklist (7)
3 Houses (6)

3 Islands (6)
Graded Care Profile (5)
Home Inventory(5)
Genograms (4)

Home Conditions
Assessment Tool (4)
Parent Assessment Manual
(PAM) (4)

(3) CSE Risk Assessment, Kids Needs Cards.

(2) Attachment and
Relationship, Attachment Based
Theory, BAAF Tools, Blob Tree,
CAADA, CHC, Coram Tools,
CSE, DASH, Eco Maps, Family

Solution Service RA, FGC RA,
Framework Assessment, Inside
Outside Hurting Tool, Parenting
Capacity Assessment, Pre-Birth
Risk Assessment, Shown Tell

Me, Social Care Histories,
Solution Focused Therapy,
Strengthening Families
Program.

(1) 3 Island, ADAM, AIM 2
Assessment, All about me
(CAFCASS), Analytical
Approach, Assessment
Framework, Assessment
Triangle, Attachment Dolls,
Attachment Theory, Audits,
Barnardo's DV Risk
Assessment, Brook Traffic Light
System, Bruce Thornton, Bruce
Thornton (Home Conditions),
Bruce Thornton Tools, CAHMS
Report, Capacity to Change
Model, Children's basic Needs,
Children's Basic Needs Spider
Graph, Coaching, Collingwood
Theory Model, Complex Risk
Assessment, CSE RA, Data
Analysis, Devon Assessment
Framework (DAF), Direct Work ,
DoH Framework, DOLS,
Domestic Violence Assessment
Tools, DSCB Threshold Tool,
Duluth, Early Years Network

Meetings, EDT Report, EH
Triage, EHA, Emotional
Barometer, Emotional Based
Interventions, Every Child
Matters, Evidence Based
Practice, Family Star , Family
Start Outcome, Flow Charting,
Football Card Game, Formal
Assessments, Holistix Data,
Impact of Parental MH, JACAT
Report, Jenga, K1, Kit Model,
Life Experiences Academic
Studies, Locality Alliance
Meetings, Logs, MACSE,
MARAC, Mental Health Tools,
Mentoring, Misper Reports,
Motivational Interviewing,
Motivational Survey, Munroe
Report, National Minimum
Standards, Online tools, PACE,
Parents Plus Training, Past
History, Pathway Plan, RA
Tools, RA1, RA2, Request for
Additional Service (RFAS),

Reports, Research Practice
Tools, Return to Home
Interview, RISE Report, Risk
Assessment One Tool, Risk
Indicator Tools, Rob Tucker
RGT, Safeguarding Children
Framework, Salford Neglect
One, School Location Reports,
SCR, Service Development
Days, Services Tools, SFA
Scaling, Single Assessment,
SMART, Solution Focused Talk,
SPA, Strength Based Approach,
Strengths Based Model, SUBO,
Support Network Spider
Diagram, Support Networks,
Team Around the Child (TAC),
Tennets of PACE, Theraplay,
Think Family, Time out,
Timeline, Toxic Trio Training,
Webster, Stratton, and Solihull,
Wellbeing Scales.

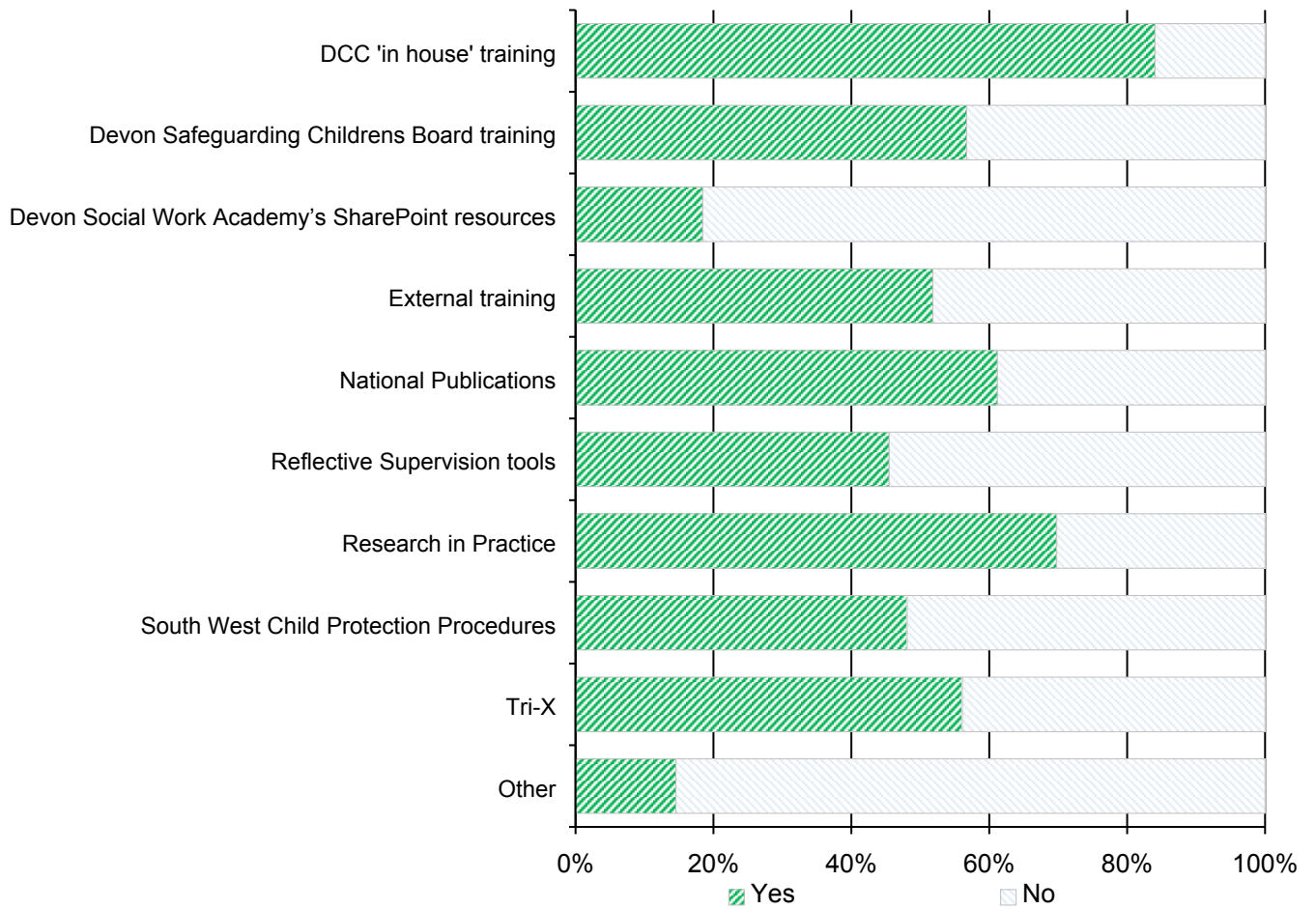
There are some interesting findings in this area but perhaps a bit too patchy to draw any firm conclusions. It is positive that staff are aware of such a wide range of evidence based approaches however we need to ensure they are used in a way which supports improved practice and outcomes for families.

If manager responses are removed; the percentage of staff who had had a case audited would increase. Nevertheless, this suggests that audit as a tool to support development and improvement has more potential than is currently being realised.

FINAL

5.5 Learning and Development

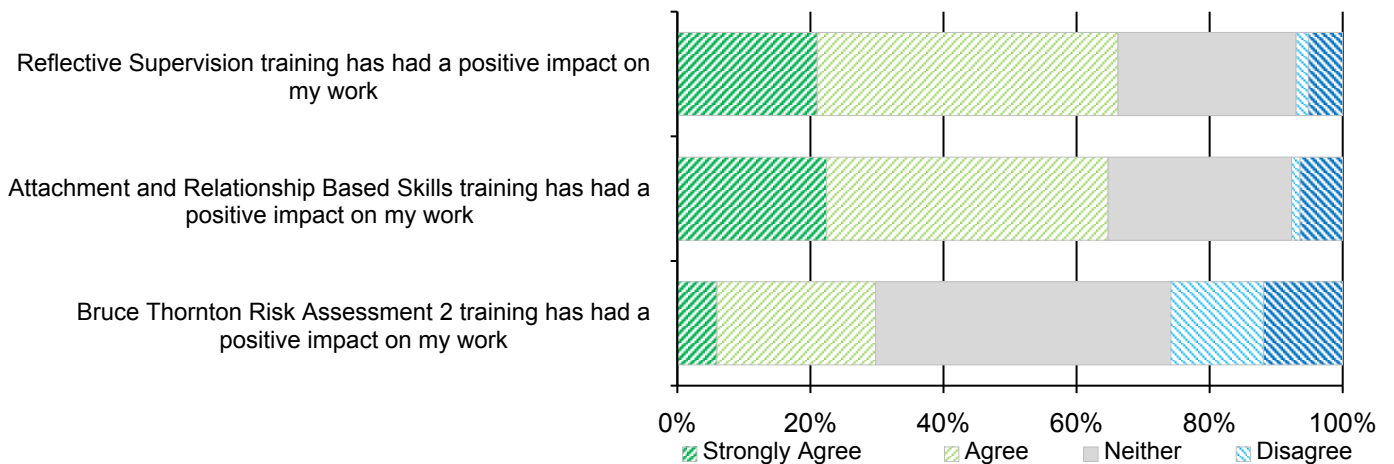
Resources used in the last 6 months;



Comments

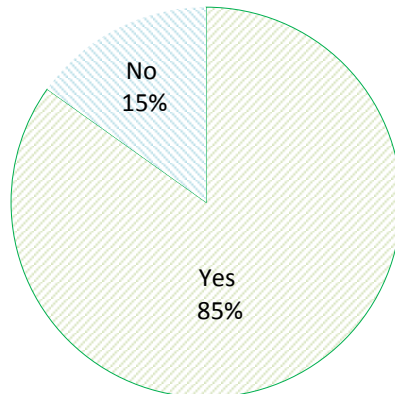
- Most selected tool was DCC in house training (84%)
- Devon Social Work Academy's Sharepoint resources were the least used (18%)
- 66% said Reflective Supervision training had a positive impact on their work, 65% Attachment and Relationship Based Skills, whilst fewer, 30%, said the Bruce Thornton Risk Assessment had a positive impact.

5.6 Training impact



FINAL

Whether practice improved as a result of training or learning participated in during the last 12 months;



Comments

85% said their practice had improved as a result of training or learning in the last 12 months.

A number of respondents indicated that their training allowed them to gain more knowledge and improve upon their daily work. Training provided an opportunity to gain better understanding and reflect on practice. Through learning respondents were able to gain a greater awareness. Specific examples were given around a number of areas, particularly 'Attachment Training' and 'ADAM'. Some quotes that illustrate this include;

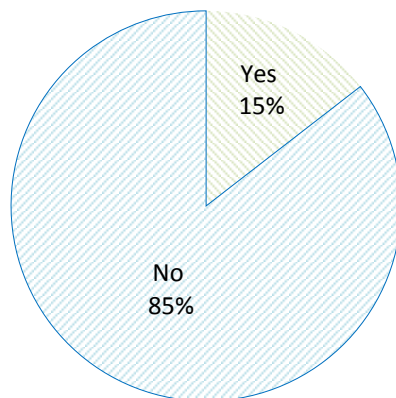
- "A deeper understanding of attachment theory has helped me when contributing to managing transitions for children. Very good course, Fostering Permanence in particular."
- "Attachment and relationship training assisted in terms of reflecting on current practice, values and to develop tools for direct work with children and families to inform assessments."
- "Attachment theory has highlighted to me the importance of disorganised attachment and its impact on the relationship between children and carers."
- "Attachment training has been useful insight into how much more I could contribute and how much more value I could give to my role. As the one person that sees the child interacting with their parent over an extended period further training would inevitably enable me to contribute more knowledgeably and authoritatively."
- "Attachment training has helped me understand the underlying problems that link directly to poor relationships and why..."
- "Attachment training has made huge improvements in managing the needs of carers working with traumatised children."
- "Attachment training helpful in aiding me to understand how trauma affects later behaviour."
- "I have used the Attachment and relationship-based training tools in three separate cases specifically, and in one case this has been amazingly helpful in making it possible to rehabilitate the children to parental care."
- "ADAM has increased my knowledge and supported me do some effective work with families and this has informed parenting assessments well."

FINAL

- “...ADAM and DDP1. This has improved my knowledge of attachment issues for children, their impact on foster carers and therefore enabled me to consider these issues in permanent placement matching and thereby increasing child placement stability.”
- “I have worked as a Social worker /manager for over 20 years and my working style is well defined. However, I have found aspects of the ADAM training useful and the risk assessment we work with has been very informative.”
- “The ADAM training gave me tools and ideas to work with families to impart knowledge, and gauge understanding about Attachment issues.”
- “The ADAM training has proved pertinent in providing tools and being able to understand the parents' responses to their children.”
- “Using the ADAM training has made me able to work confidently with adults and children to assess and then support their needs. I am better aware of what to look for and how to record my observations”

All comments included in Appendix 6

Whether any difficulties are experienced in transferring learning into practice;



Comments

From those staff who said they had experience difficulties in transferring learning into practice, time and difficulties applying the learning in practice appeared to be the key issues. A few mentioned that difficulties arose if not everyone was up to date or on board with the techniques being applied. Specific comments included;

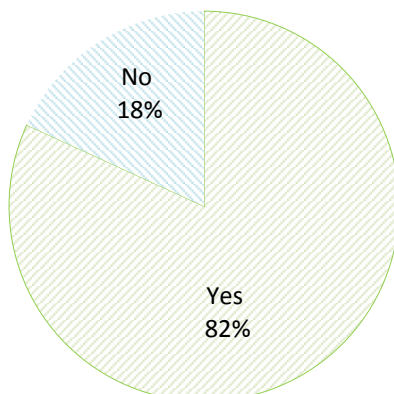
- “Less pressured case load would allow time to apply learning, this is frequently lost due to working without time for reflection or discussion with team/manager about how learning can be applied.”
- “Sometimes the time to slot the new ideas in and also learning the skills to encourage clients to take these on-board as well. I expect this will become easier with time.”
- “It takes a while to 'absorb' the knowledge and put learning into practice. With high workload, it is easy to follow the old habits. But there are workshops provided in our area to support us with implementing the knowledge into practice and I feel supported by my manager to try to use the new techniques and tools.”
- “Continued CPD and follow up in supervision with specific practice examples/experiences.”

Agenda Item 15

FINAL

All comments in Appendix 6

Whether learning needs are being met;



Comments

82% said their learning needs were being met. For those that didn't, time and workload appeared to be a key factor.

- "Due to commitments of work I am often unavailable for training; the last training I was booked on was cancelled due to an emergency with a client."

A few mentioned lack of availability or access to relevant training, whilst others used the space to request specific training on:

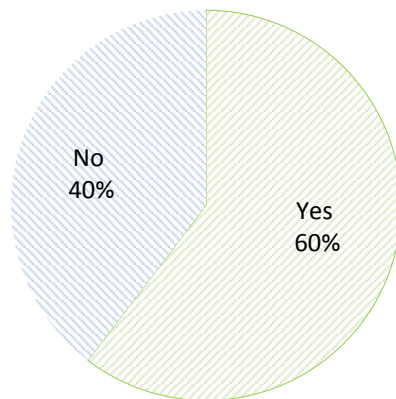
Attachment
Autism
Child protection (disabled children)
Childcare Award
Communication with children (disabled children)
Domestic abuse in families
DDP level 2
First aid
Managing budgets
PAM assessment training (for courts)
Prevent Training
Sexual Abuse
Sexually Problematic Behaviour
Sensory Integration/ Theraplay
Shadowing
Strategic Commissioning skills
Therapeutic parenting techniques training
Working with adolescents/parenting of.
Transactional analysis
Transgender.

Taken together these findings indicate impactful learning and development. A couple of areas require attention but overall a picture emerges of a workforce that is fully engaged and committed to professional development.

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5.7 Workforce development

Whether annual appraisals will be completed by 31st December 2016;



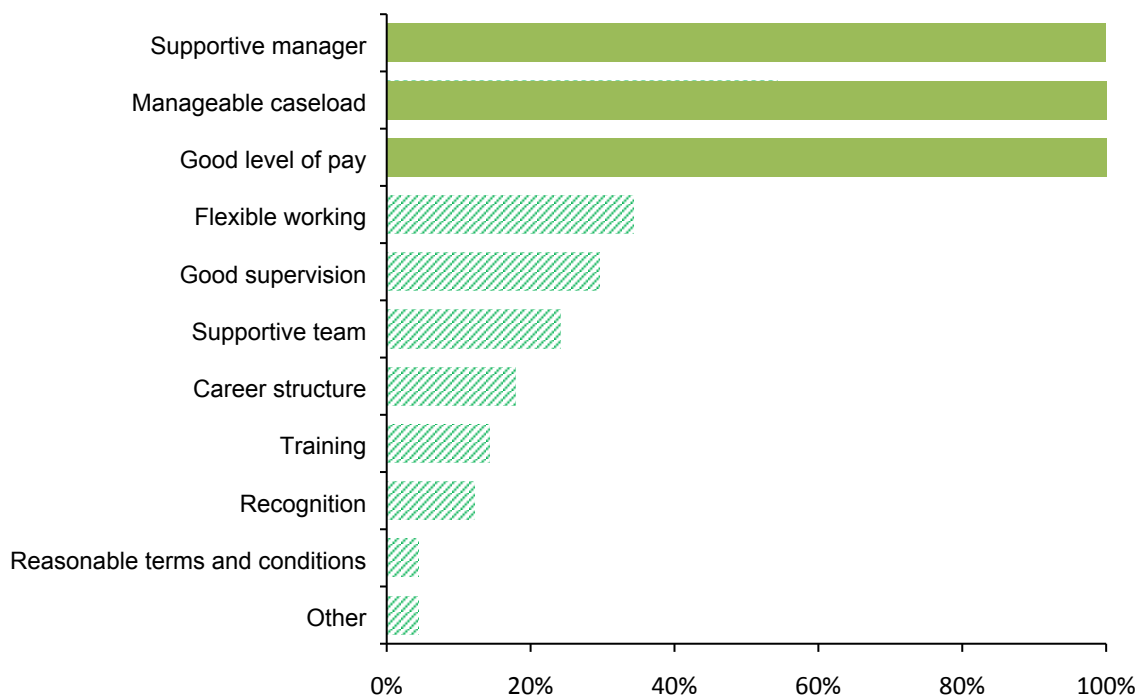
Comments

40% of respondents will need to have their annual appraisal completed by the revised deadline of 31st January 2017.

If you are an agency Social Worker, what would encourage you to take a permanent position with Devon County Council?

Fewer than thirty people responded to this question, with those who did mentioning rate of pay as significant. Other factors mentioned as significant were good support and training, flexibility in working patterns, manageable caseloads, and career progression.

Which three of the following factors would be the most important in retaining you as a Social Care Worker in the Children’s Social Work and Child Protection Service in Devon County Council?



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5.8 Other

Frustrations mentioned by staff in this area included parking at County Hall and the pace of change.

The following are edited suggestions for questions (omitting comments made regarding specific issues). The questions may be useful to inform further surveys, be asked as part of ongoing staff engagement, team meetings, or in other suitable settings.

Improving practice and management;

- Ideas to improve communication with staff regarding service changes and improvements
- Ideas to further improve the service
- What areas of service hinder or help your role
- What the barriers may be to spending more time working directly with families
- How social care and early help can work together more productively.
- Emotional support to workers
- How to ensure effective career progression
- Case recording
- Work with partners.

Resources;

- How the IT equipment is or isn't supporting our work.
- Hot desking.
- Parking
- How to maintain confidentiality of data and secure storage when working from lots of different bases and we are not yet a paperless culture?
- Office environment
- What resources would enhance your work with children and families?

Recruitment and retention;

- Ideas regarding retention and progression of staff.
- Salaries.

Wellbeing;

- Wellbeing and stress levels.
- Caseload management.
- Mobile working
- Value and impact.
- Job satisfaction
- Team effectiveness.

Training;

- What training do you think is needed to improve your work with children and families?
- Other learning and development needs.

Perception;

- Of service users and wider community about the service and social work.

The strong response rate, coupled with the thoughtful individual comments that run throughout the survey, suggest a workforce that is engaged and increasingly purposeful.

FINAL

6. Consideration of progress against findings of last OFSTED Report

The 2015 OFSTED “Inspection of Devon County Council services for children in need of help and protection, children looked after and care leavers” highlighted a number of areas as requiring improvement.

“Establish a stable, permanent middle and senior officers’ group in children’s services”
p4 para 9

Survey findings indicate that;

- ✓ Managers are creating an environment where individuals are feeling supported and listened to.
- ✓ Senior Managers are communicating with teams
- ✓ Senior and frontline managers are effective at ensuring staff are aware of improvement plans.

	Agree	Disagree
My manager creates an environment where individuals feel supported	83%	6%
My manager creates an environment where individuals feel listened to	83%	6%
My team is getting the communication it needs from Senior Managers	62%	13%

	Agree	Disagree
I know about the Children's Improvement Plan	67%	14%
I know where to find a copy of the latest Children's Improvement Plan	51%	27%
I know about my Team Plan	61%	23%
I know where to find a copy of my Team Plan	49%	31%
I understand how my Team Plan links to the Children's Improvement Plan	51%	27%

“The last six months have seen notable progress made against recommendations from the previous inspection, including the improvement of risk assessment” p7 para 16

Survey findings indicate that;

- ✓ The majority of staff use DCB threshold tool and find it effectively informs key decisions
- ✓ The majority of staff use attachment and relationship based skills when working with children and young people
- ✓ Staff are aware of and are using a wide variety of practice tools
- ✓ There is a need to explore the use of the Risk Assessment (2)Tool by practitioners.

	Yes	No
I use the Devon Safeguarding Childrens Board (DSCB) Threshold Tool to inform key decisions	73%	27%
I use attachment and relationship based skills when working with children and young people	85%	15%
I find I can apply the DSCB Threshold Tool effectively to inform decisions	72%	28%
I use the Risk Assessment 2 (Bruce Thornton) tool in my work	43%	57%
I find the Risk Assessment 2 tool useful	35%	65%

Agenda Item 15

FINAL

Do you use other similar tools to inform your work	50%	50%
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“Although still overly narrative and lacking reflection, the regularity and quality of management oversight and supervision has also improved...” p14 para 51

Survey findings indicate that;

- ✓ The majority of staff say their supervision provides opportunities to reflect on practice (87%),
- ✓ The majority of staff say their supervision provides opportunities to consider how to incorporate the voice of the child (84%).

Does your supervision include?		
Discussion about your learning and professional development	89%	11%
Reflection on practice	87%	13%
Discussion on how to obtain and incorporate the voice of the child	84%	16%
Focus on the impact of your work on outcomes for children	83%	17%
Support to manage the emotional impact of your work	77%	23%
Coaching to help you achieve your potential	68%	32%
Using data to improve your practice	59%	41%

“..The establishment of more routine measures of performance and quality assurance reporting have been introduced, contributing strongly to staff retention.”p37

“The need is recognised for further work to achieve better performance and quality assurance information, and consequently greater consistency in management oversight.”p37

Our survey indicates that;

- ✓ 45% of staff have had a case audited within the last 6 months
- ✓ 79% of staff found this useful.

We have work to do to improve our audit activity but the learning from case audits for individual staff members is helpful.

Case Audits		Yes	No
I have had a case audited within the last 6 months		45%	55%
Yes	Did you speak with the auditor about your case?	79%	21%
	Did you find the conversation with the auditor useful?	79%	21%
	Have you discussed learning from the audit with your own line manager?	60%	40%

Not all of the OFSTED report recommendations were addressed by the survey and comparison with responses from last year’s staff survey is not possible as we asked different questions of a different group of staff. This survey results show overall good progress in relation to some OFSTED inspection report recommendations and highlights for us the work need to do in other areas.

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7. Summary and Conclusions

Overall, this is a very positive health check with encouraging findings relating to how the improvements made to date across the service are being experienced by frontline practitioners and to hear their views about how this is impacting on their ability to carry out increasingly effective and purposeful work with children and families.

It is very affirming to hear how well supported workers feel; demonstrating broad progress in the quality of supervision and the support provided by front line managers. This is particularly important given our investment in ASYE recruitment and development as a key strategy to develop a permanent, stable and skilled workforce. It also evidences the value of the current investment in TM development.



The findings reinforce the need to continue investing in development alongside further reduction in caseloads and work to develop the offer of the Academy to have in place a clear and focused learning and development offer for practitioners and managers.

Agenda Item 15

FINAL

Appendices 1 & 2

Additional reports

<p>Social Workers</p> <p> CSW 2016 Social Workers.xls</p>	<p>Managers</p> <p> CSW 2016 Managers.xls</p>
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Appendix 3 - Response matrix

Percentage responding (%)	Atkinson Unit	Children and Families	Disabled Children's Service (DCS)	Early Help	Emergency Duty Team (EDT)	Fostering and Adoption	Independent Reviewing Unit (IRU)	Multi Agency Safeguarding Hub (MASH)	Participation	Workforce Academy	Youth Offending Team	Other	Grand Total
Assessed Supported Year in Employment	-	22	0	-	-	-	-	-	-	-	-	-	30
Early Help Practitioner	-	-	-	267	-	-	-	-	-	-	-	-	300
Family Practitioner	-	37	-	42	-	25	-	-	-	-	-	-	46
Community Support Worker (Adoption and Fostering)	-	-	0	0	0	21	-	-	-	-	-	-	7
Independent Reviewing Officer	-	-	-	-	-	-	0	-	-	-	-	-	57
Referral Coordinator	-	4	-	-	-	-	-	67	-	-	-	-	22
Residential Support Worker	8	-	-	-	-	-	-	-	-	-	-	-	8
Youth Offending Officer	-	-	-	0	-	0	-	0	0	-	24	-	16
Adoption and Fostering Support Worker	-	-	-	-	-	55	-	-	-	-	-	-	55
Social Worker	-	43	64	-	9	43	-	44	-	0	-	-	50
Assistant / Deputy Team Manager	-	29	100	-	-	33	-	50	0	-	-	-	42
Team Manager	50	52	133	50	0	50	-	33	-	-	57	-	59
Operational / Area Manager	-	120	100	-	-	67	0	100	-	-	-	-	83
Senior Manager	25	100	-	0	-	100	-	0	0	0	-	-	75
Grand Total	33	51	60	53	7	46	126	48	100	80	42	-	56

Number responding (n°)	Atkinson Unit	Children and Families	Disabled Children's Service (DCS)	Early Help	Emergency Duty Team (EDT)	Fostering and Adoption	Independent Reviewing Unit (IRU)	Multi Agency Safeguarding Hub (MASH)	Participation	Workforce Academy	Youth Offending Team	Other	Grand Total
Assessed Supported Year in Employment	0	8	0	0	0	0	4	0	0	0	0	0	12
Early Help Practitioner	0	0	0	8	0	0	0	0	0	0	0	1	9
Family Practitioner	0	19	0	10	0	1	5	0	0	0	0	2	37
Community Support Worker (Adoption and Fostering)	0	0	0	0	0	3	0	0	0	0	0	0	3
Independent Reviewing Officer	0	12	0	0	0	0	0	0	0	0	0	0	12
Referral Coordinator	0	1	0	0	0	0	0	6	0	0	0	0	7
Residential Support Worker	1	0	0	0	0	0	0	0	0	0	0	0	1
Youth Offending Officer	0	1	0	0	0	0	0	0	0	0	4	0	5
Adoption and Fostering Support Worker	0	0	0	0	0	6	0	0	0	0	0	0	6
Social Worker	0	65	16	0	1	28	18	4	0	0	1	0	133
Assistant / Deputy Team Manager	1	5	1	0	0	1	0	1	0	0	0	1	10
Team Manager	1	13	4	3	0	6	1	1	1	0	4	1	35
Operational / Area Manager	0	6	1	0	0	2	0	1	0	0	0	0	10
Senior Manager	1	2	0	0	0	1	0	0	0	0	1	4	9
Other	2	29	10	4	0	5	1	1	5	4	0	14	75
Grand Total	6	161	32	25	1	53	29	14	6	4	10	23	364

Agenda Item 15

FINAL

Number on system	Atkinson Unit	Children and Families	Disabled Children's Service (DCS)	Early Help	Emergency Duty Team (EDT)	Fostering and Adoption	Independent Reviewing Unit (IRU)	Multi Agency Safeguarding Hub (MASH)	Participation	Workforce Academy	Youth Offending Team	Other	Grand Total
Assessed Supported Year in Employment		37	3										40
Early Help Practitioner				3									3
Family Practitioner		52		24		4							80
Community Support Worker (Adoption and Fostering)			20	7	3	14							44
Independent Reviewing Officer							21						21
Referral Coordinator		23						9					32
Residential Support Worker	12												12
Youth Offending Officer				6		1		4	4		17		32
Adoption and Fostering Support Worker						11							11
Social Worker		152	25		11	65		9		3			265
Assisstant / Deputy Team Manager		17	1			3		2	1				24
Team Manager	2	25	3	6	1	12		3			7		59
Operational / Area Manager		5	1			3	2	1					12
Senior Manager	4	2		1		1		1	1	2			12
Grand Total	18	313	53	47	15	114	23	29	6	5	24	0	647

Contract	Count
Agency	33
Fixed term contract	12
Permanent	332
Total	377

SECOND QUARTER 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 more in line with 'good' Local Authorities.

The Children's Social Work and Education and Learning's management information team's 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 Q2, September 2016. All figures in this report relate to September 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 where 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 and the need that referrals are made at the appropriate time and receive the appropriate response. 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 a basis for the early identification of children's additional needs.

Agenda Item 16

Since October 2015, a reduction in the number of DAFs being completed has been seen and this trend has continued to date: Q2 16/17 (81), Q2 15/16 (369). We are currently piloting early help tools that are more user-friendly and intuitive. The Alliance has reinforced its commitment to Holistix and we expect the new early help tools to be being used from February 2017.

The data on the number or rate of DAFs needs to be treated with some caution, as DAFs are currently used for a range of purposes:

A) for their intended purpose as an early help assessment of need; leading to an early help plan, early help intervention and improved outcomes for the child or, if outcomes do not improve, as a tool to aid decision making on subsequent steps and

B) for unintended purposes as a record of basic information, as a MASH Enquiry, or as a referral form to other services.

The DSCB has asked all partners to record their current activity in relation to their multi-agency early help offer and to set targets to encourage their use in more cases. To be counted, the work must include an assessment recorded on Holistix, a multi-agency team around the child/family and an intervention or care plan for the family. At this time we are very cautious about what can be inferred from the reported data. A new approach is being planned for early 2017.

3. Children in Need

Children in need are those identified by assessment to require advice and support. This includes those subject to a child protection plan and looked after children.

Our rate of children identified as being in need in Devon has been high, we have approximately 75 children in need per 10,000 more than our neighbours which indicates more should be done to support families earlier through early help and leads to higher caseloads.

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 to 5,149 at September 2016.

This includes 1,296 children where a budget only is allocated for a short break (usually disabled children) and if these are excluded, Devon's number of CIN is now 3,853. This has enabled SW caseloads to reduce.

4. Referrals into statutory children's service

Referral levels continue to remain relatively consistent except around the periods of school holidays where we see a drop in activity. The monthly average for the number of referrals to Q2 2016/17 is (499) which is lower than the monthly average for 2015/16 (580)

Re-referrals to the service, defined as those children being re-referred to social care with 12 months of their original referral has decreased from 24.6% in September 2015 to 22.4%

currently for Q2 (Sep-16) 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%.

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 Q2 2016/17 90.5% of referrals progressed to an assessment. The year to date rate at the same point last year (Q2 2015/16) was 93.5%. 2906 single assessments have been completed and authorised by Q2 2016/17, of which 90.7% have been authorised within the 45 working day threshold.

This is a significant improvement in performance from last 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 Q2 2016/17 52% of the assessments undertaken led to no further involvement from the statutory social work service, although they may have 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. An improved early help strategy would help.

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 Q2 September 2016 has reduced to 143 per month indicating strategy meetings are enabling better joint decision making about risk. The enquiries should only 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

Agenda Item 16

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 Q2 206/17 is 43.9%.

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 32% from 714 at the end of 2015/16 to 482 at the end of Q2 2016/17 which now represents a rate of 33.8 per 10,000, below both SN (51.1) and the South West (54.3). An audit will be undertaken in the next quarter to ensure decision making is appropriate.

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 Q2 2016/17.

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 Q2 September 2016 is 22.9% (57 children out of total 249 starting CP Plans). Further investigation will need to 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

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

Contact for Enquiries:

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Devon Children's Social Work

Performance Workbook

Report of December 2016



Children's Management Information Team
Monitor Inform Transform

Agenda Item 16

Table of Contents

SECTION 1: CHILDREN AND YOUNG PEOPLE POPULATION PROFILE & CASELOADS

1. Population per age band (mid-year 2015 estimates published June 2016)..... 3
2. Children’s Social Work Total Caseload Profile 3

SECTION 2: EARLY HELP, MASH AND REFERRALS

3. Number of DAFs in Holistix 4
4. Number of MASH Enquiries and Referrals in the month 4
5. Percentage of social care referrals that are re-referrals within 12 months 4
6. Referral Outcome Breakdown 4

SECTION 3: CHILDREN IN NEED

7. Percentage of Referrals with a Single Assessment 5
8. Number of Single Assessments Starting 5
9. Cases closed at end of Single Assessment 6
10. Single Assessments % Authorised Time in Days 6
11. Children in Need: Numbers at Snapshot Date and Allocation Data 6
12. Children in Need: Breakdown of Numbers by Service Area 6

SECTION 4: CHILD PROTECTION

13. Number of Strategy Discussions Starting and Ending in Month 7
14. Strategy Discussions Ending in Month : Outcome Breakdown 7
15. Number of Section 47 Enquiries Starting and Ending in Month 7
16. Number of Section 47 Enquiries Ending in Month Outcomes 7
17. Proportion of children subject to ICPC resulting in Child Protection Plans 8
18. Rate/10,000 of Children Subject to a Child Protection Plan 8
19. Percentage of Repeat CPP’s in the year 8
20. Team breakdown of children ending CPP within 3 months of starting CPP’s 9
21. CPP Ending within 3 months of CPP starting Apr to Nov 16/17 (11%) 10

SECTION 5: CHILDREN IN CARE

22. Number of Children in Care 11
23. Age and Gender 11
24. Length of time in care 11
25. Legal Status 11
26. Percentage of Children in Care with a Visit Completed in the Previous 6 Weeks 12
27. Number of Placements 12
28. 3+ Placement Moves by Team 12
29. Children In Care 3+ Placement Information 12
30. Children in Care Health Services 13
31. Care Leavers Service 14

32. Care Leavers Local Authority Census Tables.....	15
33. Number of Children and Young People Placed by Provider Type and Ofsted Grade	15
34. Number of Providers by Type and Ofsted Grade	15
35. Children in Devon Care Homes: Overall Effectiveness.....	16
36. Adoption Scorecard.....	17
SECTION 6: CASE ALLOCATION	
37. Social Care Workforce Allocation and FTE Breakdown by Service and Team	18
38. Allocations by Case Type and Teams	19
39. Allocations by P&T Teams, Open Cases	19
SECTION 7: INTERNAL CASE AUDITS.....	20-21
SECTION 8: VOICE OF THE CHILD.....	22-23
SECTION 9: INDEPENDENT REVIEWING UNIT.....	24

CHILDREN AND YOUNG PEOPLE POPULATION PROFILE & CASELOADS

1) Children and Young People Population profile for Devon – 2015 Mid-Year Estimates

Source: Office of National Statistics

Population per age band (Mid-Year 2015 estimates published June 2016).

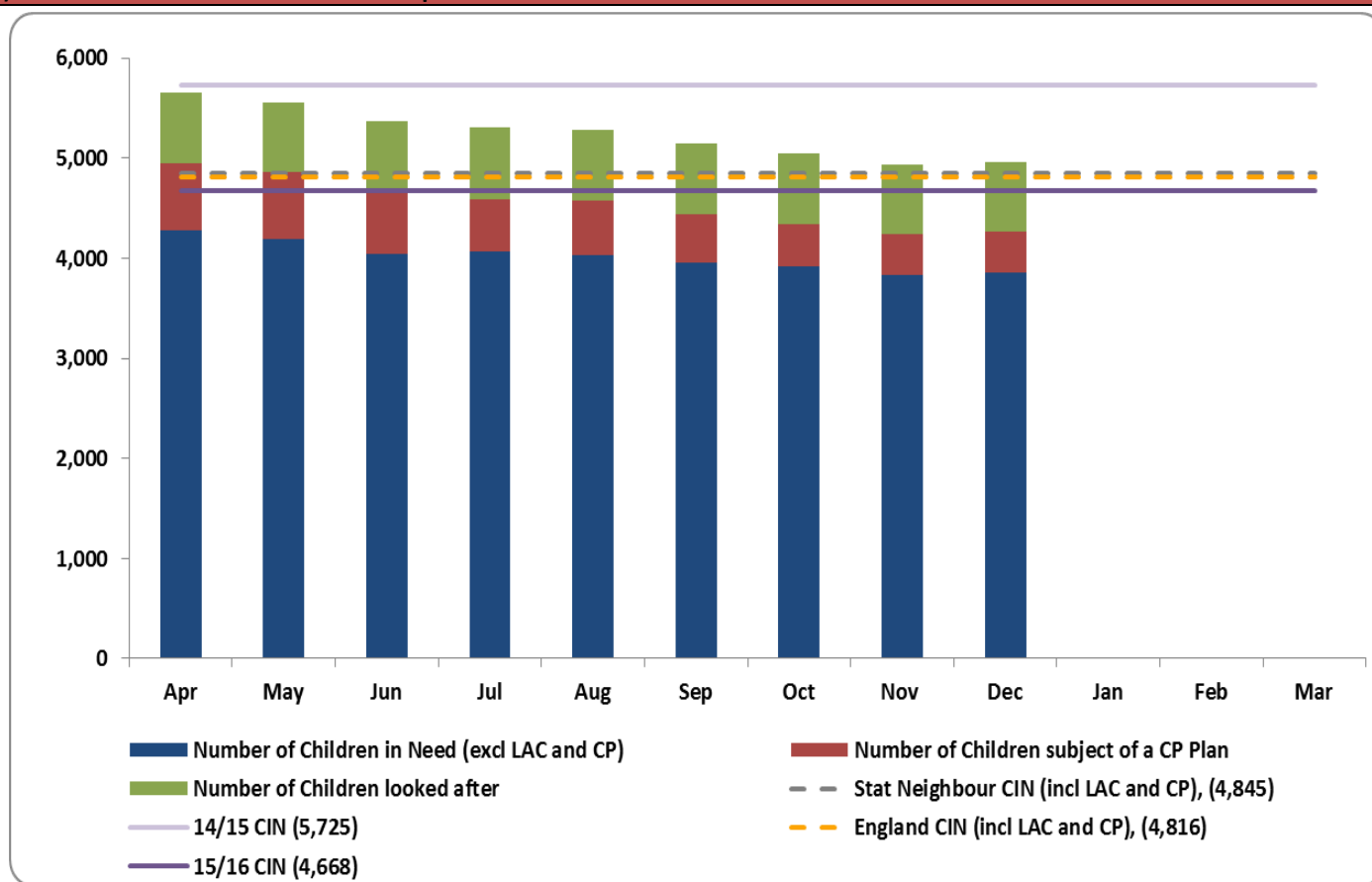
Age Band	0	1-4	5-9	10-15	16-17	18-25	Total 0-17	Total 0-25
England	662,977	2,771,703	3,357,463	3,612,971	1,272,742	5,674,723	11,677,856	29,030,435
Devon	7,005	31,596	40,769	46,422	16,799	73,900	142,591	216,491

Age Band as a Percentage of Total Population

England	1.2% ↓	5.1% ↑	6.0% ↑	6.6% ↑	2.4% ↓	10.4% ↑	21.3% ↑	31.8% ↑
Devon	0.9% ↓	4.1% ↓	5.2% ↑	6.1% ↓	2.2% ↓	9.5% ↑	18.6% ↑	28.0% ↑

Workload Profile

2) Children's Social Work Profile of all open cases



The total children in need in Devon for Dec-16 is 4,963 which includes 700 LAC, 403 CPP, 275 disabled children receiving a financial package to fund a short break and 1,099 other disabled children and young people supported by the Disabled Children's Social Work service.

The rate of CIN cases is currently 327.4 per 10,000 compared to a SN average of 332.8. The average of a comparator group of 'good' LAs (Essex, Hertfordshire, North Yorkshire, Lincolnshire and Wiltshire) is a rate of 227 per 10,000 suggesting Devon has further go in targetting its services appropriately. Team Managers have focused on reviewing all CIN cases that are open to CSW and we have been developing our early help response and this has resulted in a gradual reduction of open CIN cases to bring us more in line with statistical neighbours and the national average. In turn, of course, this leads to reduced caseloads.

In 15/16; Devon was 327.4, Statistical Neighbours average was 332.8, South West was 321.5 and the National rate was 337.7 per 10,000.

SECTION 2

EARLY HELP, MASH AND REFERRALS

3) Number of DAF1s in Holistix

DAFs	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
14/15	53	108	96	112	15	125	148	186	130
15/16	238	174	209	139	55	176	131	114	101
16/17	77	74	76	63	22	60	55	60	17

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 the new system, 'Right for Children' and new EH tools are being piloted. These are yet to go live, so do not yet impact on the current data.

4) Number of MASH Enquiries and Referrals in the month

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Mash Enquiries	1,275	1,265	1,315	1,436	1,234	1,144	1,186	1,147	907
Referrals	451	449	522	651	503	388	357	360	312
% CYP Referrals	35.4%	35.5%	39.7%	45.3%	40.8%	33.9%	30.1%	31.4%	34.4%

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. MASH are continuing to focus on ensuring the referrals that pass to children's social work are appropriate leading to a gradual reduction in the number that need to be responded to by statutory CSW teams. Of the 312 referrals made 320 (96%) are for single assessment, with the remainder including Private Fostering and referrals to DCSW.

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

The rate of children re-referred for 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 Statistical Neighbours 22.4%, SW 23.7% and the National rate 22.3%. This continues to be monitored closely to ensure interventions are effective.

6) Referral Outcome Breakdown

Outcome	No.	%
Single Assessment	360	96.8%
Private Fostering	4	1.1%
16 Plus Housing	0	0.0%
Refer to ICS	6	1.6%
OLA Child with a CP Plan	1	0.3%
Section 7 /Section 37 /Special Guardianship Report	1	0.3%
Advice & Information Provided	0	0.0%
Total	372	100.0%

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Number of referrals in month (all children, all occurrences)	594	559	471	464	501	484	541	589	439	341	345	372
Nr referrals with single assessment outcome	565	501	421	429	459	427	463	538	391	309	320	360
% referrals with single assessment outcome	95.1%	89.6%	89.4%	92.5%	91.6%	88.2%	85.6%	91.3%	89.1%	90.6%	92.8%	96.8%
Number of children with referral in month	594	554	470	461	498	479	537	584	435	337	345	369
Of whom, number with referral in previous 12 months	138	132	97	95	107	114	106	137	98	99	87	88
% with repeat referral in previous 12 months	23.2%	23.8%	20.6%	20.6%	21.5%	23.8%	19.7%	23.5%	22.5%	29.4%	25.2%	22.4%

CHILDREN IN NEED

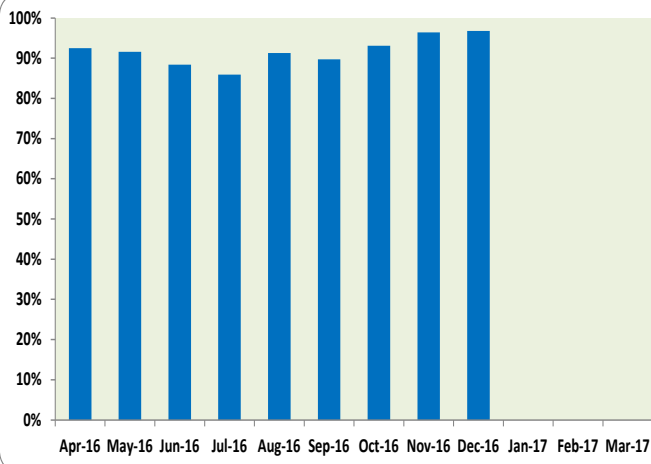
7) Children in Need: Numbers at Snapshot Date and Allocation Data

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Total Children in Need (Inc Finance Only Cases)	4,272	4,186	4,046	4,068	4,030	3,960	3,915	3,830	3,860
Children in Need (Ex Finance Only Cases)	3,063	2,973	2,813	2,827	2,734	2,662	2,512	2,456	2,486
Number Allocated to Qualified Social Worker (Ex FOC)	2,764	2,670	2,564	2,552	2,453	2,468	2,321	2,293	2,317
Number Allocated to Other Professional (Ex FOC)	230	237	194	207	218	138	148	131	133
Cases)	69	66	55	68	63	56	43	32	36
Finance Only Cases (Allocated & Unallocated)	246	243	248	256	257	252	311	275	275
ICS Finance Only Cases (Allocated & Unallocated)	963	970	985	985	1,039	1,046	1,092	1,099	1,099

8) Children in Need: Breakdown of Numbers by Service Area

Area / Service			Total	Number Allocated to Qualified Social Worker	% Allocated to Qualified Social Worker	Number Allocated to Other Professional	% Allocated to Other Professional	Number Not Allocated to Named Person (Non-Professional)	% Not Allocated to Named Person (Non-Professional)
Initial Response	Exeter	IRCX1	82	74	90.2%	8	9.8%	0	0.0%
	Mid & East	IRCM1	127	127	100.0%	0	0.0%	0	0.0%
	North	IRCN1	180	180	100.0%	0	0.0%	0	0.0%
	South	IRCS1	148	134	90.5%	13	8.8%	1	0.7%
Initial Response Total			537	515	95.9%	21	3.9%	1	0.2%
Children and Families	Exeter	CFCX1	63	62	98.4%	1	1.6%	0	0.0%
		CFCX2	55	55	100.0%	0	0.0%	0	0.0%
		CFCX3	91	85	93.4%	6	6.6%	0	0.0%
		CFCX4	62	62	100.0%	0	0.0%	0	0.0%
Children and Families - Exeter Total			271	264	97.4%	7	2.6%	0	0.0%
Children and Families	Mid & East	CFCM1	70	70	100.0%	0	0.0%	0	0.0%
		CFCM2	53	53	100.0%	0	0.0%	0	0.0%
		CFCM3	64	64	100.0%	0	0.0%	0	0.0%
		CFCM4	61	61	100.0%	0	0.0%	0	0.0%
Children and Families - Mid/East Total			248	248	100.0%	0	0.0%	0	0.0%
Children and Families	North	CFCN2	125	125	100.0%	0	0.0%	0	0.0%
		CFCN3	76	65	85.5%	11	14.5%	0	0.0%
		CFCN4	47	36	76.6%	11	23.4%	0	0.0%
Children and Families - North Total			248	226	91.1%	22	8.9%	0	0.0%
Children and Families	South	CFCS1	73	73	100.0%	0	0.0%	0	0.0%
		CFCS2	62	56	90.3%	6	9.7%	0	0.0%
		CFCS3	68	61	89.7%	7	10.3%	0	0.0%
		CFCS4	118	112	94.9%	5	4.2%	1	0.8%
Children and Families - South Total			321	302	94.1%	18	5.6%	1	0.3%
Permanency and Transition	Exeter	PTCX1	173	172	99.4%	0	0.0%	1	0.6%
	Mid & East	PTCM1	44	43	97.7%	0	0.0%	1	2.3%
	North	PTCN1	133	121	91.0%	7	5.3%	5	3.8%
	South	PTCS1	107	107	100.0%	0	0.0%	0	0.0%
Permanency and Transition Total			457	443	96.9%	7	1.5%	7	1.5%
Private Fostering		PFC1	41	25	61.0%	16	39.0%	0	0.0%
Disabled Children's Services	DCS East Mid	ICCEMID	76	52	68.4%	22	28.9%	2	2.6%
	DCS Exeter	ICCEXETR	131	104	79.4%	18	13.7%	9	6.9%
	DCS East IAT	ICCIAEME	2	1	50.0%	1	50.0%	0	0.0%
	DCS North 1	ICCNORTH	40	28	70.0%	0	0.0%	12	30.0%
	DCS North 2	ICCNRTH2	21	18	85.7%	0	0.0%	3	14.3%
	DCS South 1	ICCSWEST	26	26	100.0%	0	0.0%	0	0.0%
	DCS South 2	ICCSWST2	67	65	97.0%	1	1.5%	1	1.5%
Disabled Children's Services Total			363	294	81.0%	42	11.6%	27	7.4%
Total (Excluding FOC Cases)			2,486	2,317	93.2%	133	5.3%	36	1.4%
Finance Only Cases (Allocated & Unallocated)		FOC01	275						
ICS Finance Only Cases (Allocated & Unallocated)		ICSFREME, ICSFRN & ICSFRS	1,099						
Total (Including FOC Cases)			3,860						

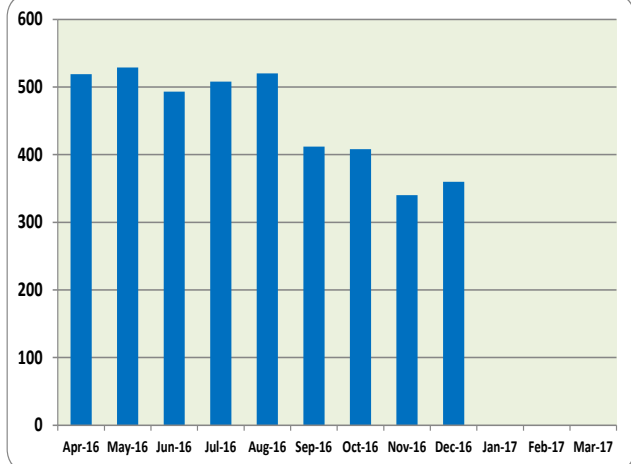
9) % of Referrals with a Single Assessment



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
92.5%	91.6%	88.4%	85.9%	91.3%	89.7%	93.1%	96.4%	96.8%

The rate of referrals that progress to a Single Assessment is 96.8%. The high rate of single assessments which do not lead to an ongoing statutory service indicates that obtaining benchmarking data from our Statistical Neighbours for comparison would benefit as this statistic is currently not reported publically.

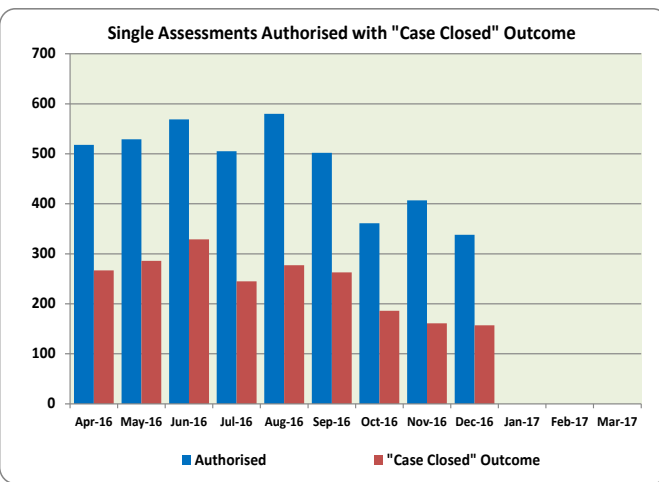
10) Number of Single Assessments Starting



Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
519	529	493	508	520	412	408	340	360

The gradual reduction in the number of single assessments undertaken reflects better targeting of statutory social work. The 16/17 monthly average to date is 454 which indicates a continued reduction in SAs starting (in 15/16 the monthly average was 628).

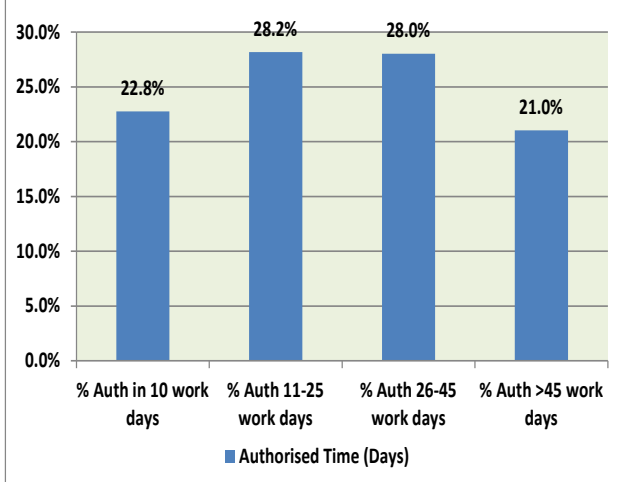
11) Cases closed at end of Single Assessment



Single Assessments	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Authorised	518	529	569	505	580	502	361	407	338
"Case Closed" Outcome	267	286	329	245	277	263	186	161	157
% "Case Closed" Outcome	51.5%	54.1%	57.8%	48.5%	47.8%	52.4%	51.5%	39.6%	46.4%

The proportion of SA with "Case Closed" outcome following the assessment has increased slightly since November, in Dec-16 performance was 46.4%. 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 and this will be addressed by the current work to improve the join up between MASH and early help triage.

12) Single Assessments % Authorised Time in Days



For Dec-16, 89.8% of Single Assessments are authorised in time, that compares favourably with 91.1% year to date and the proportion of assessments that are less complex and can be completed within 25 days appears appropriate indicating good oversight by managers.

CHILD PROTECTION

13. Number of Strategy Discussions Starting and Ending in Month

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Number Started in Month	181	172	184	182	127	136	100	159	106	1,347
Number Ended in Month	172	161	231	160	145	117	109	153	141	1,389

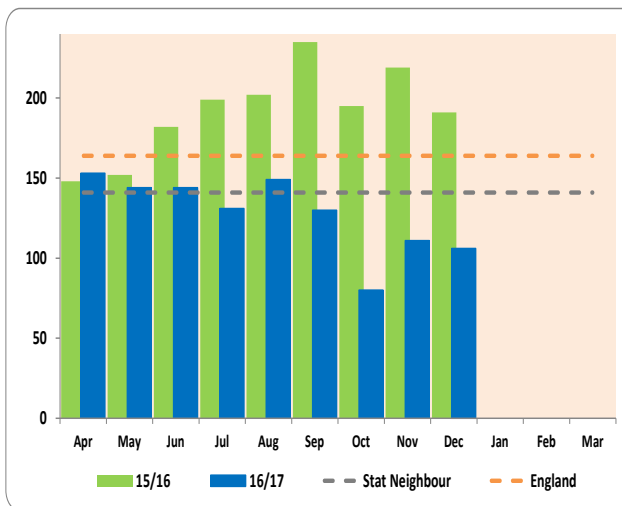
14. Strategy Discussions Ending in Month: Outcome Breakdown

Outcome	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Dec-16 %
Section 47 Enquiries	129	129	186	105	115	95	85	124	101	71.6%
Further Strategy	5	6	7	10	4	3	13	7	15	10.6%
Section 17 Assessment	12	9	13	16	15	14	4	19	14	9.9%
No Further Action	26	17	25	29	11	5	7	3	11	7.8%
Total	172	161	231	160	145	117	109	153	141	100.0%

15. Number of s47 Enquiries Starting and Ending in Month

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total
Number of s47 Enquiries Starting and Ending in Month from Single Assessments	153	144	144	131	149	130	80	111	106	1,148

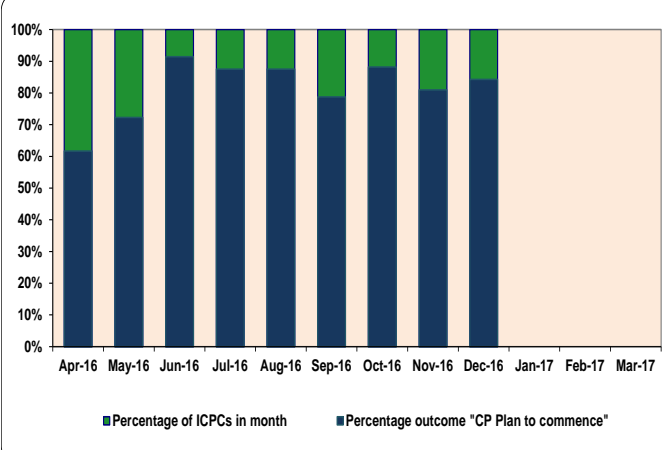
16) Number of Section 47 Enquiries Ending in Month Outcomes



In Dec-16 the number of S47 enquiries, which are undertaken where there is a concern that a child is suffering significant harm, decreased to 106 which is below our rate / 10000 for 15/16 of 144 and our Statistical Neighbours of 124. As a result of the reduction being seen, work is being undertaken with managers and by the IRU to ensure that thresholds for child protection enquiries are understood and being applied correctly.

Outcome	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Dec-16 %
Concerns not substantiated	43	41	38	28	36	34	25	27	18	17.0%
Substantiated and continuing risk of harm	61	55	66	61	69	61	22	65	66	62.3%
Substantiated but no continuing risk of harm	49	48	40	42	44	35	33	19	22	20.8%
Total	153	144	144	131	149	130	80	111	106	100.0%

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

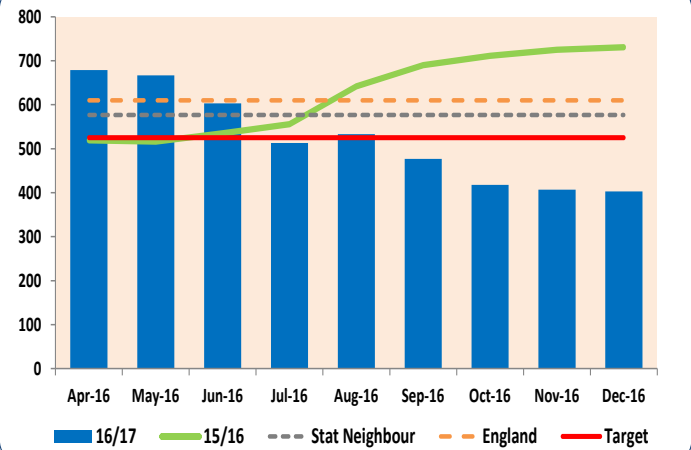


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Number of ICPCs in month	47	65	35	48	64	52	17	58	51
Number with "CP Plan to commence" outcome	29	47	32	42	56	41	15	47	43
No Outcome Recorded	0	0	0	0	0	1	0	0	0
Percentage outcome "CP Plan to commence"	61.7%	72.3%	91.4%	87.5%	87.5%	78.8%	88.2%	81.0%	84.3%
Percentage of ICPCs in month	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

There was a slight reduction in the number of ICPCs held this month compared to Nov, although 84% resulted in a child protection plan compared to 81% in Nov-16.

To ensure decision making around the need to hold ICPCs is appropriate, from mid-December 2016, the IRU have begun to use the new screening tool (part of the new CP conference model approach) to quality assure decisions and consult with SW teams regarding threshold and preparation for the conference. This will offer quality assurance regarding the application of threshold for holding an ICPC across the County.

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



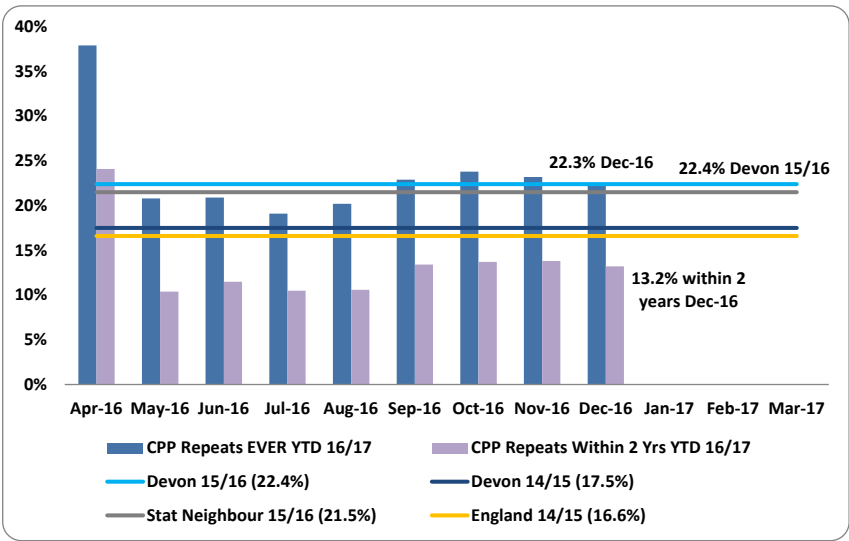
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Number	679	667	603	513	533	477	418	407	403
Rate / 10,000	47.6	46.8	42.3	36.0	37.4	33.5	29.3	28.5	28.3
England	610	610	610	610	610	610	610	610	610
	54.2	54.2	54.2	54.2	54.2	54.2	54.2	54.2	54.2
Stat Neighbour	577	577	577	577	577	577	577	577	577
	52.3	52.3	52.3	52.3	52.3	52.3	52.3	52.3	52.3

In Dec-16 403 children were subject to a CPP which is a rate for Devon of 28.3 per 10,000. A comparator group of 'good' LAs has an average rate of 25.2 per 10000.

The reduction in number of CPPs has been more rapid earlier in the year, reducing from a comparatively high rate, and is now levelling off. The rate of children on CPPs in Devon is still within the range for SN, however, given the fluctuating trend this area is currently subject to detailed analysis by senior managers to ensure decision making is appropriate, including meetings with Team and Area Managers to ensure practice expectations across CP practice are clear, understood and operated consistently. Since November 2016, the IRU have regular monthly performance meetings and these seek to ensure increased consistency across the county in respect of CP conference thresholds/decision making.

The new strengths based conference model is likely to see an initial rise in the number of CP plans if Devon's experience mirrors other authorities following implementation. However, this should stabilise as all partners work to embed the new model with a consistent approach to threshold.

19) % of Repeat CPP's in the year



Agenda Item 16

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
No. of Children Re-Reg in rolling Yr	11	16	23	29	42	57	63	72	79
No. of CPP starts	29	49	32	42	56	41	16	46	43
Cumulative 16/17 CPP starts	29	78	110	152	208	249	265	311	354
CPP % Re-Reg YTD 16/17	37.9%	20.8%	20.9%	19.1%	20.2%	22.9%	23.8%	23.2%	22.3%
CPP Re-Reg within 2 Yrs YTD 16/17	24.1%	10.4%	11.5%	10.5%	10.6%	13.4%	13.7%	13.8%	13.2%

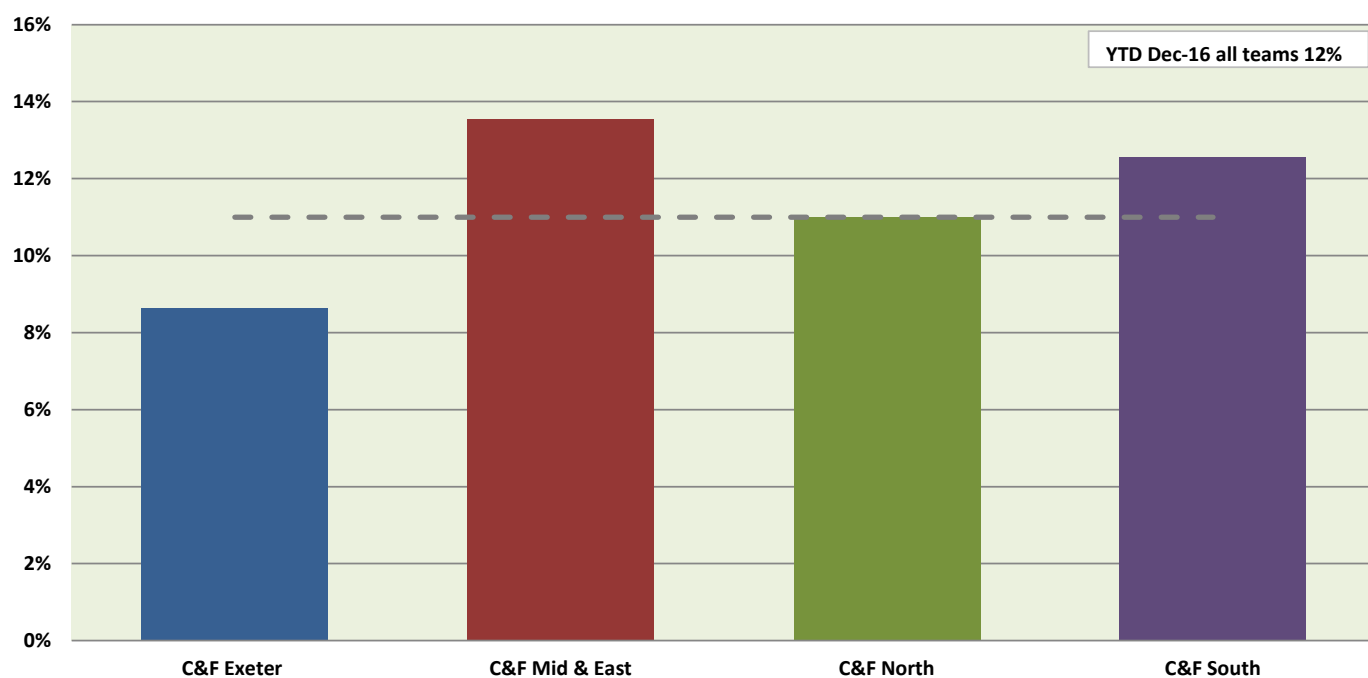
Chart 19 looks at how many children have been made the subject of a CPP in the month and whether they have ever been subject to a CPP before. By the end of 16/17 the data will show the % of children subject to a CPP more than once in their childhood, For 15/16 this was 22.4% for Devon, 21.5% for Stat Neighbours. Currently, to Dec-16 for Devon it is 22.3% The rate of repeat CPP's within 2 years is 13.27%.

All incidents where a child is subject to a CPP for a second time are scrutinised by managers to ensure decision making to end plans is not premature. An audit of all repeat plans is being scheduled by the IRU in January 2017 (report will be available in February 2017) to ensure protection plans are not being ended before the risks are fully addressed and that families are supported effectively to sustain changes when plans are ended. When a second or subsequent CP conference process is requested, the IRU will review these requests using the new screening tool.

20) Team breakdown of children ending CPP within 3 months of starting CPP's. (Total data from Apr – Dec 2016 is 12%)

Team	Sep 2016				Oct 2016				Nov 2016				Dec 2016				Grand Total			
	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	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	1	12	13	8%	2	3	5	40%		8	8	0%		1	1	0%	4	55	59	7%
CHILDREN & FAMILIES EXETER 2		9	9	0%		2	2	0%		4	4	0%	1	5	6	17%	8	42	50	16%
CHILDREN & FAMILIES EXETER 3		2	2	0%		12	12	0%		2	2	0%		6	6	0%	2	38	40	5%
CHILDREN & FAMILIES EXETER 4		10	10	0%		5	5	0%	1		1	100%	1		1	100%	2	34	36	6%
TOTAL CHILDREN & FAMILIES EXETER	1	33	34	3%	2	22	24	8%	1	14	15	7%	2	12	14	14%	16	169	185	9%
CHILDREN & FAMILIES MID & EAST 1		4	4	0%		5	5	0%		4	4	0%		2	2	0%	4	50	54	7%
CHILDREN & FAMILIES MID & EAST 2		3	3	0%		6	6	0%						2	2	0%	9	33	42	21%
CHILDREN & FAMILIES MID & EAST 3						7	7	0%						2	2	0%	5	28	33	15%
CHILDREN & FAMILIES MID & EAST 4	1	5	6	17%		2	2	0%	1	5	6	17%					3	23	26	12%
TOTAL CHILDREN & FAMILIES MID & EAST	1	12	13	8%		20	20	0%	1	9	10	10%		6	6	0%	21	134	155	14%
CHILDREN & FAMILIES NORTH 1																	1		1	100%
CHILDREN & FAMILIES NORTH 2	1	3	4	25%	2	3	5	40%		5	5	0%					4	33	37	11%
CHILDREN & FAMILIES NORTH 3		5	5	0%		1	1	0%	2	3	5	40%					2	25	27	7%
CHILDREN & FAMILIES NORTH 4		1	1	0%		2	2	0%						1	1	0%	3	23	26	12%
TOTAL CHILDREN & FAMILIES NORTH	1	9	10	10%	2	6	8	25%	2	8	10	20%		1	1	0%	10	81	91	11%
CHILDREN & FAMILIES SOUTH 1	1	10	11	9%		3	3	0%					2	5	7	29%	5	45	50	10%
CHILDREN & FAMILIES SOUTH 2	2	9	11	18%	2		2	100%		7	7	0%	1	2	3	33%	8	39	47	17%
CHILDREN & FAMILIES SOUTH 3	1	4	5	20%	3	5	8	38%	2	8	10	20%		5	5	0%	6	52	58	10%
CHILDREN & FAMILIES SOUTH 4	1	12	13	8%	1	6	7	14%		6	6	0%	2	8	10	20%	10	66	76	13%
TOTAL CHILDREN & FAMILIES SOUTH	5	35	40	13%	6	14	20	30%	2	21	23	9%	5	20	25	20%	29	202	231	13%
ICS EXETER						1	1	0%										1	1	0%
INITIAL RESPONSE EXETER						1	1	0%										1	1	0%
INITIAL RESPONSE SOUTH													1		1	100%	1		1	100%
PERMANENCY & TRANSITION EXETER 1						1	1	0%										1	1	0%
TOTAL AD-HOC TEAMS						3	3	0%					1		1	100%	1	3	4	25%
GRAND TOTALS	8	89	97	8%	10	65	75	13%	6	52	58	10%	8	39	47	17%	77	589	666	12%

21) CPP Ending within 3 months of CPP starting Apr to Dec 16/17 (12%)



Ap-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	YTD Ave
19%	2%	5%	14%	22%	8%	13%	11%	17%	12%

Dec-16 shows a 6% increase in CPP's ending at 3 months, with an average of 12% Apr-16 to Dec-16 as a result of focused management action in this area. The high % within North is being scrutinised to understand why it is out of line with other area's.

The number of plans lasting less than 3 months has reduced in December and has been the subject of audit. Twelve cases have been looked at by the IRU and managers. There is no single issue arising. Themes are emerging, such as the late notification of unborn babies resulting in CP plans being made which were subsequently ended when further assessment made; children removed and care proceedings commencing at early stage following plan being made; a 17 year old being made subject to plan followed by a quick step-down at 1st RCPC.

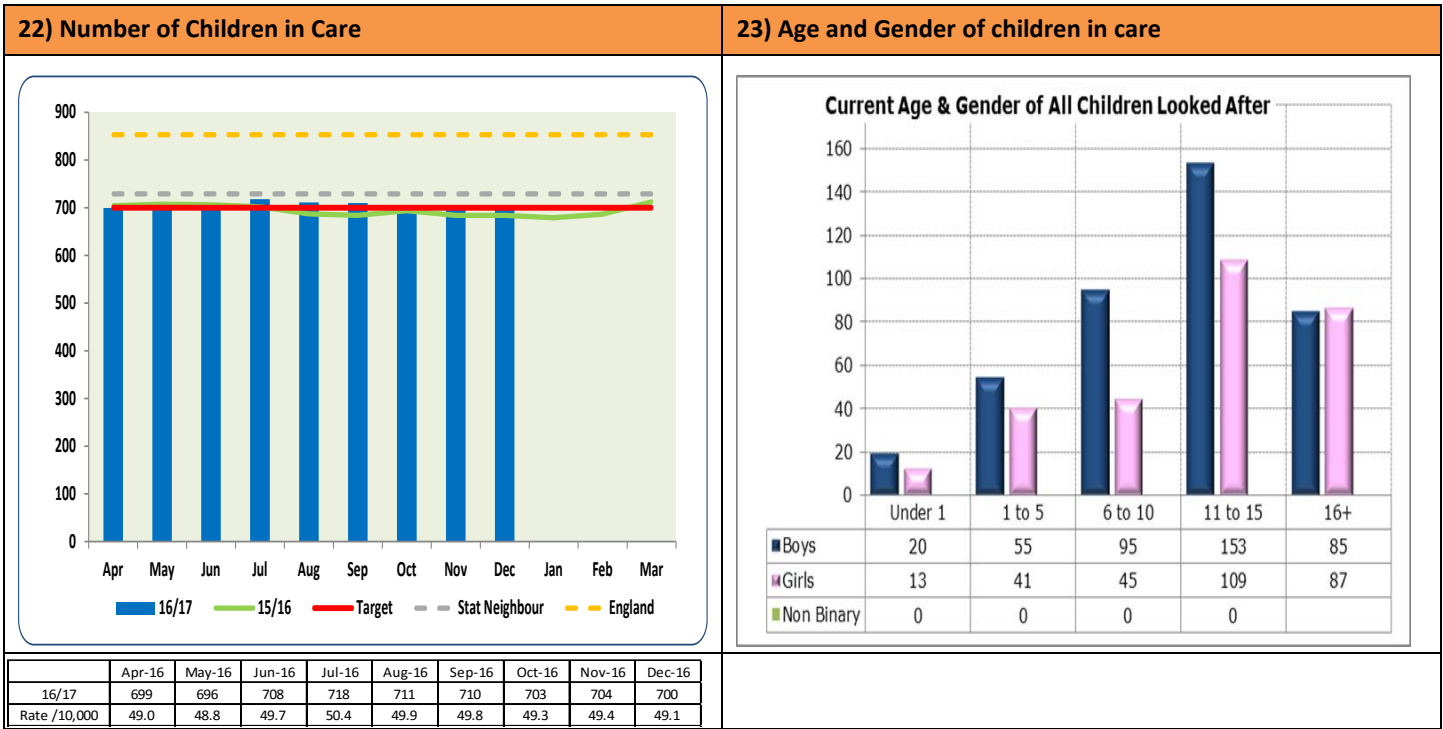
Not all requests for ICPC are preceded with a full S47 investigation signed off by managers. The new CP pathway with separate S47 reporting expectations will support consistent completion of this process across all teams.

All ISRO's are now required to inform the Operational Manager for the IRU when a request is made to end plans within 3 months so that the case is audited/quality assured prior to the first review conference. This is already having an impact with cases being discussed prior to the conference taking place to support evidenced based decision making. This issue will continue to be reviewed as part of the IRU monthly performance meetings.

Agenda Item 16

SECTION 5

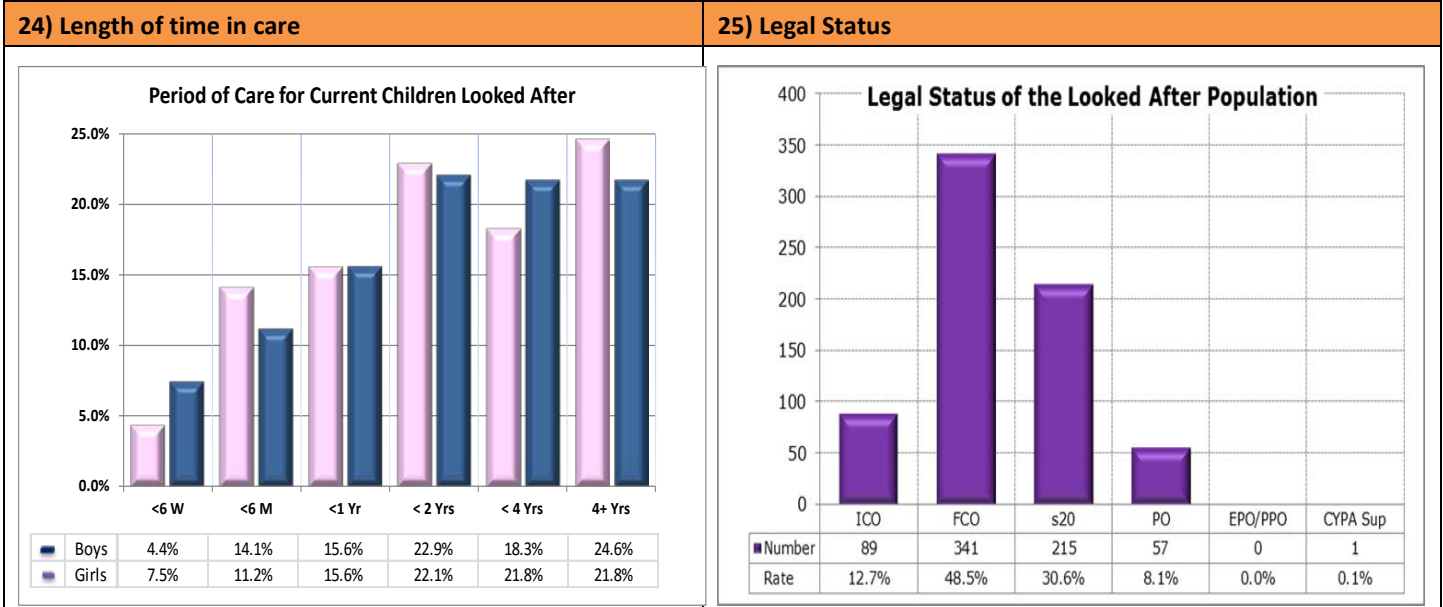
CHILDREN IN CARE



In Nov-16 there were 704 Looked After Children which represents a steady rate this year, just below our Statistical Neighbours.

Comparative Local Authorities (LA) inspected as "Good"; Average Number is 829, Rate / 10,000 Population 0-17yrs is 56.

LA	Numbers	Rate	LA	Numbers	Rate	SN/SW/Good	Numbers	Rate
Essex	1,005	33	Leeds	1,225	75	SN	534	53
Gloucestershire	555	45	Lincolnshire	625	44	SW	357	53
Hertfordshire	1,010	38	Salford	555	103	Good LA's	829	56



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.

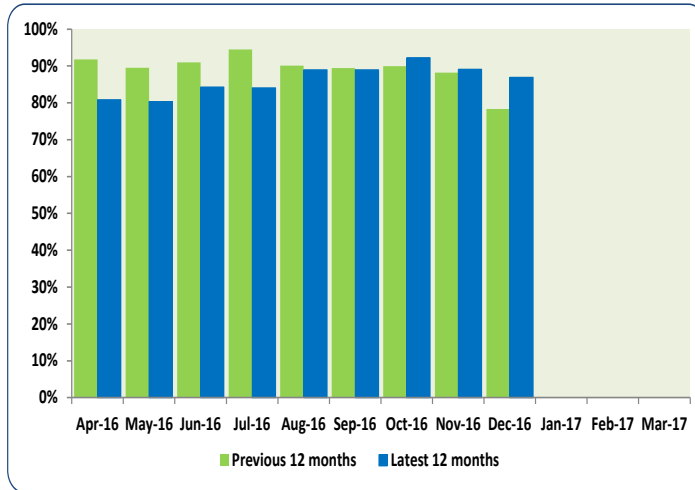
All children changing school or are absent are tracked at the 'Missing Monday Panel' to ensure good transitional arrangements between schools or identify any additional support that may be needed.

S20 should not generally be used over the long term for looked after children as its voluntart nature presents a risk for drift and challenge on a human rights basis; particularly in respect of children where permanence planning decisions must be made. Devon is slightly above the rate of S20 nationally which was 27.9%. in 2013-14. Of the current children with a placement order 43 are placed or have been matched. The 14 children who are awaiting a match are being tracked on a weekly basis. 11 have been waiting less than 4 months. Of those waiting over 4 months 2 have had placements which have disrupted and one has

significant health needs.

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 as all IROs are now expected to consider every s20 case and to escalate any concerns so that individual cases can be reviewed by social work teams on an ongoing basis. Close focus is currently being given across all SW teams and in the IRU to ensure all children's plans progress to permanence in a timely way, at the four month review. We are still in process of updating where cases have previously been reviewed and should be in a position by the end of January to comment on any themes or issues that are impacting on progress.

26) Percentage of Children in Care with a Visit Completed in the Previous 6 Weeks

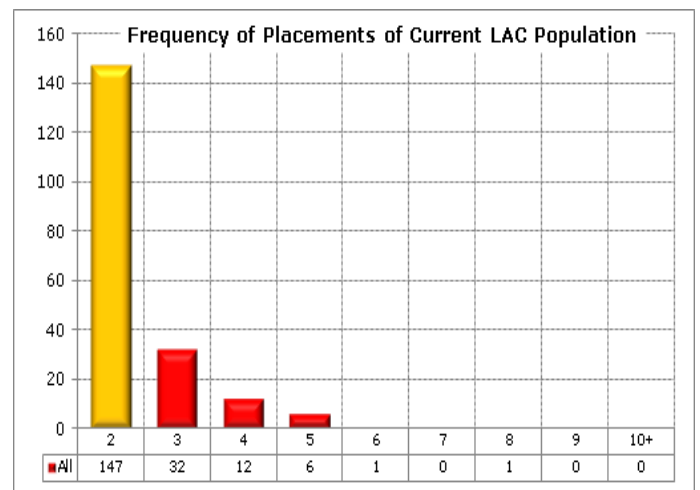


Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
100.0%	80.9%	80.3%	84.3%	84.1%	89.0%	89.0%	92.3%	89.1%	86.9%

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. However, current discussion in the service is about the quality of SW interaction with the child, their relationship with the child, and the nature of the work being undertaken with the child and family by the SW in line with the Plan. Visits should not be seen as an activity in their own right. We have reiterated standards and expectations and Senior Managers now have oversight and give approval for visiting that goes outside the statutory minimum. This will be only agreed in exceptional circumstances if confident young peoples needs will still be met and overseen by statutory reviews.

The IRU is now regularly reviewing the quality and frequency of visits to looked after children as part of their review process. Concerns will be raised, using the dispute resolution process where required. This is considered as part of the IRU monthly performance meetings.

27) Number of Placements (Oct-16)



As at 31 Oct 2016 there are 52 / 703 children in care who have had 3 or more Placements (7.4%) and there are 147 children in care who have had 2 Placements. Additional scrutiny by management 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 plans are put in place as a response to this.

Reporting is currently being scrutinised to ensure data is accurate and children who are not in stable permanence arrangements are identified and prioritised for care planning improvements by the SW team and IRU.

28) 3+ Placement Moves by Team (Oct-16)

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

29) 3+ Placement Information (Oct-16)

% 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%

Weekly data available and planning support for Children & Young People where stability is an issue.

Additional scrutiny is currently being undertaken by senior managers, to identify the children who have already had two placement moves who may be at risk of a further move to ensure appropriate placement planning and supports are in place, particularly including specialist interventions such as CAMHS, as a response to this.

An improved approach to Placement Planning has been introduced and early support to children and carers when first placed is being strengthened to prevent breakdown, including through CAMHS and Fostering Support Teams.

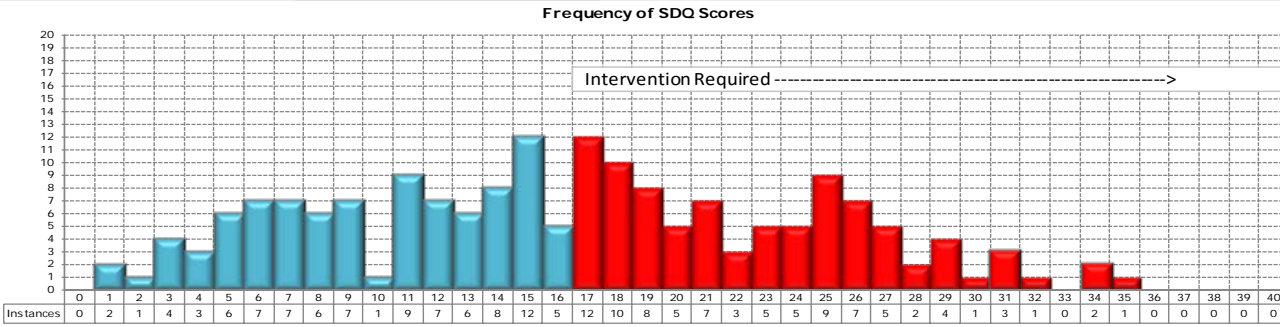
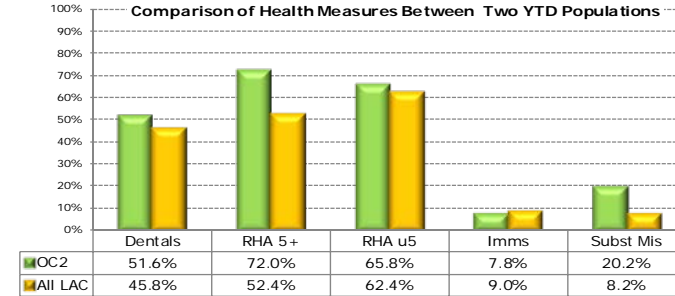
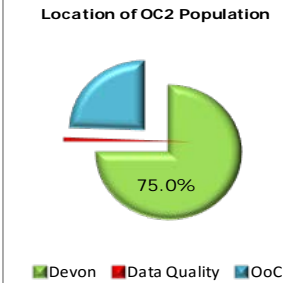
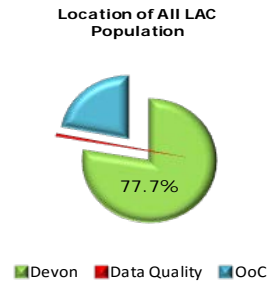
30) Looked After Children Health Services

DEVON COUNTY COUNCIL

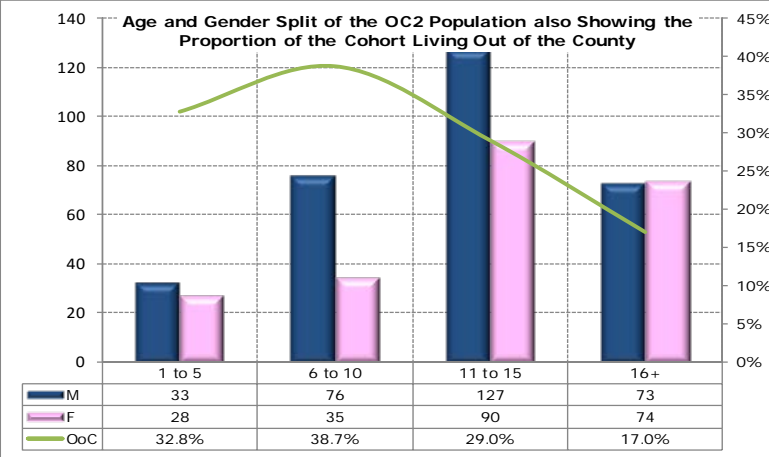
LOOKED AFTER CHILDREN HEALTH SERVICES

PERFORMANCE ON A PAGE (31 October 2016)

Devon County's Looked After Population		
Number of Children	703	-
Aged 5 and Over	602	85.6%
Aged Under 5	101	14.4%
Potential OC2 Cohort (LAC at least 1 Year at Mar. 31st 2016)		
Number of Children	552	-
Aged 5 and Over	495	89.7%
Aged Under 5	57	10.3%
Performance Measures (All Current LAC)		
Number of Children Starting to be Looked After Since April 1st	151	-
Initial Health Assessments (IHA's) Completed	130	86.1%
Of IHA's Completed, those Completed within 20 Working Days	75	57.7%
Annual Dental Check Completed within the Year	188	26.7%
Substance Misuse Identifications	-	-
Performance Measures (Potential OC2 Cohort)		
Annual Review Health Assessment Completed within the Year (a)	230	71.3%
Annual Review Health Assessment Completed (NHS Provided)	-	-
Annual Dental Check Completed within the Year	166	51.6%
Substance Misuse Identifications	58	10.5%
SDQ Cohort (LAC at least 1 Year at March 31, Aged 4-16)		
Number of Children Eligible	346	-
Number of Children with a Recorded Score	181	52.3%
Of those, Recorded Scores above the Intervention Score of 17	90	49.7%
Highest Score Recorded (of a Maximum of 40)	35	-
Overall Outturn Figure - Average for all SDQ Scores	16.3	-



Page 90



Geographical & Service Area Breakdowns of the 2016/17 LAC, OC2 & SDQ Populations

Geographical Area	Population			Health Assessments			Dental Checks		SDQ's	Substance		Imms	
	All LAC	OC2	SDQ	All LAC	OC2	IHA's	All LAC	OC2	SDQ	All LAC	OC2	All LAC	OC2
Exeter	161	118	76	35.4%	2.9%	55.9%	26.1%	39.0%	16.1	TBA	TBA	9.3%	3.3%
East & Mid Devon	142	121	80	40.8%	8.3%	40.0%	32.4%	29.8%	17.6	TBA	TBA	0.7%	0.6%
North Devon	153	120	80	35.3%	0.8%	61.3%	22.2%	29.2%	17.5	TBA	TBA	9.2%	11.1%
South & West Devon	221	175	105	41.2%	0.0%	50.0%	26.2%	25.7%	15.5	TBA	TBA	3.2%	0.2%
Others	26	18	5	34.6%	4.5%	37.5%	30.8%	22.2%	5.333333	TBA	TBA	0.0%	0.9%
Totals	703	552	346	38.3%	4.5%	52.4%	26.7%	30.1%	16.3	TBA	TBA	5.3%	0.0%
Service Area	Population			Health Assessments			Dental Checks		SDQ's	Substance		Imms	
	All LAC	OC2	SDQ	All LAC	OC2	IHA's	All LAC	OC2	SDQ	All LAC	OC2	All LAC	OC2
Initial Response	9	5	3	55.6%	10.2%	100.0%	44.4%	80.0%	22.7	TBA	TBA	0.0%	0.0%
Children & Families	237	127	87	27.0%	3.5%	49.5%	16.5%	18.9%	15.0	TBA	TBA	n/a	n/a
Permanency & Transition	366	346	215	45.6%	0.0%	76.9%	31.7%	32.1%	16.7	TBA	TBA	1.9%	12.5%
Disabled Children's Service	65	56	36	36.9%	0.0%	60.0%	32.3%	33.9%	18.9	TBA	TBA	1.5%	20.0%
Other	26	18	5	34.6%	0.0%	37.5%	30.8%	44.4%	5.333333	TBA	TBA	0.03846	5.6%
Totals	703	552	346	38.3%	4.5%	52.4%	26.7%	30.1%	16.3	TBA	TBA	1.3%	1.6%

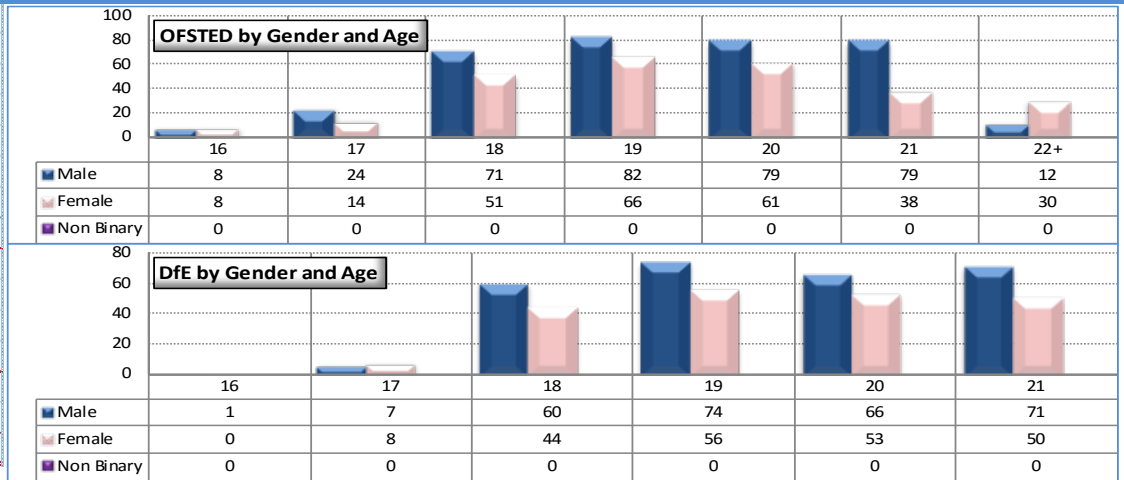
31) Care Leavers

DEVON COUNTY COUNCIL

CARE LEAVER SERVICE

PERFORMANCE ON A PAGE 31 December 2016

OFSTED - Care Leavers Cohort Eligibility Status	No.	Share
Relevant	19	3.0%
Former Relevant	421	67.6%
Qualifying Special Guardianship	8	1.3%
Qualifying Private Fostering	16	2.6%
Qualifying Pre-planned Short	90	14.4%
Qualifying LAC less than 13 weeks	9	1.4%
Other open to PERMANENCY & TRANSITION Team	60	9.6%
	623	-
DfE - Care Leavers Cohort Eligibility Status	No.	Rate
Former Relevant	471	96.1%
Relevant	19	3.9%
	490	-
LAC - Eligible for Care Leaving Services	156	-
Total Number of Unique Care Leavers*	840	-



* Currently 426 Care Leavers appear in both the DfE and OFSTED Cohorts

LIST OF CASES THAT NEED INVESTIGATING

Potential Care Leavers Cohort Eligibility Status	No.	Rate
Relevant	1	0.1%
Former Relevant	22	2.7%
Qualifying Special Guardianship	26	3.1%
Qualifying Private Fostering	636	77.0%
Qualifying Pre-planned Short	100	12.1%
Qualifying LAC less than 13 weeks	20	2.4%
Other open to PERMANENCY Team & Finance	21	2.5%
Total Number of Potential Care Leavers	826	-

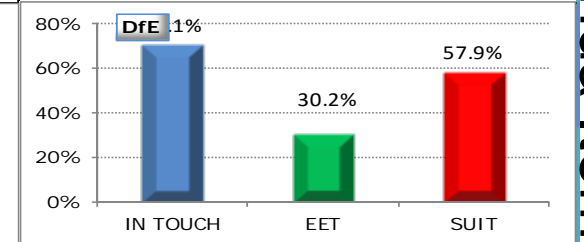
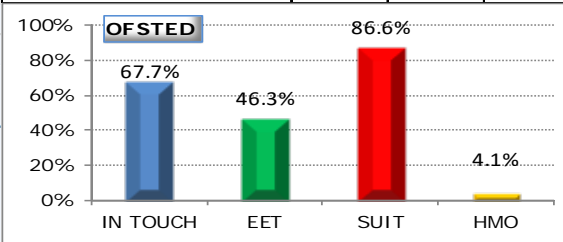
The **Potential Care Leavers Cohort** above are those Cases that are Currently Unallocated or Finance Only cases, that could fall into the OFSTED Cohort

The **OFSTED** Cohort requires the latest information ever recorded on a Care Leaver.

The **DfE** Cohort requires information on Care Leavers to be Recorded within the Window of 3 Months Prior to and 1 Month After their relevant birthday for the 19 to 21 year old, and after care or up to 1 month after care for 17 to 18 year old.

STATUTORY RETURN MEASURES

OFSTED COHORT (ANNEX A)				DfE COHORT (SSDA903) (Cohort based on young people who's information is required at this point of the year)			
Measure	Num	Den	Rate	Measure	Num	Den	Rate
DCC In Touch? - YES	419	619	67.7%	DCC In Touch? - YES	281	401	70.1%
DCC In Touch? - NO	8		1.3%	DCC In Touch? - NO	7		1.7%
DCC In Touch? - REFUSED	6		1.0%	DCC In Touch? - REF.	6		1.5%
DCC In Touch? - BLANKS	186	419	30.0%	DCC In Touch? - BLNK	107	401	26.7%
Care Leaver is EET	194		46.3%	Care Leaver is EET	121		30.2%
Care Leaver is NEET	225		53.7%	Care Leaver is NEET	280		69.8%
Accomm is SUITABLE	363	419	86.6%	Accomm is SUITABLE	232	401	57.9%
Accomm is NOT SUITABLE	56		13.4%	Accomm is NOT SUIT.	169		42.1%
Multiple Occupancy	17		4.1%	Not Measured for DfE Cohort			

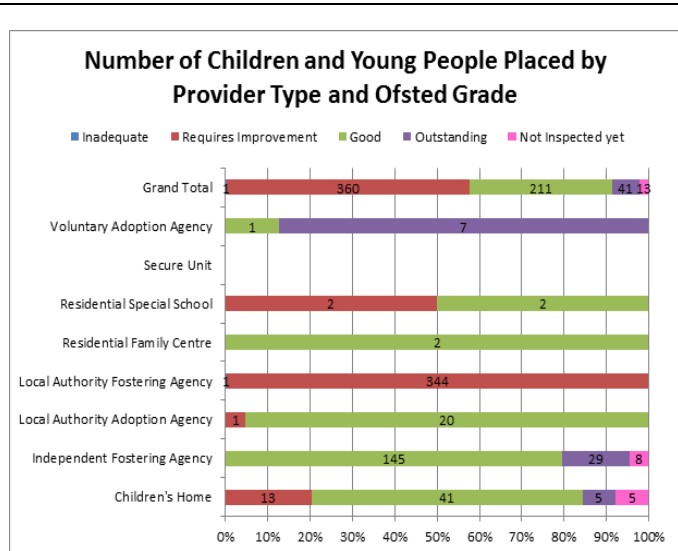


32) Local Authority Level Tables: Source, Published Census 2015-16, SFR41/2016, December 2016.

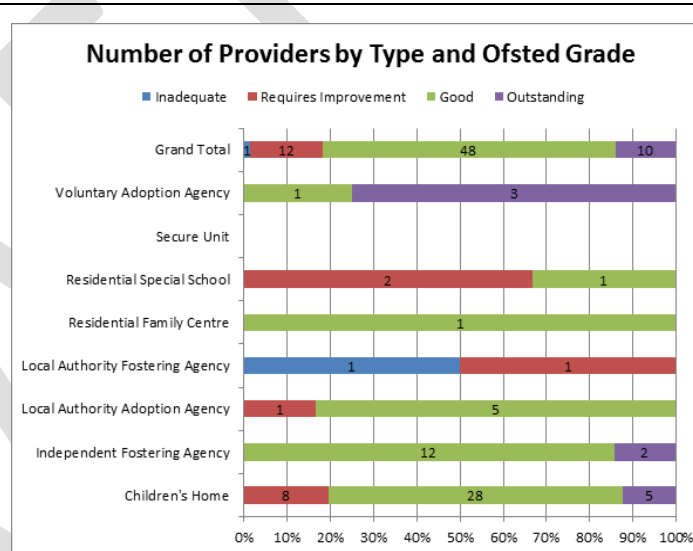
Local Authority Level Tables		Change from 2014/15 Census period	Devon 2015/16	Devon 2014/15	compared to 2015/16 Average of Stat. Neighbours	Average across Stat. Neighbours 2015/16	South West 2015/16	Good LA's (Essex, Leeds, Hertfordshire, Thurrock)	National 2015/16
LAF1a	Care leavers now aged 19, 20 and 21 by contact with Local Authority	↓	350	455	↑	185	156	295	151
LAF1b	Care leavers now aged 17 and 18 by contact with Local Authority - Experimental Statistics		135		↑	63	59	138	57
LAF2a	Care leavers aged 19, 20 and 21 by activity	↓	415	455	↑	206	156	398	173
LAF2b	Care leavers aged 17 and 18 by activity - Experimental Statistics		140		↑	66	58	146	61
LAF3a	Care leavers now aged 19, 20 and 21 by accommodation		415		↑	206	170	398	13

Care Leavers

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



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



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 separately through the LA's single inspection framework.

In Q3 16/17 40% of the children are in providers inspected as good (211), or outstanding (41)

The data indicates 58% (360) of children are in a provider that has a category that 'requires improvement' of which the majority (55% or 344) are local authority Foster carers.

82% of total (71) children's homes were judged as Good (48) or Outstanding (10) 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. One L.A. fostering agency (Torbay) was judged as inadequate, this service was judged overall through local authority single inspection framework. Two residential special schools are graded as requires improvement. Children's social care and commissioning are monitoring the providers on an improvement plan.

35) Children in Devon Care Homes: Overall Effectiveness

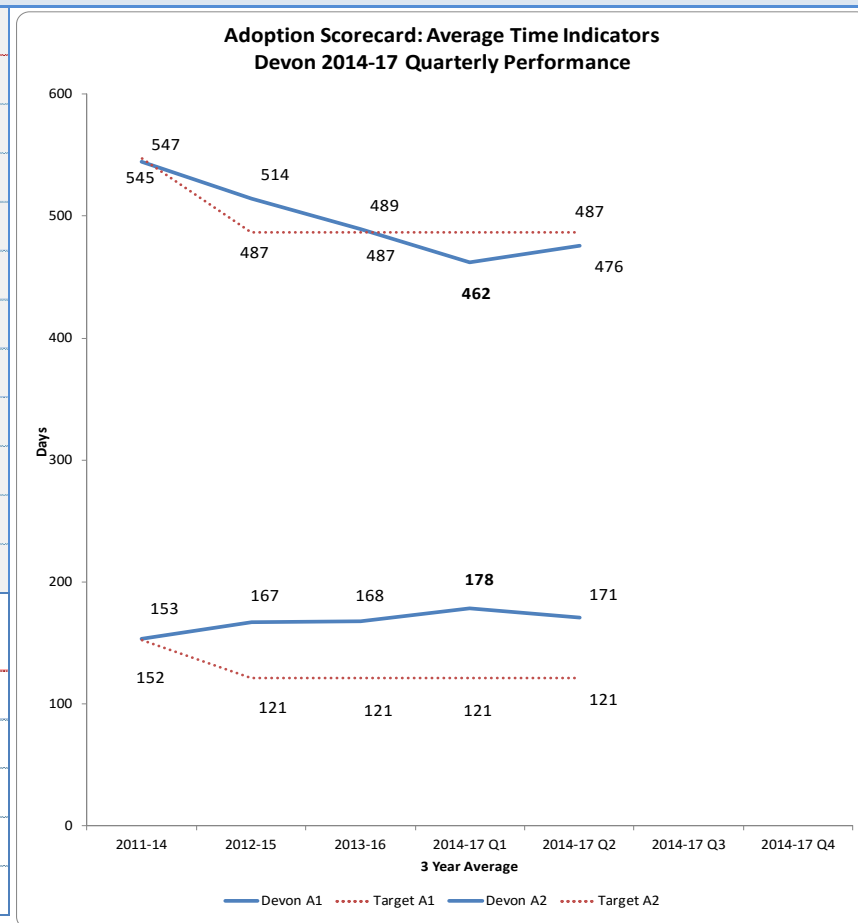
Ward	URN	Setting Name	Provider Subtype	Sector	Registration Date	Max Users	Full Inspection Start Date	Overall Effectiveness	Interim Inspection Start Date	Interim Inspection Overall Effectiveness	Comment	DCC Placed children (Y/N)	Number of Devon Children Place	% of capacity used by DCC
Axminster Rural	SC407753	Woodview	Children's home	Private	04/03/2010	4	07/07/2016	Good	22/03/2016	Improved Effectiveness		Yes	1	25%
Axminster Rural	SC468747	Highview	Children's home	Private	12/08/2013	2	23/05/2016	Requires Improvement	15/02/2016	Declined in Effectiveness		No	0	0%
Bere Ferrers	SC036528	Chelham Senior School	Residential special school	Private	20/02/2004	14	28/06/2016	Requires Improvement	24/02/2016	Declined in Effectiveness		Yes	1	7%
Bickleigh and Shaugh	SC457266	Blaxton Farm	Children's home	Private	21/03/2013	3	30/09/2016	Good	19/03/2015	Sustained Effectiveness		No	0	0%
Bickleigh and Shaugh	SC457553	Horsham Farm	Children's home	Private	14/03/2013	2	07/10/2015	Good	10/02/2016	Sustained Effectiveness		Yes	2	100%
Bideford East	1244137	Newport Terrace	Children's home	Private	25/10/2016	2	Not Inspected yet					No	0	0%
Bideford East	SC463431	Clifton Street	Children's home	Private	31/05/2013	2	08/09/2016	Requires Improvement	02/02/2016	Improved Effectiveness		No	0	0%
Bideford North	SC368137	Meddon Street	Children's home	Private	25/01/2008	2	21/04/2016	Good	11/12/2015	Improved Effectiveness		Yes	1	50%
Bideford North	SC381652	Bridge View	Children's home	Private	15/10/2008	2	10/08/2016	Good	25/02/2016	Improved Effectiveness		Yes	1	50%
Bishop's Nympton	SC066179	Little Oak	Children's home	Private	09/02/2006	5	06/11/2015	Good	15/03/2016	Improved Effectiveness		No	0	0%
Bovey	SC456726	Shaptor Farm	Children's home	Private	14/03/2013	3	15/10/2015	Outstanding	15/03/2016	Improved Effectiveness		No	0	0%
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 (09/03/16) found declined in effectiveness.	No	0	0%
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	1	20%
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	0	0%
Clyst Valley	SC467704	Russets Court	Children's home	Private	09/08/2013	2	07/10/2016	Requires Improvement	02/02/2016	Sustained Effectiveness		Yes	2	100%
College	SC463647	Penn House	Children's home	Private	06/08/2013	5	09/06/2016	Good	15/01/2016	Declined in Effectiveness		Yes	1	20%
Cullompton Outer	SC484790	Knowles House	Children's home	Private	05/01/2015	4	12/05/2016	Good	25/08/2016	Sustained Effectiveness		No	0	0%
Darlington	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	5	50%
Dunkeswell	SC465120	Brookside Farm	Children's home	Private	27/03/2014	3	19/07/2016	Inadequate				No	0	0%
Ivybridge Woodlands	SC065443	Dame Hannah Rogers School	Residential special school	Voluntary	22/12/2005	15	20/05/2016	Good	25/02/2016	Improved Effectiveness		Yes	5	33%
Kenn Valley	SC458422	Meadowpark	Children's home	Private	28/03/2013	5	26/04/2016	Good	18/12/2015	Sustained Effectiveness		Yes	3	60%
Kerswell-with-Combe	SC458352	Valley View	Children's home	Private	14/03/2013	3	10/06/2016	Good	25/02/2016	Sustained Effectiveness		Yes	1	33%
Kingsteignton East	1231066	Paddon's Coombe	Children's home	Private	17/02/2016	1	14/04/2016	Requires Improvement				No	0	0%
Kingsteignton East	SC003884	One to One Crisis Intervention	Children's home	Private	19/10/2001	1	17/06/2016	Good	15/03/2016	Sustained Effectiveness		No	0	0%
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	0	0%
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	0	0%
Kingsteignton East	SC457132	Orchid Vale	Children's home	Private	25/02/2013	1	04/05/2016	Good	02/02/2016	Sustained Effectiveness		No	0	0%
Kingsteignton East	SC457137	Woodmere	Children's home	Private	14/03/2013	1	02/12/2015	Good	08/03/2016	Sustained Effectiveness		No	0	0%
Kingsteignton West	1231067	Chudleigh Road	Children's home	Private	08/03/2016	1	29/09/2016	Requires Improvement				No	0	0%
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	0	0%
Longbridge	SC403234	Osbourne Terrace	Children's home	Private	22/12/2009	3	24/08/2016	Good	03/03/2016	Improved Effectiveness		No	0	0%
Lowman	SC408149	Boumville Place	Children's home	Private	25/02/2010	2	01/09/2016	Requires Improvement	28/01/2016	Sustained Effectiveness		No	0	0%
Mincinglake	SC046276	Atkinson Unit	Secure Unit	Local Authority	19/03/2004	10	29/09/2016	Good	12/01/2016	Sustained Effectiveness		No	0	0%
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	3	43%
St Leonard's	SC489640	Progress House	Children's home	Voluntary	27/07/2015	3	08/01/2016	Good				No	0	0%
Tale Vale	SC064472	Loyalty Hall	Children's home	Private	28/09/2005	4	15/12/2015	Good	03/03/2016	Sustained Effectiveness		Yes	1	25%
Tale Vale	SC458430	Hillcrest Children's Home	Children's home	Private	09/01/2013	3	14/10/2016	Good	07/11/2013	Good Progress		Yes	3	100%
Walkham	SC433286	Gern Cottage	Children's home	Private	10/08/2011	2	09/10/2015	Good	05/02/2016	Declined in Effectiveness	A recent Interim Inspection (05/02/16) found declined in effectiveness.	Yes	1	50%

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.

36) Adoption Scorecard (Q3 YTD 41 adopted and 38 leaving care due to SGO) Q3 scorecard to be produced shortly

DEVON COUNTY COUNCIL
ADOPTION SCORECARD
QUARTER 2 2016/17

Devon County's Adoption Population	2016-17 YTD	Percentage	
Number of Children adopted	25	100%	
Aged 5 and Over	8	32.0%	
Aged Under 5	17	68.0%	
No. of adopted children in sibling groups	15	60.0%	
Number of children with a decision to be placed for Adoption	68	-	
Number of children with a placement order	58	85.3%	
No. of children in sibling groups	35	51.5%	
Number of children matched to adopter	30	51.7%	
Number of children matched & placed with adopter	25	43.1%	
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	-	
Children Looked After and Adoption Performance measures	DEVON (2014-17)	SN average (2012-15)	England average (2012-15)
Adoption scorecard A1: time between child entering care and placement for adoption	476 days	517 days	593 days
Adoption scorecard A2: time between receiving court authority to place a child and deciding on a match	171 days	152 days	223 days
Adoption scorecard A3: children waiting less than 16 months between entering care and placement for adoption (NB: measure reduced from 18 months previously reported)	63.6%	n/a	47%
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 guardianship order	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 and special guardianship has continued to exceed the English average showing a positive trajectory from last year's figures (12% and 8%). 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.

SECTION 6

CASE ALLOCATION

37) 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	
Initial Response	Exeter	IRCX1	Juanita Scallan	4.1	87	87	100.0%	21.3
	Mid & East	IRCM1	Kevin Kenna	8.4	128	128	100.0%	15.2
	North	IRCN1	Naomi Pollard	8.3	180	180	100.0%	21.7
	South	IRCS1	Jean Beynon	9.0	153	153	100.0%	17.0
Initial Response Total				29.8	548	548	100.0%	18.4
Children & Families	Exeter	CFCX1	Tilia Lenz	6.6	103	103	100.0%	15.6
		CFCX2	Phil Staggs	6.2	97	97	100.0%	15.6
		CFCX3	Aiden Mitchelmore	7.0	132	132	100.0%	18.9
		CFCX4	Helen Neighbour	6.8	91	91	100.0%	13.4
Children and Families - Exeter Total				26.6	423	423	100.0%	15.9
Children & Families	Mid & East	CFCM1	Anna Russell	6.6	112	112	100.0%	17.0
		CFCM2	Helen Patten	6.6	101	101	100.0%	15.4
		CFCM3	Emily Hextall	5.6	84	84	100.0%	15.0
		CFCM4	Corrina Bryant	8.0	102	102	100.0%	12.8
Children and Families - Mid/East Total				26.8	399	399	100.0%	14.9
Children & Families	North	CFCN2	Rebekah Porter	7.6	174	174	100.0%	22.9
		CFCN3	Fran Hughes	7.5	109	109	100.0%	14.6
		CFCN4	Heather Cooper	4.4	91	91	100.0%	20.6
Children and Families - North Total				19.5	374	374	100.0%	19.2
Children & Families	South	CFCS1	Matthew Chislett	6.3	117	117	100.0%	18.5
		CFCS2	Herdaypal Johal	7.7	111	111	100.0%	14.4
		CFCS3	Kathy Pendle	7.7	138	138	100.0%	18.0
		CFCS4	Diane Yates	7.6	177	177	100.0%	23.4
Children and Families - South Total				29.3	543	543	100.0%	18.6
Permanency & Transition	Exeter	PTCX1	Juliet Jones	13.2	257	257	100.0%	19.5
	Mid & East	PTCM1	Peter Baron	11.2	138	138	100.0%	12.3
	North	PTCN1	Giles Bashford	11.6	208	208	100.0%	17.9
	South	PTCS1	Karen Thompson	13.1	225	225	100.0%	17.2
Permanency and Transition Total				49.1	828	828	100.0%	16.9
Disabled Children's Services	DCS East Mid	ICCEMID	Brian Copp	3.5	84	84	100.0%	23.9
	DCS Exeter	ICCEXETR	Martin Quaintance	6.6	150	150	100.0%	22.7
	DCS Exeter 2	ICCIAEME	Martin Quaintance / Brian Copp	0.0	2	2	100.0%	-
	DCS North 1	ICCNORTH	Jonathan Mitchell	1.0	43	43	100.0%	43.0
	DCS North 2	ICCNRTH2	Jonathan Mitchell	2.6	37	37	100.0%	14.2
	DCS South 1	ICCSWEST	Tasha Allington	2.0	36	36	100.0%	18.0
	DCS South 2	ICCSWST2	Tasha Allington	3.6	79	79	100.0%	21.9
Disabled Children's Services Total				19.3	431	431	100.0%	22.3
Private Fostering	PFC1	Elaine Newton	2.9	41	41	100.0%	14.2	
Total (Excluding FOC Cases)				203.2	3,587	3,587	100.0%	17.7
Finance Only Cases	FOC01			275				
ICS Finance Only Cases	ICSFREME, ICSFRN & ICSFRS			1,099				
No Assigned Team				2				
Total (Including FOC Cases)					4,963			

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

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

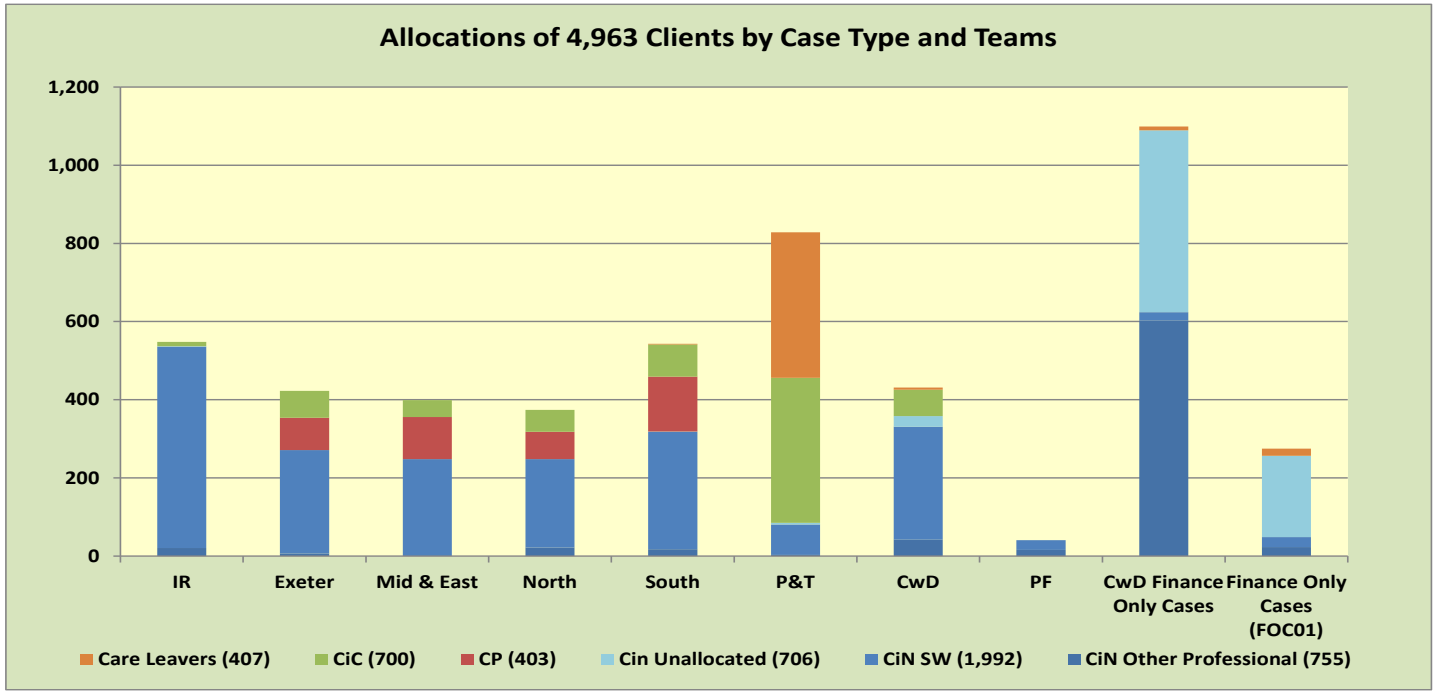
All Team Managers and Assistant Team Managers are excluded from caseload calculations, i.e. they are not case-holding.

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

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

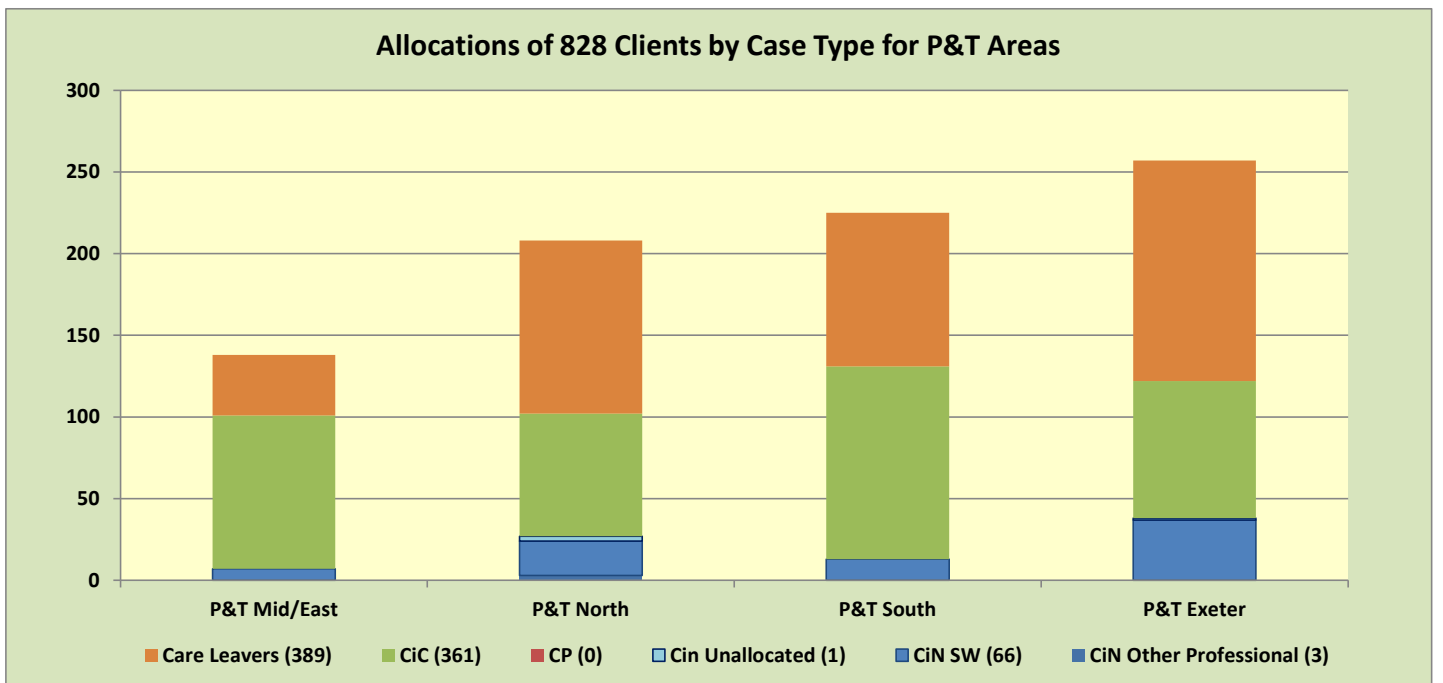
Agenda Item 16

38) Caseloads



The average caseload is now 17.7 consistent with Nov-16 (17.7).
 There is variation in some service areas; comparison between Dec16 and Nov16;
 18.6 from 18.4 in South, 19.2 from 19.6 in North, 14.9 from 16.0 in Mid/East, 15.9 from 16.2 in Exeter, 16.9 from 16.9 in P&T, 18.4 from 16.1 in IR and 22.3 from 22.0 in DCS.
 There is also some discrepancy in team sizes. Work is underway to address this and ensure equity.
 Allocation generally remains good. The proportion of permanent staff continues to increase although there has been an increase in agency staff as a result of maternity and sickness absence.

39) Allocations; P&T teams, Open Cases (828)



SECTION 7

INTERNAL CASE AUDITS

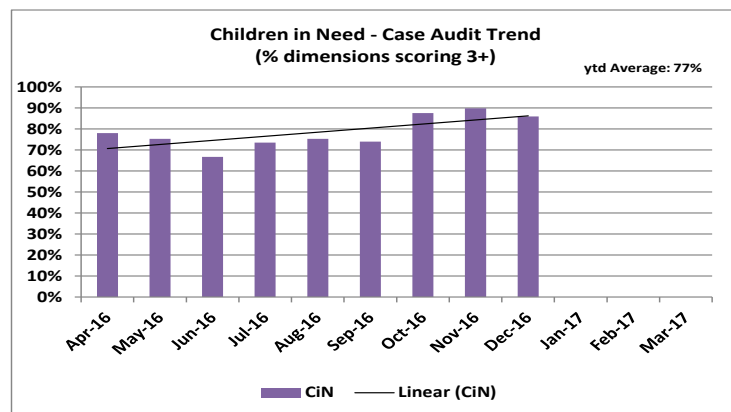
- The overarching aim of the audits is to improve the quality of practice and outcomes for children and young people. The audit considers the quality of the information and recording on the young person's file, the arrangements for the audit include discussion with the Social Worker, the quality of the 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. In the main, scores remain high.
- The new QAF will require that all audits undertaken require a new reporting model.
- There is currently no scrutiny of the quality of the individual audits completed and this will be rectified as part of the new model. A moderating approach will be introduced.
- The audits do not test key practice areas of concern and this needs to be reflected in the new approach (such as placement stability, effectiveness of plans to keep children safe, effective thresholds being applied at CP conferences etc, effective thresholds being applied for initial response allocation, assessments leading to effective intervention in all cases).
- Management oversight scores less well in all areas except leaving care. We are in the process of reviewing the level of management oversight as part of an analysis strategy meetings and section 47s and ICPC practice.
- Concerns are indicated in leaving care visits, assessment of needs and quality of reports.

CASE AUDITS: CHILDREN IN NEED

Of the **38** internal audits completed during Dec-16, **13** relate to Children in Need.

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

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



Audit Standards	Dec-16	
	No's	%
1a: Management scrutiny/oversight	12	92%
2: Experience of child/young person	11	85%
3: Practitioner contact	11	85%
4: Assessment & needs analysis	11	85%
5: Planning for children	11	85%
6: Recording and report writing	11	85%
Number of audit dimensions scored	78	
Number of audits for CiN cases	13	
Overall % judged 'Acceptable' or better	86%	

3+ scores increase for standard 1a, 6 and decrease for standards 2, 3, 4, 5. Overall % 3+ scores decrease **4%** compared to Nov-16.

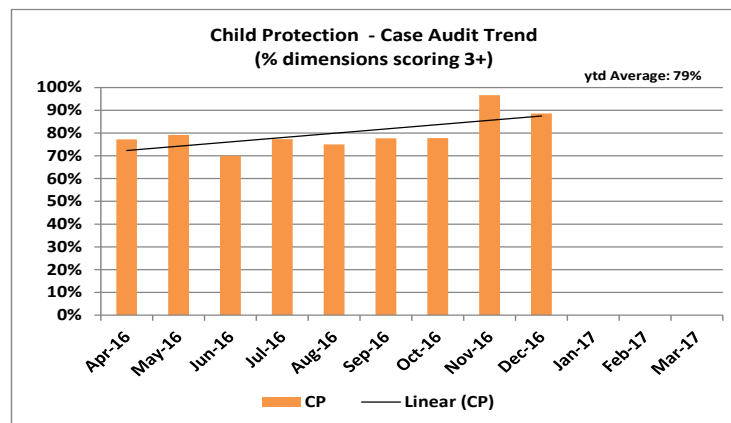
Year to date % of 3+ scores is **77%**.
Dec-16 is **9%** above the year to date average for 3+ scores.

CASE AUDITS: CHILD PROTECTION

Of the **38** internal case audits completed during Dec-16, **10** relate to Child Protection cases.

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

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



Audit Standards	Dec-16	
	No's	%
1a: Management scrutiny/oversight	7	70%
2: Experience of child/young person	9	90%
3: Practitioner contact	9	90%
4: Assessment & needs analysis	9	90%
5: Planning for children	9	90%
6: Recording and report writing	10	100%
Number of audit dimensions scored	60	
Number of audits for CP cases	10	
Overall % judged 'Acceptable' or better	88%	

3+ scores decreases for standards 1a, 2, 3, 4 and increase for standards 5, 6. Overall % 3+ scores have decreased by **8%** compared to Nov-16

Year to date % of 3+ scores is **79%**.
Dec-16 is **10%** above the year to date average of 3+ scores.

CASE AUDITS: CHILDREN IN CARE

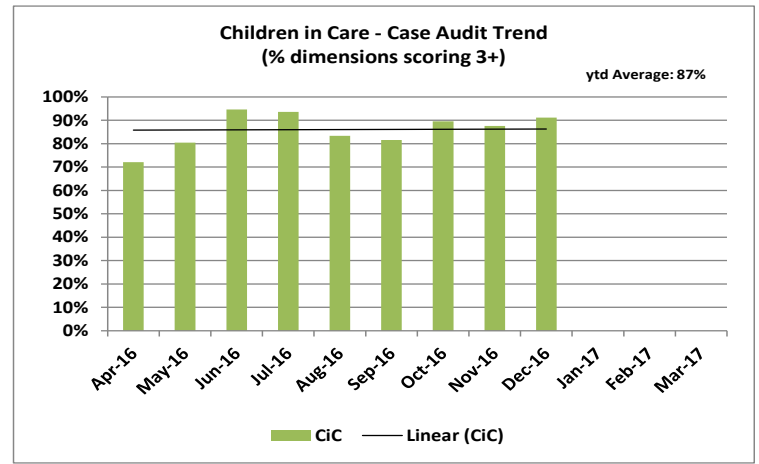
Agenda Item 16

Of the 38 internal case audits completed during Dec-16, 13 relate to a Child in Care.

% judged as 'some', 'many' or 'all standards met in full or exceeded'		
Audit Standards	Dec-16	
	No's	%
1a: Management scrutiny/oversight	10	77%
2: Experience of child/young person	13	100%
3: Practitioner contact	13	100%
4: Assessment & needs analysis	10	77%
5: Planning for children	12	92%
6: Recording and report writing	12	92%
Number of audit dimensions scored	91	
Number of audits for CiC cases	13	
Overall % judged 'Acceptable' or better	91%	

3+ scores for standard 1a, 2, 3, 5, 6 increase with 4 below. Overall % 3+ scores down 2% compared to Nov-16 but overall remains above target.

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

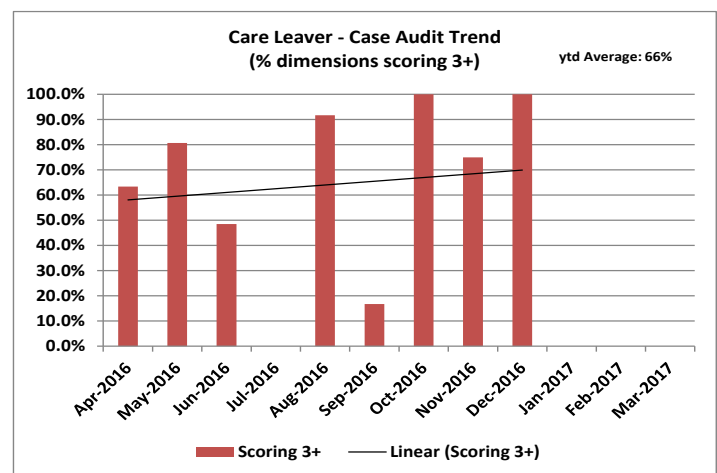


Year to date % of 3+ scores is **87%**. Dec-16 is **3%** above the year to date average of 3+ scores.

Care Leavers

Of the 38 internal case audits completed during Dec-16, 1 has a status of Leaving Care.

% judged as 'some', 'many' or 'all standards met in full or exceeded'		
Audit Standards	Dec-16	
	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	1	
Overall % judged 'Acceptable' or	100%	



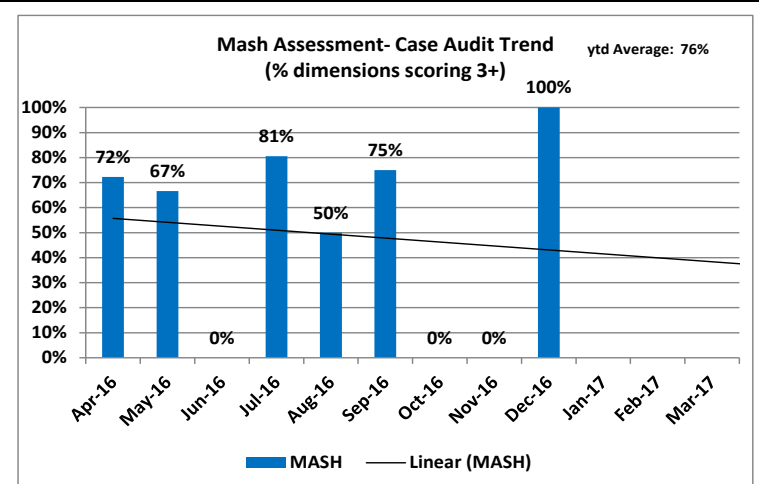
There are 1 Care leaver audits completed for Dec-16. 3+ scores for standards 3, 4, and 6 increase compared to Nov-16.

The year to date average of 3+ scores is **66%** although small numbers audited qualify this analysis.

Assessments

Of the 38 internal case audits completed during Dec-16, 1 is an Assessment.

% judged as 'some', 'many' or 'all standards met in full or exceeded'		
Audit Standards	Dec-16	
	No's	%
1a: Management scrutiny/oversight	1	0%
2: Experience of child/young person	1	0%
3: Practitioner contact	1	0%
4: Assessment & needs analysis	1	0%
5: Planning for children	1	0%
6: Recording and report writing	1	0%
Number of audit dimensions scored	6	
Number of audits for Care Leavers	1	
Overall % judged 'Acceptable' or better	100%	



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

Parent / Carer Feedback Forms:

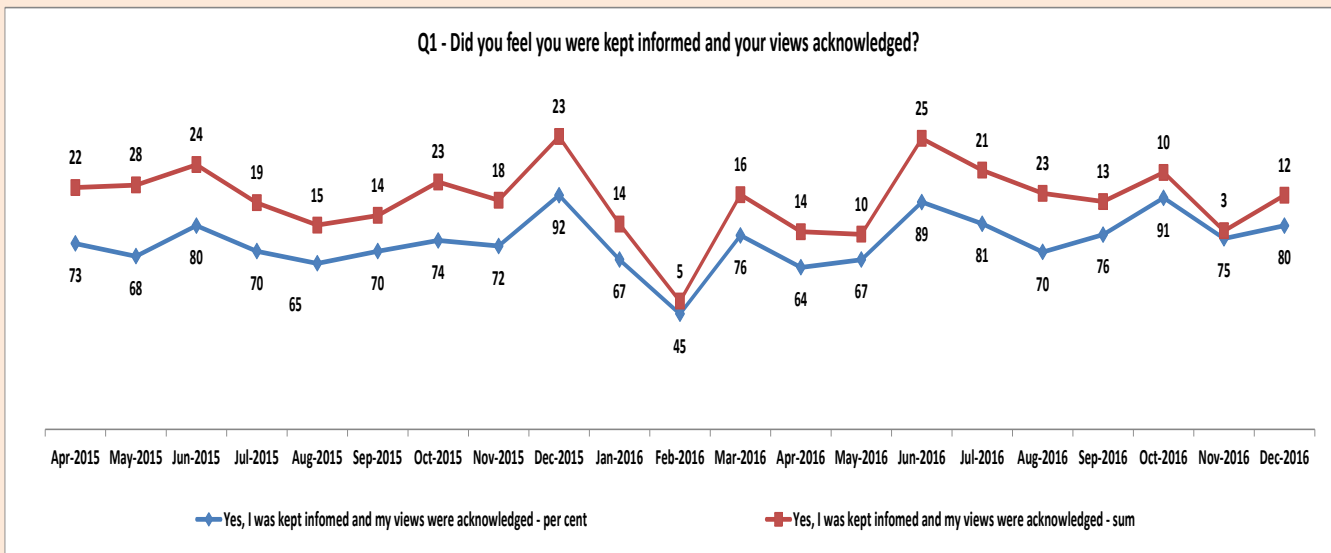
- 15 feedback forms for 25 individual children and young people were received in December 2016 which is 11 forms more than November.
- The feedback covers 15 individual Social Workers.

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

- 81% of respondents in December, report positive feedback against all four involvement indicators compared to 73% for November.
- 7 respondents reported positive feedback with parents/carers reporting they were very appreciative of the support they received.

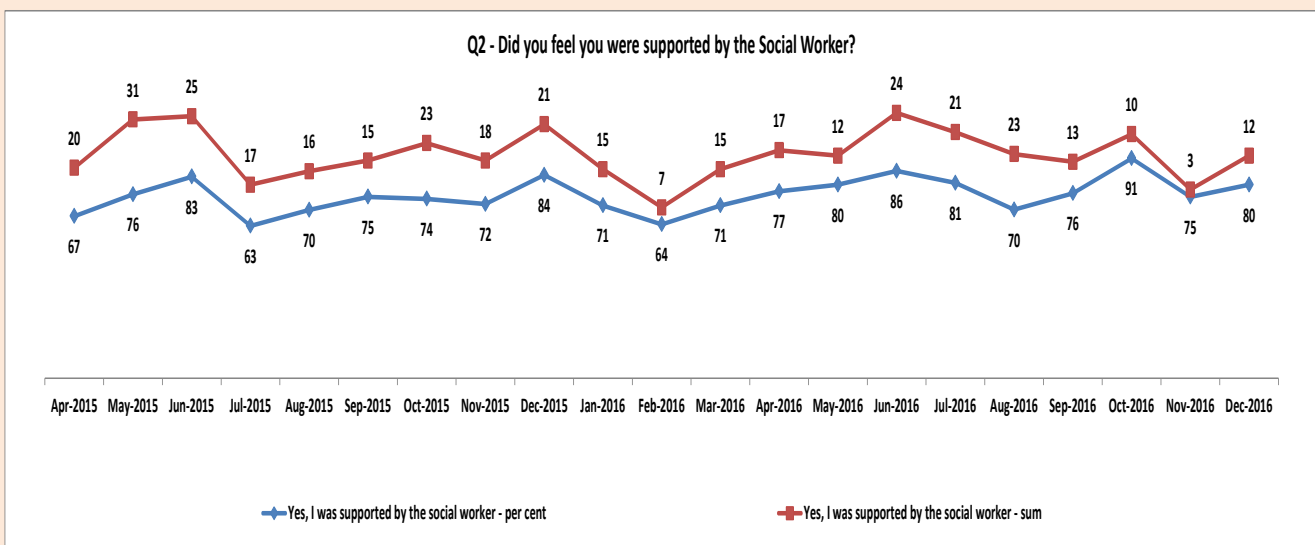
Q1 - Did you feel you were kept informed and your views acknowledged?

- 12 (80%) of respondents reported they were kept informed and their views acknowledged, an upturn of 5% compared to November (75%).
- All respondents completed this indicator.



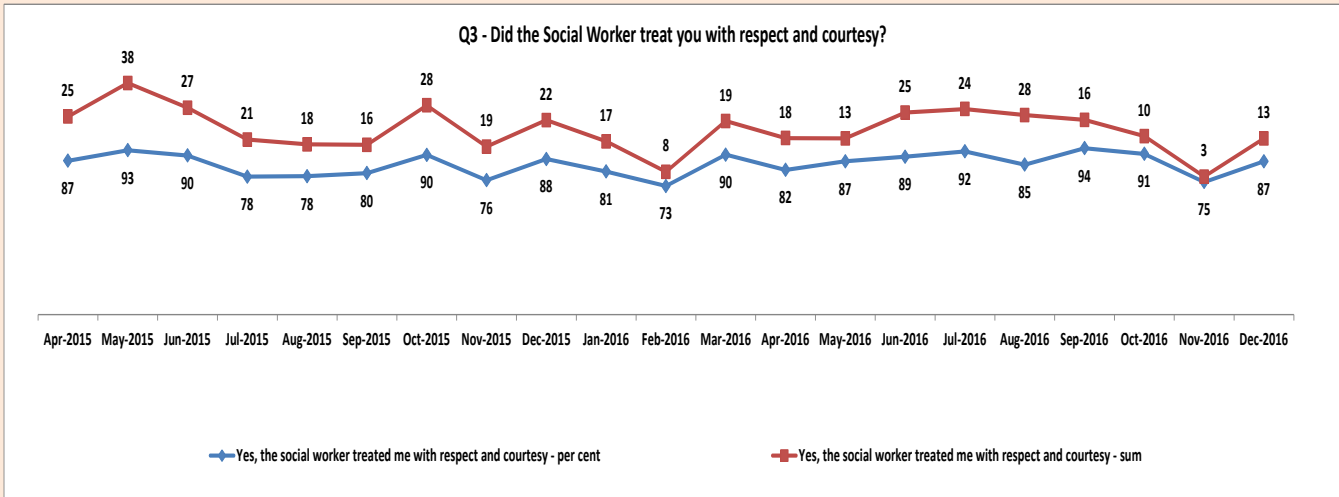
Q2 - Did you feel you were supported by the Social Worker?

- 12 (80%) of respondents reported that they felt supported by their social worker, an upturn of 5% compared to November (75%).
- All respondents completed this indicator.



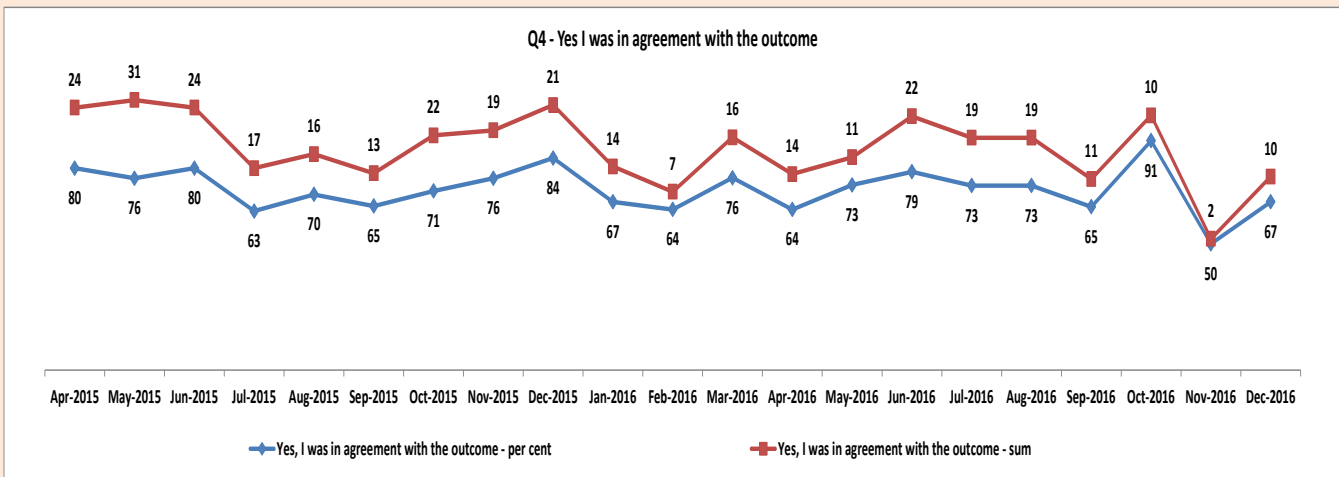
Agenda Item 16

- 15 (87%) of respondents reported they felt their social worker treated them with respect and courtesy, an upturn of 12% compared to November (75%).
- All respondents completed this indicator.



Q4. Were you in agreement with the outcome?

- 10 (67%) of respondents reported they agreed with the outcome an upturn of 17% compared to November (50%).
- 2 (13%) respondents did not complete 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

- “Very understanding, open, honest approach to a traumatic situation, Thank you”
 - “We have had two fantastic Social Workers they are a real credit to your service”.
 - “The Social Worker is very professional, kind and understanding and looks further for what's best for the children, taking their feelings on board, Very Supportive, listens to all sides”
 - “The Social Worker did treat us with respect and courtesy”.
 - “We have not had a social worker for longer than 6 months which is not helpful for Children and Families”.
 - “I am always worried about further communications to my child”.
 - “I do not agree with the outcome, no one listened, we do not agree with the report”.
- 3 respondents did not provide comment.

INDEPENDENT REVIEWING UNIT

**** 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		Nov-16		Dec-16	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. of total meetings	27		30	54%	21	61%	22	36%	25	37%	24	72%	7	60%	23	62%	19	54%
ICPC other Professionals		25%		38%		36%	6	60%	7	59%	7	69%	2	35%	9	35%	7	31%
Health Professionals																		
Total ICPC Attendance		52%		51%		55%	28	48%	33	50%	33	58%	9	54%	32	56%	26	47%
Core Groups other Professionals	66		30	85%	33	75%	30	69%	20	92%	30	80%	21	86%	19	89%	30	100%
Health Professionals		58%		61%		56%		67%		78%	11	77%	3	100%	9	67%	11	100%
Total Core Groups Attendance		67%		80%		70%				86%		79%	24	88%	28	82%	41	100%
Child Protection Reviews other Professionals	109		92	70%	82	72%	99	63%	29	52%	83	47%	67	72%	67	68%	46	65%
Health Professionals		45%		47%		48%	20	76%	8	59%	18	84%	14	55%	14	50%	10	48%
Total CPR Attendance		66%		64%		66%	119	65%	37	53%	101	69%	82	68%	81	63%	55	60%

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

5 IRU monitoring reports for Children in Care received for December.

Changes of Social Worker since last Child in Care Review

Of the 5 monitoring forms returned in December, 1 recorded data on changes in social worker.

Of these, 20% show the child/young person having 1 or more changes of social worker since the last Child in Care review a decrease of 5% since Nov-16.

1 child had a change of 1 SW 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	Nov-16	Dec-16
% of QA Forms completed in the month that indicate 1 or more changes in Social Worker since the last CiC review	38.7%	36.5%	27.7%	27.5%	18.1%	30.0%	32.1%	25.0%	20.0%

The IRU monitoring form has been updated and has now gone live on Care First. IROs are required to complete this in every case. This will provide more opportunities for reporting in respect of children’s participation in reviews, resolution of any escalated issues using the dispute resolution process. This will pick up the number of escalations as well as themes and the speed with which these are responded to.

Performance Report – December 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 1) is structured under the current adult vision priority areas to highlight areas of good performance and where improvement and further development are needed. Targets are set annually in line with 'good' Local Authorities in order to promote performance improvement. Forty six performance indicators are reported within the APF of which 32 have annual targets set. Performance against these indicators is RAG rated as follows: 17 (53.1%) are green, 6 (18.8%) are amber (1-5% from target) and 9 (28.1%) are red (more than 5% from target).

The Adult Care and Health Management Information Team supplement the over-arching performance framework with a suite of comprehensive weekly and monthly data and information reports to support managers with their management and oversight of priority areas.

The performance commentary in this report reflects the reported position as at December 2016 (Quarter 3).

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

Are we keeping people safe?

We believe that safeguarding in Devon is performing well. The number of safeguarding concerns starting has been reducing steadily over the last 12 months, whilst the number moving on to the enquiry stage has increased marginally over Quarter 2. A key area in adult safeguarding is 'Making safeguarding personal and meeting the preferred outcomes of the individual'. Current performance is at the 90.0% target and further changes have been introduced to ensure the outcomes for the individuals concerned are captured at the start of a process and reviewed as met or partially met at the end.

Service user perceptions are collected annually as part of the Social Care User Survey. There are two national indicators relating to safeguarding vulnerable people and protecting them from avoidable harm. Despite an improvement in performance against both these measures service users in Devon still feel less safe than those in other areas of the region and England.

The Deprivation of Liberties safeguards (DOLs) team continue to manage the substantial increased demand for authorisations in Devon. This picture is reflected nationally, following the Cheshire West ruling, and Devon's performance is similar to statistical and regional neighbours for requests. Our completion rate may be less due to lower staff resource than comparators, for example; Dorset has comparable core staffing but maximises its completion rate via the use of additional independent assessors. We ensure that resources are focused on individuals with the highest priority need by adopting the ADASS recommended triage tool in conjunction with locally agreed priority groups. This also enables cases requiring application to the Court to be readily identified and actioned. This area is actively monitored, and is identified on the corporate risk register as KS14 'The Council fails to meet its statutory obligations and individuals are put at unacceptable risk'.

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

The quality of services commissioned in Devon is good, and based on the outcomes of CQC inspections is now ahead of regional and national comparators. As at 31 December 2016, 262 (83.7%) Residential and Nursing Care Homes and 77 (87.5%) community based adult social care

Agenda Item 17

providers inspected under the revised CQC inspection regime were judged to be either Outstanding or Good.

The number of “quality suspensions” with providers peaked in March (12) and is currently at 6 across the county. In these instances there is a multi-agency Quality Assurance Improvement approach which responds proactively and in circumstances where quality or safety issues have emerged through inspection or safeguarding enquiries. Our approach to quality improvement is to identify quality risks early and intervene and support as a preventative measure in collaboration with providers.

Personal care supply remains a challenge in some areas of Devon, particularly the Eastern locality. Weekly tracking takes place of personal care packages not arranged in a timely way and this is reviewed in a weekly telephone call with NHS partners and our lead providers for ‘Living Well at Home’, the new personal care framework. As reported previously there has been a 6.1% increase in demand for personal care over the last 2 years and it is important to place supply and availability of care in this context. This area of concern is logged on the corporate risk register as TG11 ‘The Council fails to meet its statutory market sufficiency requirement for personal care placing individuals at risk in the community or hospital setting’.

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

Are we enabling people to be independent for longer?

One of our key priorities is to promote independence at all stages of the social care pathway. We do this by creating the conditions where people and communities are able to help themselves (Prevention); making independence the key outcome of all services and a core principle of a shared culture (Integration); resolving needs of individuals through information, advice and signposting (First Contact); following a strengths based approach of the individual, their family, social networks and community (Assessment); extending the reach, and improving the effectiveness of available short-term interventions, and moving to outcome based commissioning where recovery of independence is a default expectation.

Feedback from service users and carers is captured through statutory surveys. During 2015-16, the DCC website was undergoing change with some of the web-links not working correctly, which adversely affected service user perceptions on the ease of access to information and support. Good quality information and advice is an essential feature to effectively manage demand and improvements have been made, including ‘Pinpoint’ as the on-line directory of services across Devon.

Our performance benchmarking indicates Devon has both a greater incidence of people contacting the authority for support and a higher level of spend on those eligible for support from the Council. In September we introduced a ‘proof of concept’ in Northern Devon, which has been successful in reducing handoffs between care direct and Care Direct Plus. This approach ensures that people who make repeat contact with adult social care receive a timely and resolution focused response. From 20th February this has been extended to the Southern and Western areas of Devon. If successful this will help create productive staff capacity.

Are we supporting carers well?

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 for the national measures of Carer Self Directed Support (Personal Budgets) and Direct Payments.

Feedback from carers is captured every other year through the national Survey of Adult Carers, which enables performance to be benchmarked nationally, regionally and against statistical neighbours; Devon performs well and better than comparator groups. However, the overall

satisfaction of carers declined in 2014-15, which coincided with the consultation on changes to the Carers Offer to make it Care Act compliant. The next Carers Survey will take place once again during 2016-17 with results available in May 2017.

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

Are we extending choice and control?

Devon performs very well in the areas of self-directed support (giving people a 'Personal Budget') and use of direct payments for those people in receipt of services, comparing better than regional and national comparators. Devon service users also report high levels of feeling they have 'control over their daily lives' in the Adult Social Care User Survey and again Devon is better than its comparator group and nationally.

Do we help keep people out of hospital wherever possible?

Delayed transfers of care (DToC) remain an area of concern with significant pressure within the health and care system, particularly with regard to 'further non-acute NHS care'. This reflects national pressures which are being addressed in Devon through work with NHS partners in the Sustainability and Transformation Plan (STP) to develop a 'new model of care' and improve length of stay activity in acute hospitals. When looking at all NHS and social care delays Devon is performing worse than the England and comparator average for both indicators, although the proportion of delays attributable to social care only is less than comparators.

Our improvement work for hospital delays is overseen by the locality level Accident and Emergency Boards and work continues to improve and strengthen action plans that have been developed as part of the Better Care Fund arrangements. This is overseen by the Devon wide Accident and Emergency (A&E) Board

We have an effective Social Care Reablement offer with approximately 90% of people accessing the service requiring no further social care support after this short term intervention. Further work with our NHS partners continues, as we explore opportunities to further develop the reablement offer and Rapid Response service into a more aligned service. This will focus on promoting independence which maximises the existing capacity of the separate services and looks to develop new capability and improve the effectiveness and reach of these services. It will enhance short term interventions to enable people to remain safe and well out of hospital or return home with the right level of support from hospital in a timely way.

Do we help people to remain at home wherever possible?

Devon is good at keeping people at home rather than placed into a residential or nursing care setting. We are better (make fewer placements) than our national and comparator authorities for making permanent admissions into a residential or nursing care home.

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

Are we delivering an effective care management service?

From our performance data we are aware that we need to make improvement in some areas of this vision. Assessments being completed within 28 days and completion of Annual Reviews are below our 2016/17 targets. As these are 'local' targets we aren't able to compare ourselves to other authorities. Since August 2016, a range of actions have been implemented to make improvements in practice and streamline arrangements for front line staff which are designed to have a positive impact on these indicators. Weekly and monthly data and information reports are produced to support managers with their management and oversight of this priority area.

Our 'proof of concept' work in Northern and Southern Devon is changing how the service responds to people who have already had contact with adult social care. The revised model will direct people

Agenda Item 17

or referrers to staff at Care Direct Plus where there is a more immediate and timely response to help with the presenting issue and ensure wherever possible the individual is able to use their own resources and local community capacity to resolve needs, or where necessary to respond to eligible social care needs. This should reduce demand within the service and improve performance.

There are 2 entries on the Corporate Risk Register that impact on this vision Priority: KS19 'The Council fails to meet its statutory obligations to ensure Continuing Health Care (CHC) is appropriately assessed by the NHS' and KS20 'The Council fails to meet its statutory obligations for the timeliness of assessment for adults'. All risks are appropriately mitigated and reviewed on a monthly basis.

Are we helping people to improve their lives?

From our performance data, we know people with a learning disability or using mental health services are more likely to be in stable accommodation than people regionally or nationally. People with a learning disability are also far more likely to be in paid employment than people regionally or nationally. For people using mental health services we are meeting the 2016/17 employment target and compare well nationally, but our regional and comparator groups are higher.

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

Our recorded sickness absence levels are currently good and below the 2016/17 target. The highest incidence of recorded sickness is psychological/mental health and accounts for approximately 35% of lost time.

Devon has a good qualification profile of its social care workforce with over 28.3% qualified to NVQ Level 4 or above. And in November approximately 81% of expected supervision had taken place.

From published data, we know turn-over rates for Senior Social Workers is higher in Devon than nationally, whilst for Occupational Therapists Devon is slightly under the national average.

6 Risk Management

Risk management arrangements are well embedded within adult social care and health with the Head of Service Risk Registers reviewed by the respective management teams on a monthly basis. The process for escalation of high level risks for consideration at by the Care and Health Leadership Team works well with the Corporate and Leadership Team Risk Registers reviewed monthly.

No new risks have been escalated to the Corporate Risk Register during this period.

Tim Golby
Head of Adult Commissioning and Health

Keri Storey
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
December 2016**

Agenda Item 17

Vision Priority 1: To ensure that people using services feel safe	
1.1	Are we keeping people safe?
	<ul style="list-style-type: none"> 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?
	<ul style="list-style-type: none"> 1.2.1 Is there sufficient 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?:
Vision 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?
	<ul style="list-style-type: none"> 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?
	<ul style="list-style-type: none"> 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?
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?
	<ul style="list-style-type: none"> 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?
	<ul style="list-style-type: none"> 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 Is the reablement and rehabilitation of older people being discharged from hospital effective? 3.2.6 Is 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?
	<ul style="list-style-type: none"> 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 Is there 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?
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?
	<ul style="list-style-type: none"> 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?
	<ul style="list-style-type: none"> 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?
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?
	<ul style="list-style-type: none"> 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
Vision Priority 6: To ensure that strategic planning and commissioning of adult social care services is integrated with the NHS and other partners	
6.1.	

Adult's Services APF Scorecard - December 2016								
		2015/16 Benchmarking				2015/16 ACS Targets	2016/17 ACS Targets	2016/17 December Performance
Code	Title	Devon	Regional	Comparator	England	Devon Target 2015/16	Devon Target 2016/17	Performance @ Dec 2016
Vision Priority 1: To ensure that people using services feel safe								
1.1 We are 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	364
L25	Safeguarding alert volumes	N/A	N/A	N/A	N/A	N/A	No Target	2,140
L26	Whole service investigation volumes	N/A	N/A	N/A	N/A	N/A	No Target	8
APF 1.1.4	Making Safeguarding Personal - meeting preferred outcomes	N/A	N/A	N/A	N/A	N/A	No Target	26.5%
1.2 We commission services which are affordable, sufficient 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	164
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 graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	N/A	54.0%	N/A	N/A	No Target	66.0%	85.0%
Vision Priority 2: To reduce or delay any need for long term social care and support								
2.1. We are enabling people to be independent for longer								
3D part 1	People who find it easy to find information about support	70.0%	73.3%	72.4%	73.5%	71.0%	74.5%	70.0%
2.2 We are supporting carers well								
1D	Carer reported quality of life	8.1	7.9	7.8	7.9	8.2	8.2	(14/15) 8.2
1I part 2	Carers who reported that they had as much social contact as they would like	39.0%	36.4%	35.6%	38.5%	45.0%	39.0%	(14/15) 39.0%
NI135	Carers receiving needs assessment/ review/ and a specific carer's service, or advice and information	N/A	N/A	N/A	N/A	N/A	No Target	45.8%
1C Part 1 b	Carers receiving self-directed support	70.9%	55.4%	60.7%	77.7%	No Target	89.4%	98.3%
1C Part 2 b	Carers receiving direct payments for support direct to carer	44.4%	44.4%	55.2%	67.4%	No Target	66.9%	43.1%
APF 2.2.8	Number of Carers being identified / assessed	N/A	N/A	N/A	N/A	N/A	No Target	6,684
3B	Overall satisfaction of carers with social services	41.4%	41.9%	40.8%	41.2%	46.1%	41.9%	(14/15) 41.4%
3C	Carers who report that they have been included or consulted in discussion about the person they care for	73.0%	72.2%	73.0%	72.3%	73.7%	73.7%	(14/15) 73.0%
Vision Priority 3: To expand the use of community based services and reduce the use of institutional care								
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%	87.8%
1C Part 2 a	Adults receiving direct payments	30.6%	28.5%	30.4%	28.1%	No Target	33.5%	33.7%
1B	People who have control over their daily life	76.8%	78.8%	77.7%	76.6%	79.0%	79.9%	76.8%
APF 3.1.4	% variance from Estimated Budget to Agreed Budget	N/A	N/A	N/A	N/A	N/A	No Target	5.8%
APF 3.1.4	Average agreed budget	N/A	N/A	N/A	N/A	N/A	No Target	£284.19
NI133	Waiting times for Services	N/A	N/A	N/A	N/A	N/A	94.8%	95.4%

Agenda Item 17

3.2. We help keep people out of hospital wherever possible								
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	20.49 (Nov)
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	6.53 (Nov)
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%	89.9%
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	1.9%
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%	91.2%
3.3 We help people to remain at home wherever possible / 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	12.4
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	522.3
Vision Priority 4: To ensure that people have a positive experience of social care services								
4.1. We are delivering an effective care management service								
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%	61.4%
L37	Annual review - reviewable services	N/A	N/A	N/A	N/A	75.0%	75.0%	52.6%
APF 4.1.3	Practice Quality Review - Percentage of requested cases completed	N/A	N/A	N/A	N/A	N/A	No Target	26.6%
APF 4.1.3	Practice Quality Review - Number completed (Number requested)	N/A	N/A	N/A	N/A	N/A	No Target	25 (94)
L74a	Proportion of safeguarding strategy meetings/agreements held within 7 working days	N/A	N/A	N/A	N/A	80.0%	80.0%	53.4%
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%	82.0%
L27	Mental Capacity Act assessments completed	N/A	N/A	N/A	N/A	N/A	No Target	1,892
4.2 We are improving peoples lives OR We are helping people 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%	73.8%
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%	66.1%
1E	Adults with a learning disability in paid employment	7.3%	7.0%	6.4%	5.8%	8.0%	8.0%	7.4%
1F	Adults with secondary mental health services in paid employment	5.6%	9.4%	9.0%	6.7%	7.4%	6.7%	8.0%
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
Vision Priority 5: To ensure the social care workforce								
5.1. We have a workforce which is well trained and competent to meet the needs of service users and carers								
L21	Percent of working days lost to sickness	N/A	N/A	N/A	N/A	4.8%	4.5%	3.2% (Nov)
L23	Staff supervision meetings	N/A	N/A	N/A	N/A	100.0%	100.0%	81.4% (Nov)

Summary Facts and Figures at 31 Dec 2016

Reporting Period	01/01/2016		to		31/12/2016	
Population	<18	18-64	65+	85+	Total	Age Unknown
Devon	114,905	437,214	185,937	27,246	738,056	n/a
Eastern	56,882	223,569	88,565	13,588	369,016	n/a
Northern	25,138	89,051	39,506	5,251	153,695	n/a
Southern	32,885	124,594	57,866	8,407	215,345	n/a

	<18	18-64	65-84	85+	Total	Age Unknown	
Care Direct Contacts	n/a	n/a	n/a	n/a	95,602	n/a	<i>Number of calls answered during the period</i>
Clients	n/a	8,586	9,597	7,387	25,739	169	<i>Client numbers based on clients with an Assessment or Service in Period</i>
Assessments							
Assessments: Active in Period	n/a	n/a	n/a	n/a	35,377	n/a	<i>Assessments that were started or completed within the period or started before and still open during the period</i>
Assessments: Started in Period	n/a	n/a	n/a	n/a	32,790	n/a	<i>Assessments that were started within the period</i>
Assessments: Completed in Period	n/a	n/a	n/a	n/a	31,727	n/a	<i>Assessments that were completed within the period</i>
Services							
Residential	n/a	n/a	n/a	n/a	3,611	n/a	<i>DCC funded Residential clients (clients may be counted across service types)</i>
Nursing	n/a	n/a	n/a	n/a	823	n/a	<i>DCC funded Nursing clients (clients may be counted across service types)</i>
Community-Based	n/a	n/a	n/a	n/a	10,354	n/a	<i>DCC funded Community based clients (clients may be counted across service types)</i>
Direct Payments - Users	n/a	1,774	780	647	3,201	0	<i>Direct Payment Clients in Period</i>
Direct Payments - Carers	n/a	401	329	56	818	32	<i>Direct Payment Carers in Period</i>
Short Term to Maximise Independence	n/a	n/a	n/a	n/a	1,252		<i>DCC funded Short Term to Maximise Independence clients</i>
Social Care Reablement	n/a	n/a	n/a	n/a	162	n/a	<i>*Monthly - All referrals with an outcome of 'Provide Service'</i>
Community Enabling	n/a	n/a	n/a	n/a	26	n/a	<i>*Monthly - All referrals with an outcome of 'Provide Service'</i>
Safeguarding concerns/enquiries	n/a	n/a	n/a	n/a	2,140	n/a	
Carers	n/a	2,196	1,903	325	4,572	148	<i>Numbers of Carers identified from Carer Assessments</i>
Providers (regulated)	n/a	n/a	n/a	n/a	358	n/a	
Residential Providers	n/a	n/a	n/a	n/a	289	n/a	
Nursing Providers	n/a	n/a	n/a	n/a	69	n/a	
Community-Based Providers	n/a	n/a	n/a	n/a	490	n/a	
Residential Beds	n/a	n/a	n/a	n/a	2,905	n/a	
DCC Staff in previous year							<i>From the November 2016 extract, operations Adult Mental Health staff have moved to Commissioning</i>
ACS Head Count	n/a	n/a	n/a	n/a	1,172	n/a	
ACS FTE	n/a	n/a	n/a	n/a	913	n/a	
SCC Head Count	n/a	n/a	n/a	n/a	178	n/a	
SCC FTE	n/a	n/a	n/a	n/a	154	n/a	
DCC Staff in last month							<i>From the November 2016 extract, operations Adult Mental Health staff have moved to Commissioning</i>
ACS Head Count	n/a	n/a	n/a	n/a	1,172	n/a	
ACS FTE	n/a	n/a	n/a	n/a	913	n/a	
SCC Head Count	n/a	n/a	n/a	n/a	178	n/a	
SCC FTE	n/a	n/a	n/a	n/a	154	n/a	

Agenda Item 17

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

1. 1 Are we keeping people safe?

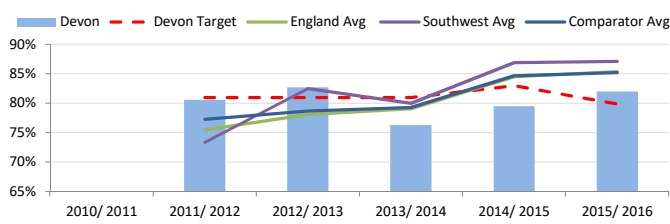
Summary of Performance (Insight and Impact analysis) -

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 2,913 at the end of December. 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 for 2015/16 are now available and included.

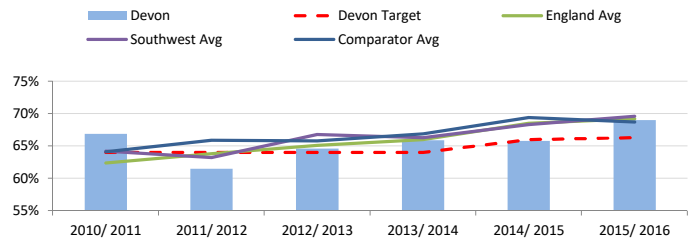
Headline Performance for Devon

Headline Performance for Devon

4B: Proportion of service users who say those services made them feel safe



4A: Proportion of service users who feel safe

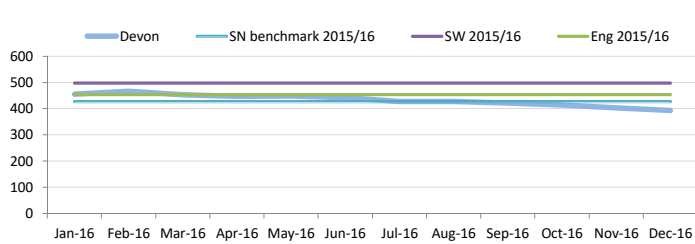


4B	2012/2013	2013/2014	2014/2015	2015/2016	15/16 Target	England Avg 15/16	SW Avg 15/16	Comp. Avg 15/16	4A	2012/2013	2013/2014	2014/2015	2015/2016	Target 15/16	England Avg 15/16	SW Avg 15/16	Comp. Avg 15/16
Devon	82.7%	76.3%	79.50%	82.00%	79.90%	85.40%	87.10%	85.20%	Devon	64.6%	65.9%	65.80%	69.00%	66.30%	69.20%	69.60%	68.70%

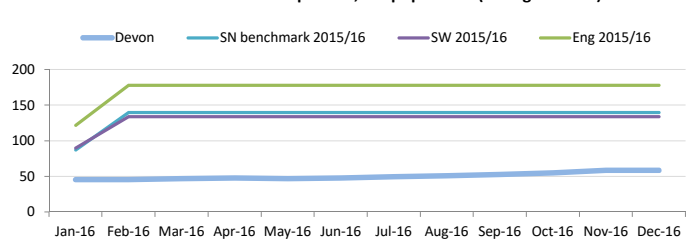
1.1.3 Is our use of Deprivation of Liberties Standards proportionate?

Headline Performance for Devon

Rate of DOLS applications per 100,000 population (rolling 12 mths)



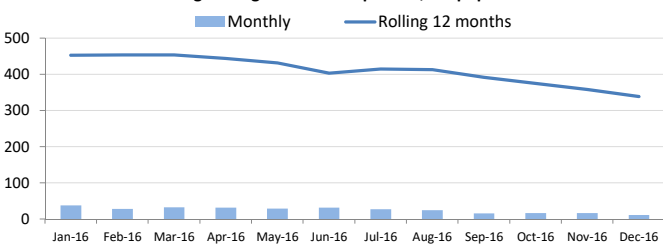
Rate of DOLS authorisations per 100,000 population (rolling 12 mths)



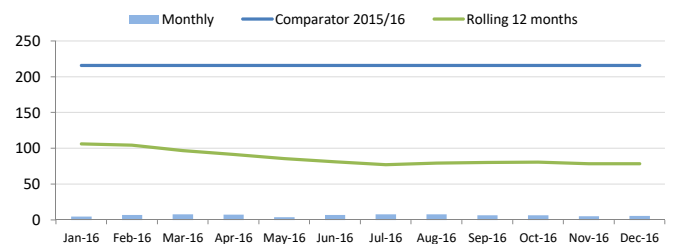
1.1.4 Are safeguarding concerns and enquiries increasing?

Headline Performance for Devon

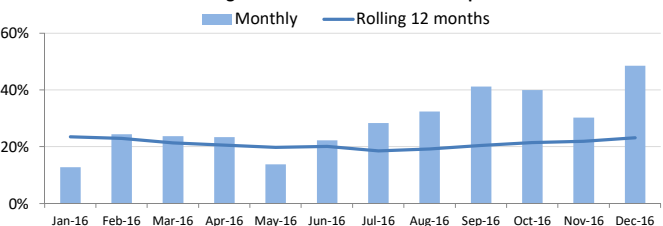
Safeguarding concern rate per 100,000 population



Safeguarding enquiry rate per 100,000 population



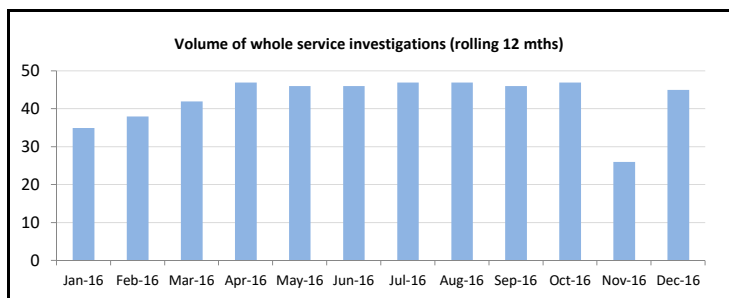
Percentage of Concerns that move to Enquiries



Outcomes of Safeguarding Concerns (rolling 12 mths)

	All concerns		s42 Concerns	
No further action	469	37.5%	32	9.5%
NFSA - info & advice	304	24.3%	26	7.7%
NFSA - social care assessment	220	17.6%	25	7.4%
Proceed to enquiry	259	20.7%	254	75.4%
Total	1252		337	

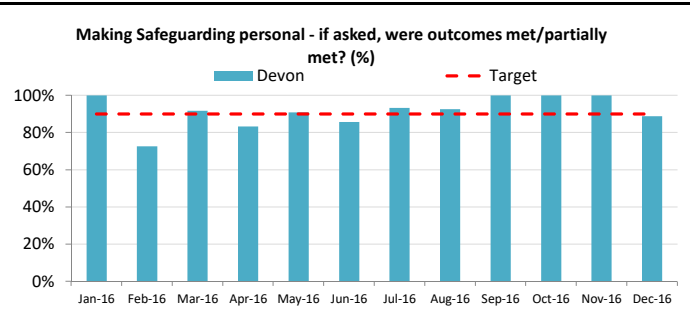
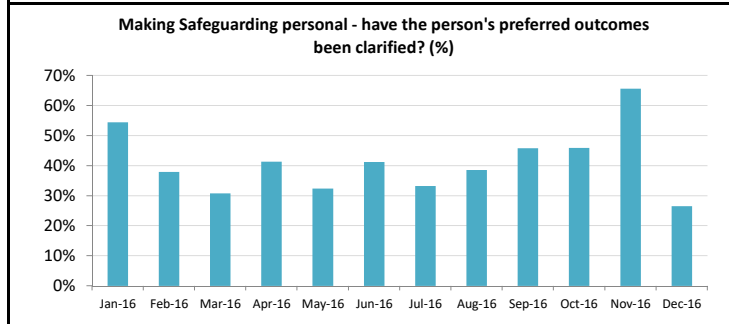
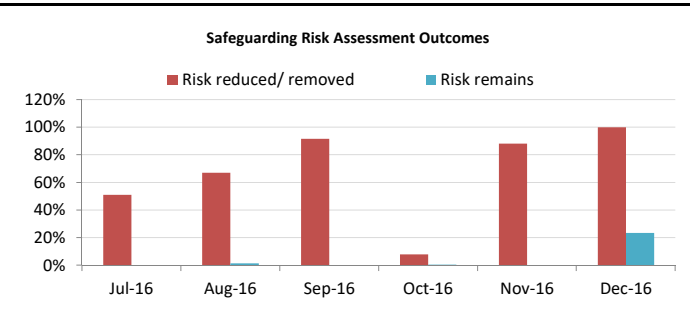
No further safeguarding action (NFSA)



Whole Service Safeguarding Prevention data under development

Safeguarding Risk Assessment Outcomes - 6 mths to end December 2016

Risk Identified	153
Risk Identified %	64.8%
No Risk identified/inconclusive	23
No Risk identified/inconclusive %	9.7%
Ceased at individual request	12
Ceased at individual request %	5.1%



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

Summary of Performance (Insight and Impact analysis) -

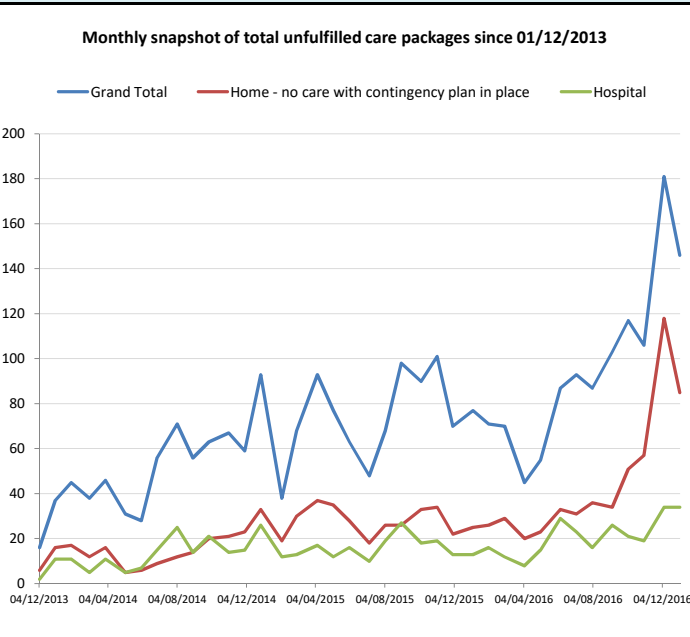
The Care Quality Commission (CQC) changed its inspection regime in October 2014. Quality is assessed by the percentage of social care providers rated Good or Outstanding by CQC. Figures show active organisations only (i.e. not inactive or de-registered organisations). Performance has steadily been improving and was at 84.6% (1 Dec 2016) which is higher than both the rate for the South West region (79.9%) and the rate for England (75.1%). Quality for community based providers (89.3%) is higher than for the residential care sector (83.3%), though the gap between these is steadily closing. There has been a small rise in Quality advisory notices this month, and a fall in Safeguarding suspensions and advisory notices.

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 03-01-2017. There were a total of 146 people with unfulfilled care packages that week, of which 38 were new to the list in that week. As at the end of December 2016 there were 4097 people in receipt of personal care, meaning UCPs represent 3.56% of personal care clients. Whilst Eastern has the most Unfulfilled packages of care, Eastern has 2 cases 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	43	2	35	80	37
Between 4 & 7 Weeks	23	1	15	39	0
Between 8 & 11 Weeks	12	1	1	13	1
Between 12 & 15 Weeks	6		1	7	0
Between 16 & 19 Weeks	2			2	0
23 Weeks			1	1	0
24 Weeks			1	1	0
26 Weeks	1			1	0
29 Weeks	2			2	0
Grand Total	89	4	53	146	38



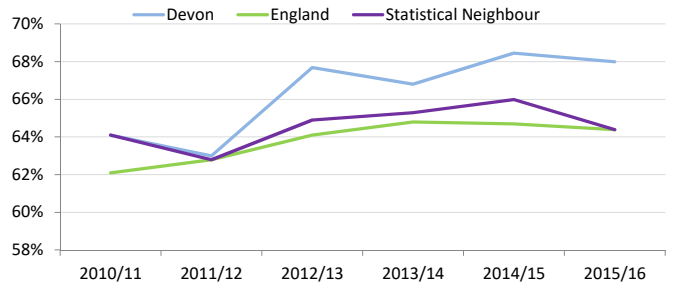
Agenda Item 17

1.2.2 Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?

ASCOF 3A: overall satisfaction of people who use services with their care and support

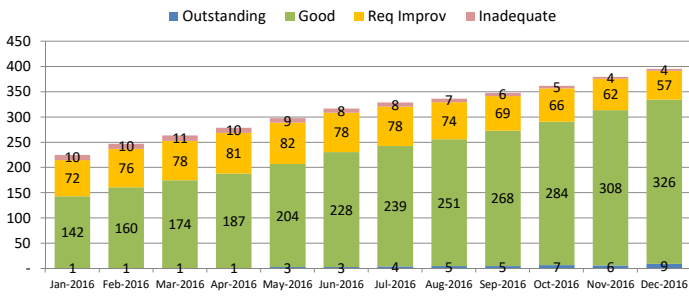
3A	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Devon	64.10%	63.00%	67.70%	66.80%	68.45%	68.00%
England	62.10%	62.80%	64.10%	64.80%	64.70%	64.40%
SN	64.10%	62.80%	64.90%	65.30%	66.00%	64.60%

3A Overall satisfaction of people with their care and support

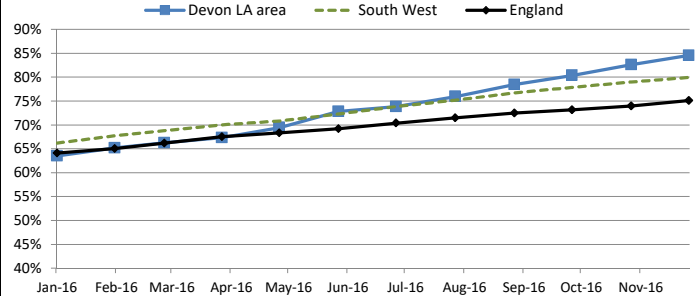


As determined by the regulator? CQC Inspections

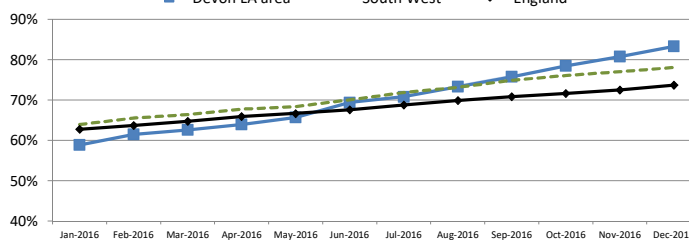
Devon - New Style Inspection Results (Cumulative to date)



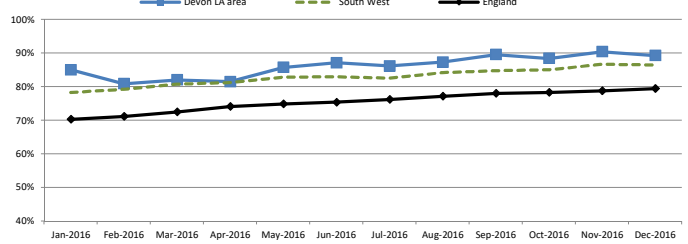
Overall Outstanding or Good Rating



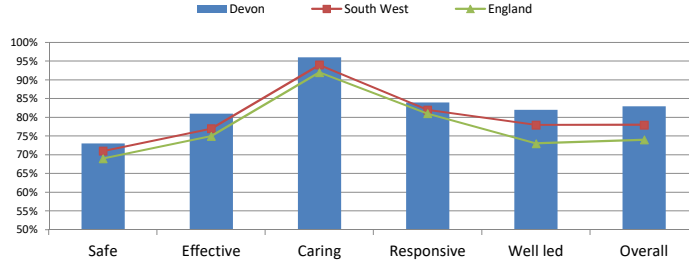
Overall Outstanding or Good Rating Residential Social Care



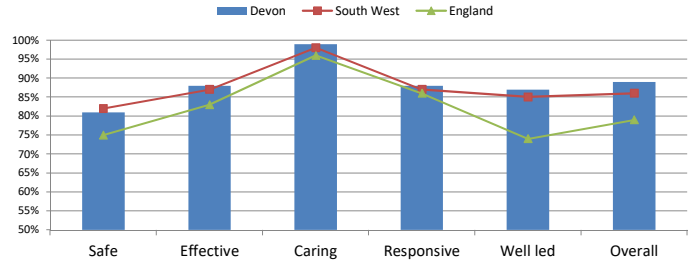
Overall Outstanding or Good Rating Community Based Adult Social Care



Residential Social Care - % rated Outstanding or Good, by domain

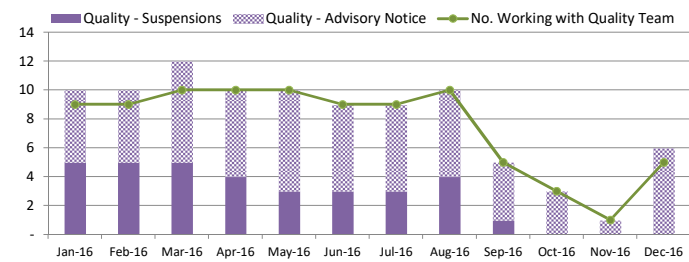


Community Based Social Care - % rated Outstanding or Good, by domain

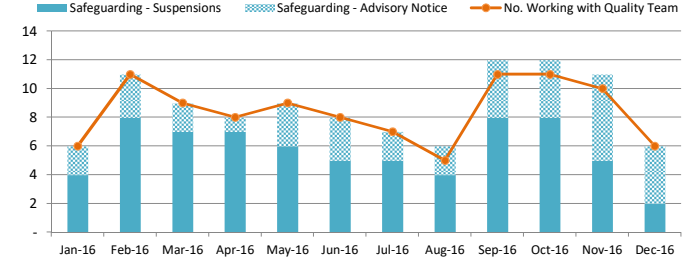


As determined by Devon? Quality Assurance and Improvement Team (QAIT)

Quality Provider Placement Suspensions



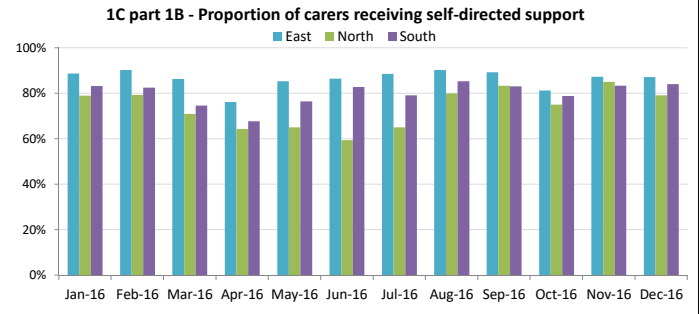
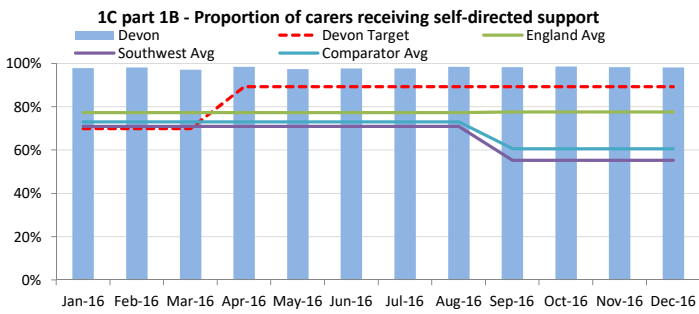
Safeguarding Provider Placement Suspensions



Vision 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?												
Summary of Performance (Insight and Impact analysis) -												
Following feedback this area is being re-developed and will be available later in Quarter 3.												
2.1.4 Do people find it easy to access information and advice?												
Headline Performance for Devon												
	2011 / 12	2012/ 13	2013/ 14	2014/15	2015/16	Target						
3D - Proportion of people who use services an carers who find it easy to find informaiton about services	76.1	73.1	73.1									
3D1 - Proportion of people who use services who find it easy to find information about services			74.6	74.7	70	71						
3D2 - Proportion of carers who find it easy to find information about services				66.1								
							3D1 Proportion of people who use services who find it easy to find information about services 					
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 6864 Carers Assessments have been started, of which 6971 had been completed by 31st October 2016. Of the completed assessment forms during 2015/16 49.47% had an outcome of Social Care offer. Feedback from carers is captured biennially 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.												
2.2.1 Are carers saying their quality of life is improving?					2.2.2 Are people getting enough social contact?							
1D Carer reported Quality of Life 					1I part 2 - Proportion of carers who reported that they had as much social contact as they would like 							
1D	Devon 2013/14	Eng 13/14	SW 13/14	Devon 2014/15	Eng 14/15	SW 14/15	Devon Target	1I pt 2	2014/15	Target 16/17	Eng 14/15	SN 14/15
	8.2%	8.1%	8.1%	8.1%	7.9%	7.9%	8.20%	Devon	39	39	38.5	35.6
2.2.3 Are carers being assessed receiving a service as a result?												
N135 - Carers receiving needs assessment / review and a specific carer's service 					Carer Assessment outcomes - based on new form implemented April 2016 							
N135	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16				
Devon	55.37%	50.84%	49.64%	49.46%	49.02%	48.02%	47.11%	45.81%				

Agenda Item 17

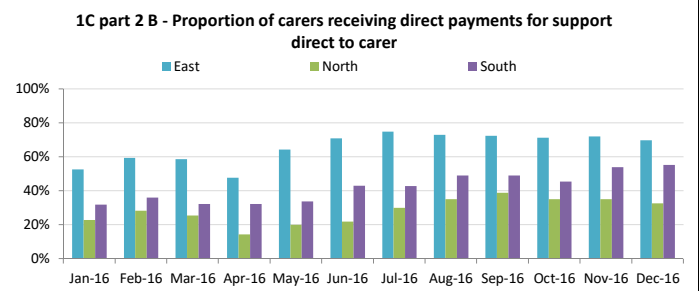
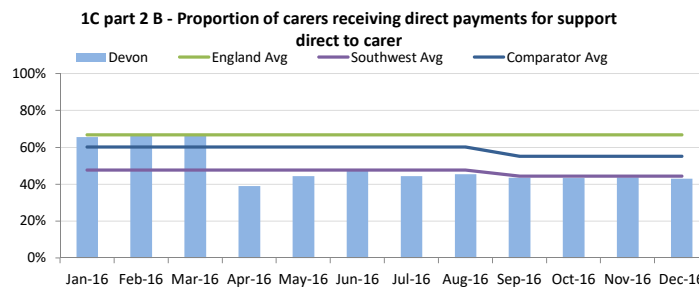
2.2.4 What proportion of carers receiving a service do so via a personal budget?



1C pt 1B	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	16/17 Target	Eng 15/16	SW 15/16
Devon	97.20%	98.39%	98.65%	98.33%	98.30%	89.40%	77.70%	55.40%

1C pt 1B	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	86.22%	86.42%	88.52%	90.27%	89.19%	81.18%	87.30%	87.15%
North	70.91%	59.38%	65.00%	80.00%	83.33%	75.00%	85.00%	79.07%
South	74.58%	82.80%	79.17%	85.29%	83.00%	78.85%	83.33%	84.04%

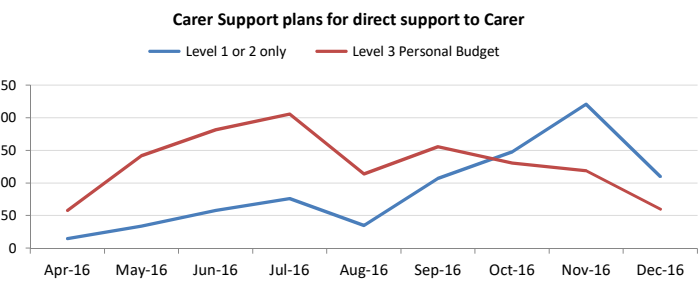
2.2.5 What proportion of carers receiving a service do so via a direct payment?



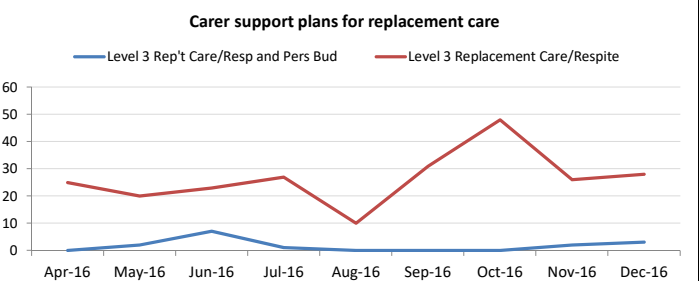
1C (2B)	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	16/17 Target	Eng 15/16	SW 15/16
Devon	66.50%	43.60%	43.49%	43.81%	43.06%	66.90%	67.40%	44.40%

1C (2B)	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	58.67%	70.99%	74.86%	72.97%	72.43%	71.20%	71.96%	69.83%
North	25.45%	21.88%	30.00%	35.00%	38.89%	35.14%	35.00%	32.56%
South	32.20%	43.01%	42.71%	49.02%	49.00%	45.37%	53.92%	55.32%

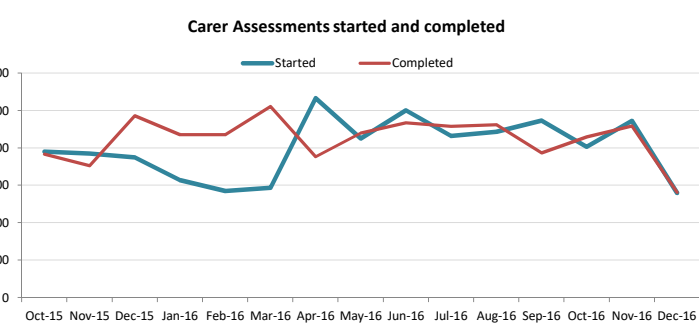
2.2.6 Are we supporting more carers directly?



2.2.7 Are we supporting more carers indirectly?



2.2.8 How many carers are being assessed/identified?



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?

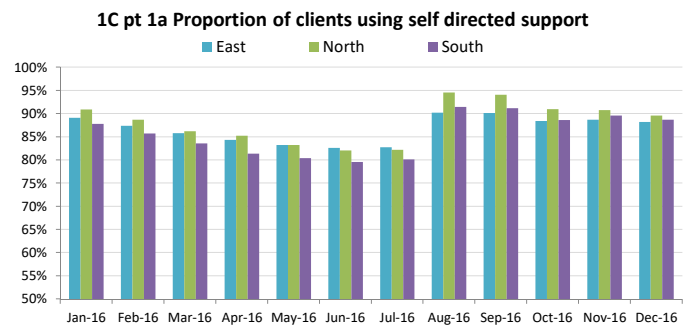
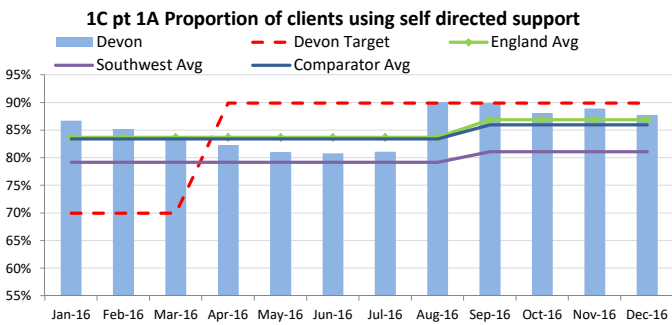
Summary of Performance (Insight and Impact analysis) -

Devon performs 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 resources 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.

3.1.1 Are people offered and taking up a personal budget?

Headline Performance for Devon

Area breakdown of performance



IC 1a	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Devon 16/17	Eng 15/16
Devon	83.49%	90.12%	89.90%	88.11%	88.91%	87.79%	89.90%	86.90%

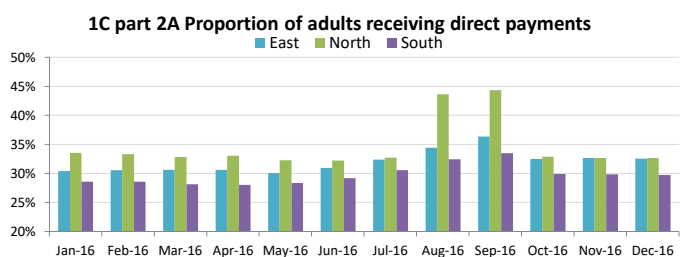
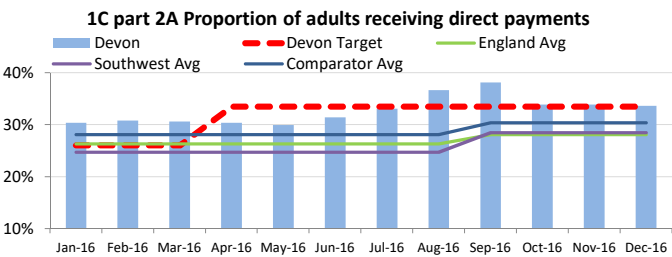
Devon performance prior to March 2015 was based on the previous definition of 1c part 1

IC 1a	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	85.82%	82.65%	82.79%	90.24%	90.17%	88.40%	88.71%	88.22%
North	86.20%	82.09%	82.18%	94.54%	94.11%	91.01%	90.77%	89.57%
South	83.56%	79.60%	80.12%	91.48%	91.19%	88.62%	89.57%	88.70%

3.1.2 Are people taking up Direct Payments as the preferred personal budget option?

Headline Performance for Devon

Area breakdown of performance



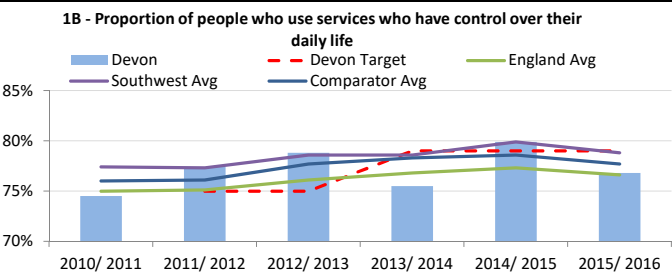
1C part 2A	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Devon 16/17	Eng 15/16
Devon	30.62%	36.68%	38.18%	33.94%	33.90%	33.65%	33.50%	28.10%
Target	26.00%	33.50%	33.50%	33.50%	33.50%	33.50%		

1C part 2A	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	30.63%	30.96%	32.41%	34.48%	36.40%	32.53%	32.67%	32.60%
North	32.85%	32.25%	32.72%	43.67%	44.41%	32.90%	32.69%	32.68%
South	28.15%	29.20%	30.57%	32.46%	33.51%	29.92%	29.90%	29.74%

3.1.3 Are people using personal budgets saying they have more choice and control?

Headline Performance for Devon

This National Indicator is taken from the Annual Users Survey. Devon's performance for 2015/16 has declined to 76.8% and below target. Performance in Devon is higher than the 2015/16 England average of 76.6% and below 2015/16 SW regional average of 78.8%

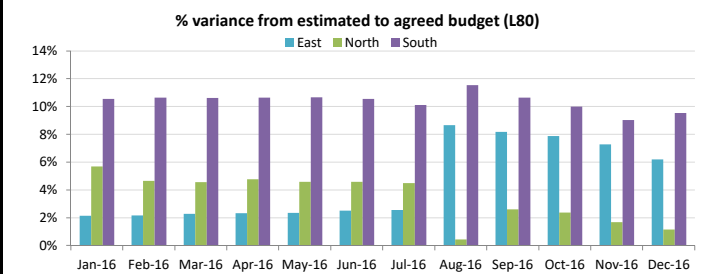
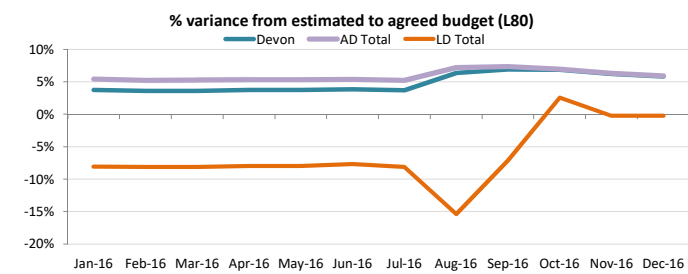
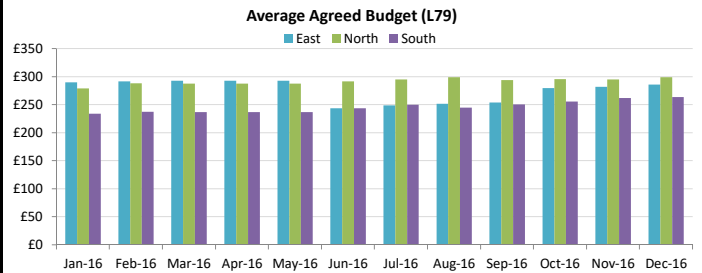
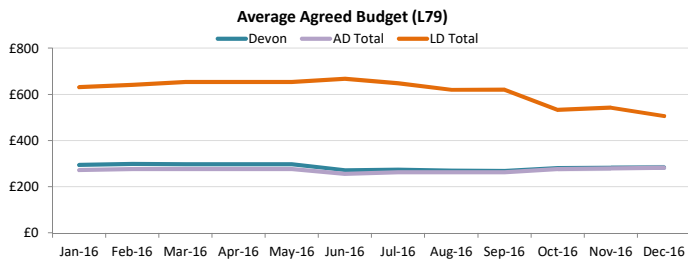


1B	2011/12	2012/13	2013/14	2014/15	2015/16	Target 16/17	Eng 15/16	Comp 15/16
Devon	77.40%	78.70%	75.50%	79.84%	76.80%	79.90%	76.60%	78.20%

Agenda Item 17

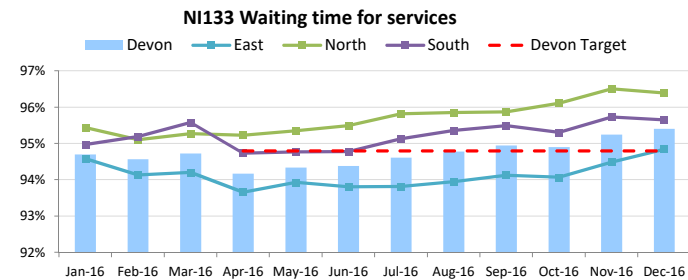
3.1.4 Are allocated budgets in line with assessed need?

Headline Performance for Devon



3.1.5 Do people receive a service quickly?

Headline Performance for Devon



NI133	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Devon	94.73%	94.38%	94.61%	94.78%	94.95%	94.90%	95.25%	95.41%
East	94.21%	93.81%	93.82%	93.95%	94.13%	94.07%	94.49%	94.84%
North	95.27%	95.49%	95.82%	95.86%	95.87%	96.11%	96.51%	96.39%
South	95.58%	94.78%	95.13%	95.36%	95.49%	95.31%	95.73%	95.65%
Target 16/17	94.80%							

area to be developed - Waiting times for service provision; meeting most eligible need for lowest cost

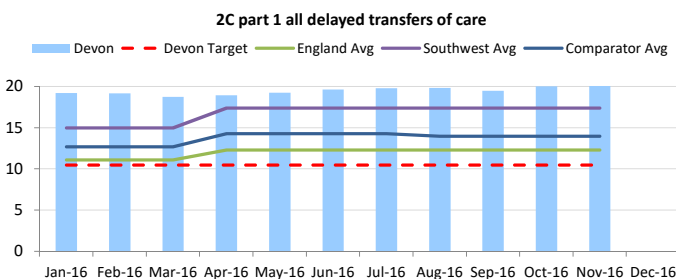
3.2 Do we help keep people out of hospital wherever possible?

Summary of Performance (Insight and Impact analysis) -

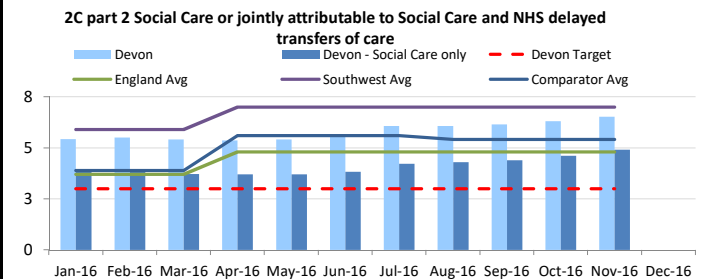
Understanding and improving delayed transfers of care is a priority area. Local, Regional and National performance has been in decline throughout 2015-16 and remains a cause for concern. Current performance against ASCOF 2C (part 1) Delayed Transfer of Care (all sources) has increased to 20.05 per 100,000 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 November 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 (521 out of 1,517) and caused the largest number of days of delay (16,529 out of 52,952). For acute beds the RD&E has the largest number of delayed patients (736 out of 949). For non-acute beds, the provider with the largest delays is DPT (309 out of 568).

ASCOF 2C (part 2) measures delays attributable to social care/both: current performance has increased slightly on last month to 6.32 which is worse than the 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 4.61 and has been increasing over recent months. Of the 478 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 90 patients (19%) and Awaiting Residential Home placement which affected 89 patients (19%).

3.2.1 Are delayed transfers of care reducing?



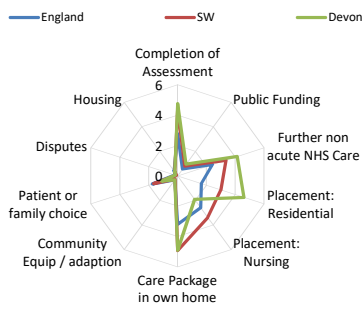
3.2.2 In particular are delayed transfers of care attributable to social care reducing?



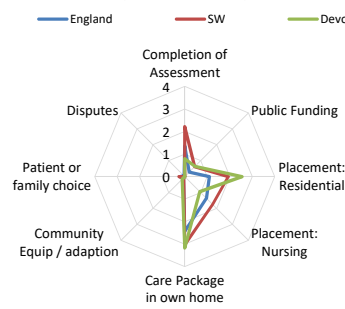
2C pt 1	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Target 15/16	Devon 15/16	Eng 15/16	2C pt 2	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Target 15/16	Devon 15/16	Eng 15/16
Devon	18.79	19.85	19.5	20.05	20.49	10.5	18.6	12.1	Devon	5.42	6.07	6.15	6.32	6.53	3.0	5.4	4.7

3.2.3 Where there are delayed transfers of care do we understand why?

2C(i) Average monthly rate of delays by reason per 100,000 of population (November 2016)

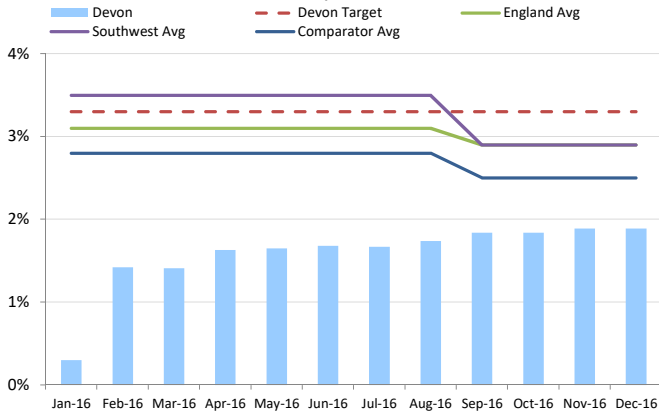


2C(ii) Average monthly rate of delays by reason per 100,000 of population (November 2016)



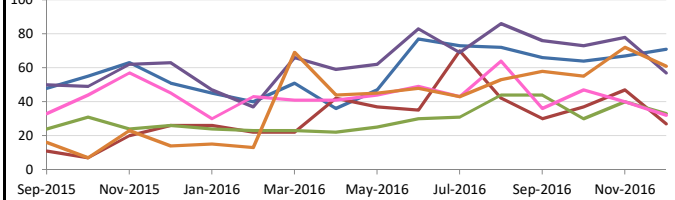
3.2.4 Are older people discharged from hospital offered appropriate reablement and rehabilitation?

2B pt 2 Proportion 65+ offered reablement services upon discharge from hospital

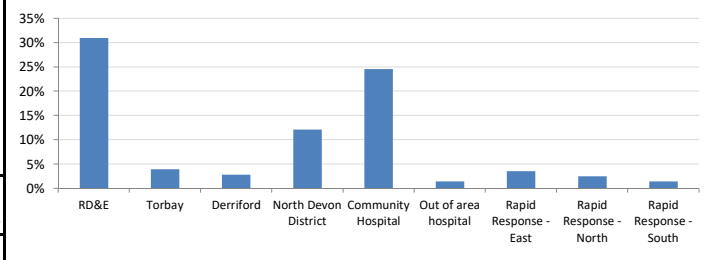


2B pt 2	Mar-16	Oct-16	Nov-16	Dec-16	Target 15/16	Devon 15/16	Eng 15/16	SW 15/16
Devon	1.41%	1.84%	1.89%	1.89%	3.30%	1.30%	2.90%	2.90%

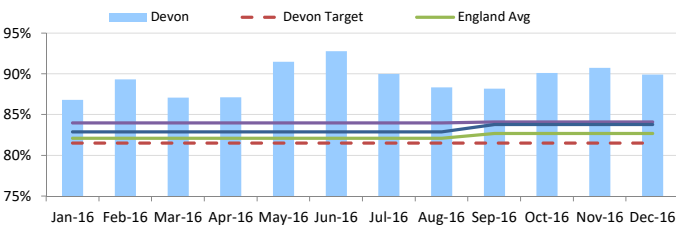
SCR New Referrals



Percentage of SCR Referrals for Hospital Discharge - December 2016

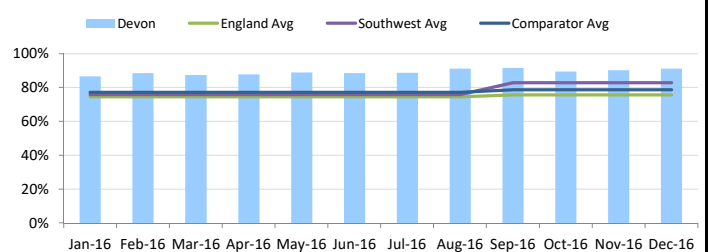


2B pt 1 Proportion 65+ still at home 91 days after hospital discharge into reablement/rehab services



2B pt 1	Mar-16	Oct-16	Nov-16	Dec-16	Target 16/17	Devon 15/16	Eng 15/16	SW 15/16
Devon	87.09%	90.11%	90.74%	89.92%	81.50%	87.10%	82.70%	84.10%

2D Outcome of short-term services: sequels to services



2D	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Devon 16/17	Eng 15/16	SW 15/16
Devon	87.53%	91.60%	89.43%	90.33%	91.15%	88.40%	75.80%	82.90%

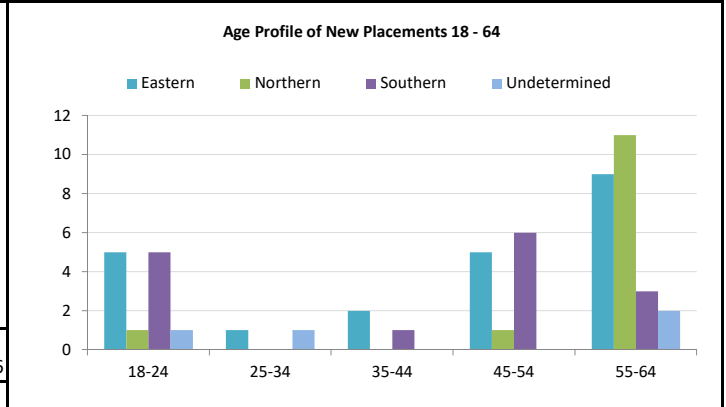
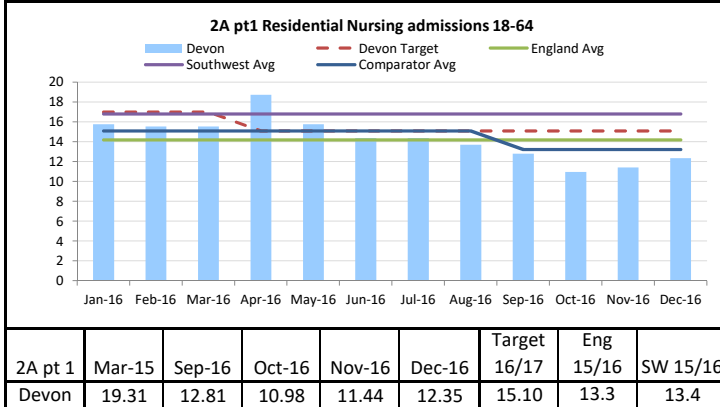
Agenda Item 17

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

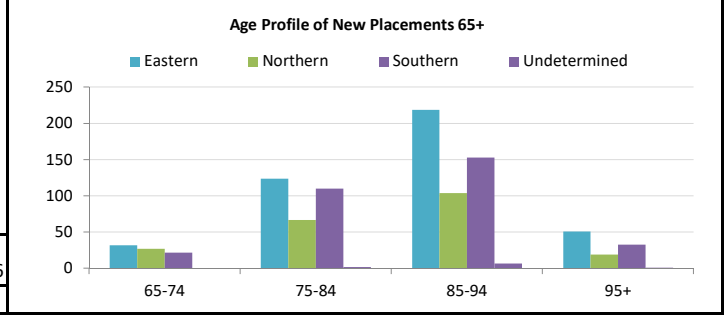
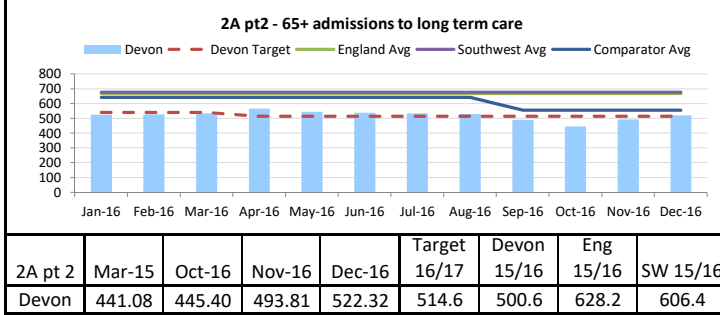
Summary of Performance (Insight and Impact analysis) -

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 2015-16 England comparator (13.3) and for service users aged 65 and over, performance is significantly better than 2015-16 comparators.

3.3.1 Are younger adults being maintained in their own homes?



3.3.2 Are older adults being maintained in their own homes?



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

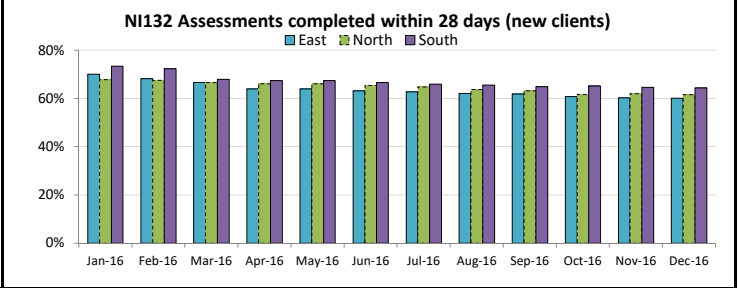
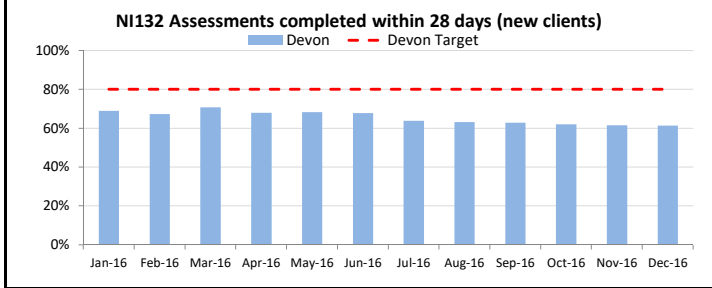
4.1. Are we delivering an effective care management service?

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?

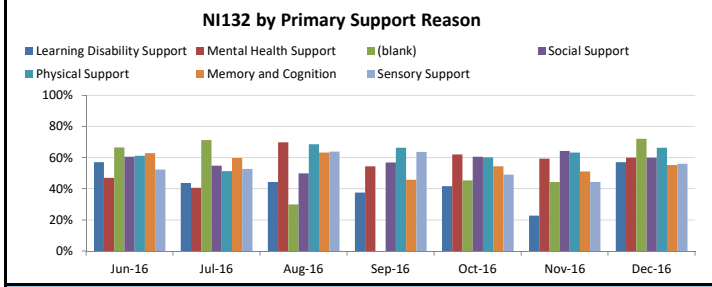
NI132 Timeliness of assessment



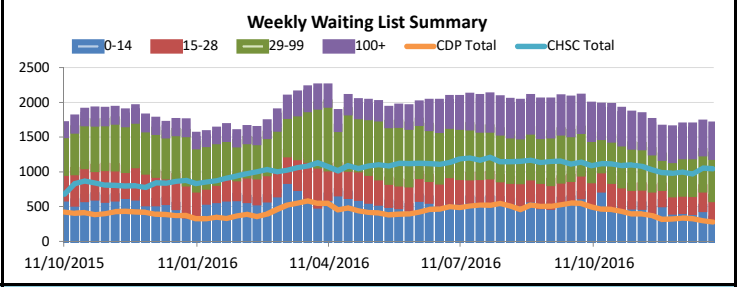
NI132	Mar-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	14/15 Devon	Target
Devon	70.87%	63.21%	62.92%	62.06%	61.66%	61.43%	74.50%	80.00%

NI132	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	66.66%	63.22%	62.76%	62.12%	61.83%	60.86%	60.29%	60.23%
North	66.71%	65.43%	64.80%	63.76%	63.27%	61.71%	62.04%	61.57%
South	67.97%	66.67%	65.96%	65.57%	64.97%	65.15%	64.63%	64.39%

NI132 Assessments by Primary Support Reason

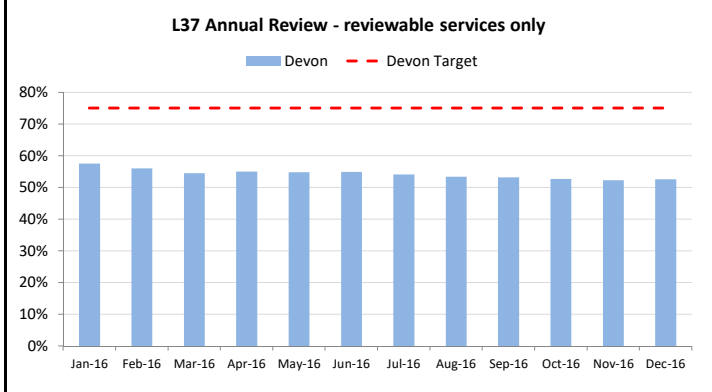


Waiting List for Devon



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

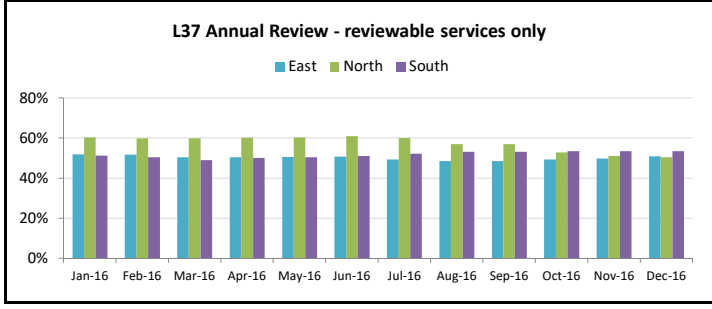


Summary of Due and Overdue Reviews for 2016/17 by Area and age band

	Up to 90 Days	91 to 180 days	181 to 270 Days	271 to 365 Days	Over 365 days	Total Over-due	Total Due	Grand Total
Eastern	413	270	239	235	498	1,655	693	2,348
18-64	133	109	107	116	285	750	217	967
65+	269	161	132	119	212	893	475	1,368
No DOB					1	1		1
Under 18	11					11	1	12
Northern	231	143	104	65	164	707	355	1,062
18-64	80	45	42	29	135	331	97	428
65+	151	97	62	36	29	375	258	633
No DOB								0
Under 18		1				1		1
Southern	308	237	158	188	388	1,279	515	1,794
18-64	106	85	71	87	226	575	133	708
65+	202	152	87	101	162	704	382	1,086
No DOB								0
Under 18								0
Grand Total	952	650	501	488	1,050	3,641	1,563	5,204

L37	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target
Devon	62.02%	54.17%	53.37%	53.22%	52.74%	52.35%	52.58%	75.00%

L37 performance breakdown by Area



L37 performance breakdown by Area

L37	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	50.40%	50.82%	49.40%	48.56%	48.56%	49.40%	49.91%	50.95%
North	59.84%	61.05%	60.12%	57.02%	57.02%	52.82%	51.13%	50.43%
South	49.09%	51.18%	52.21%	53.13%	53.13%	53.53%	53.47%	53.47%

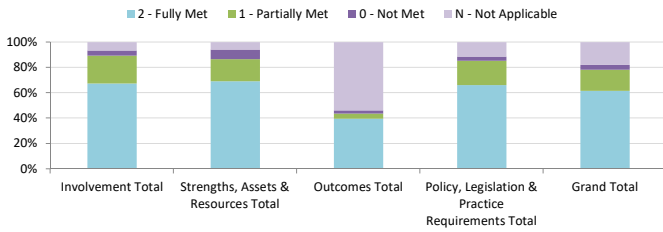
Agenda Item 17

4.1.3 Is the quality of assessment, review and care planning audited as good?

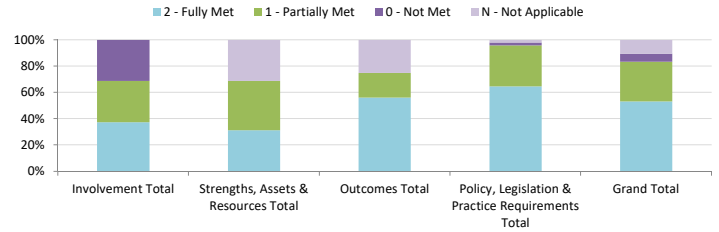
Summary of Practice Quality Review

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 December, 94 cases were identified for review with 25 completed (27.67%). Of those cases reviewed in November, a total average of 61.54% of all questions are scored as Fully met, with 16.67% being Partially met. During December, 12 Safeguarding Practice Quality Reviews were requested and 8 completed (66.67%). Of these, a total average of 53.13% were scored as Fully met and 30.21% being Partially met. Further reporting metrics are in development with the Principal Social Worker.

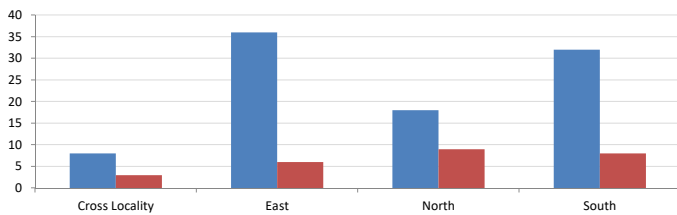
December 2016 Practice Quality Review Scores



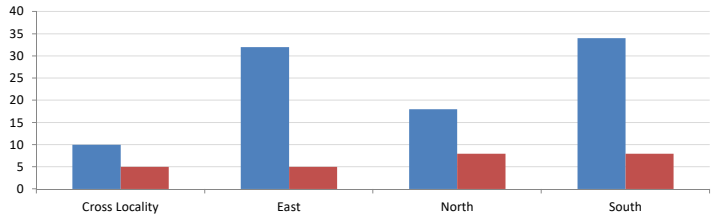
December 2016 Safeguarding Adults Practice Quality Review Scores



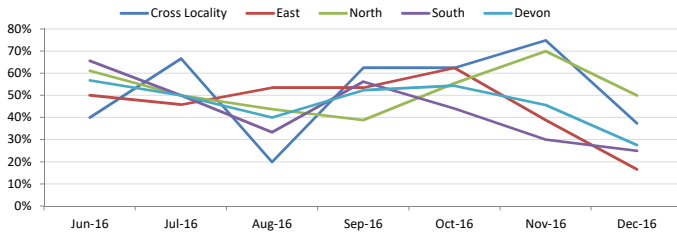
Number of My Assessment Practice Quality Review requested and completed by reviewers locality - December 2016



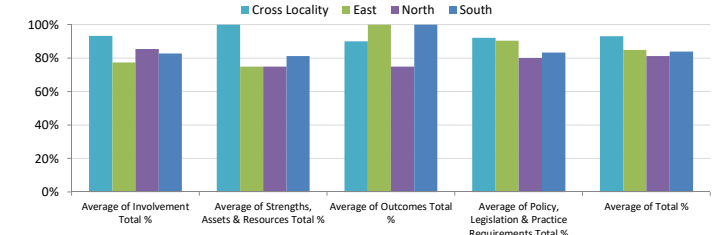
Number of My Assessment Practice Quality Review requested and completed by staff Member Locality - December 2016



Trend of Percentage of My Assessment Practice Quality Reviews completed by reviewers Locality

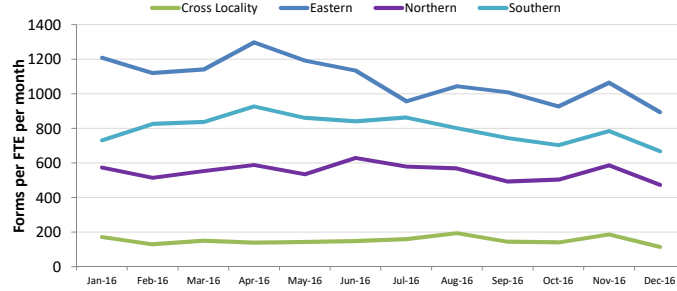


Practice Quality Review - My Assessment - Average Score by Locality - December 2016

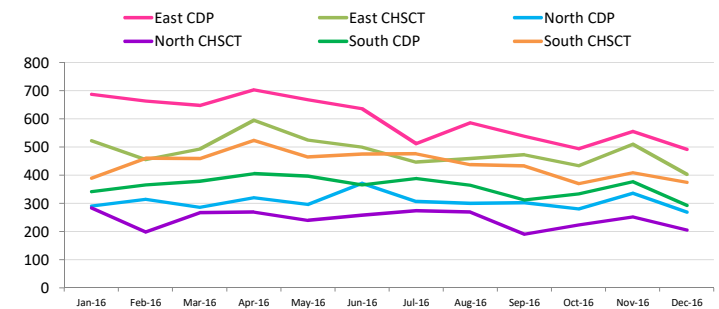


4.1.5 Productivity of teams

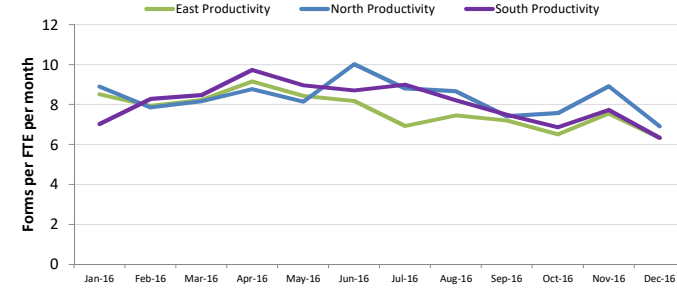
Number of Assessments and Reviews completed per locality per month



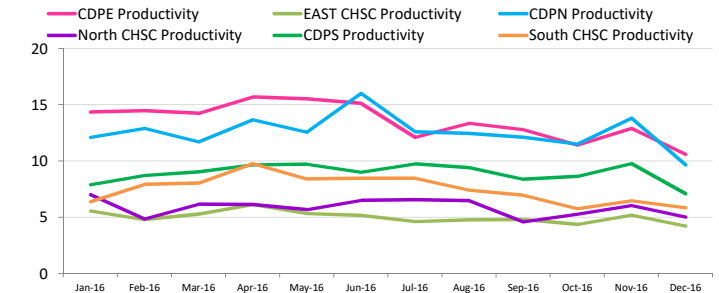
Completed Assessment and Reviews per month by team type



Locality Productivity per FTE completing My Assessments and Reviews



Team Type Productivity per FTE completing My Assessments and Reviews

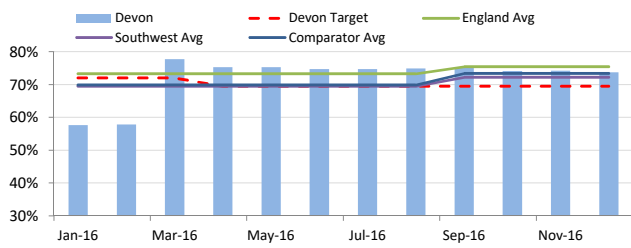


4.1.6 Is our safeguarding response timely?																																																							
<div style="text-align: center;">L74a Safeguarding Strategy meetings held within 7 days</div>	<div style="text-align: center;">L74a Safeguarding Strategy meetings held within 7 days</div>																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>L74a</th> <th>Mar-15</th> <th>Jul-16</th> <th>Aug-16</th> <th>Sep-16</th> <th>Oct-16</th> <th>Nov-16</th> <th>Dec-16</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Devon</td> <td>49.12%</td> <td>47.37%</td> <td>47.40%</td> <td>49.12%</td> <td>47.37%</td> <td>53.47%</td> <td>53.40%</td> <td>80.00%</td> </tr> </tbody> </table>	L74a	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target	Devon	49.12%	47.37%	47.40%	49.12%	47.37%	53.47%	53.40%	80.00%	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>L74a</th> <th>Mar-16</th> <th>Jun-16</th> <th>Jul-16</th> <th>Aug-16</th> <th>Sep-16</th> <th>Oct-16</th> <th>Nov-16</th> <th>Dec-16</th> </tr> </thead> <tbody> <tr> <td>East</td> <td>48.72%</td> <td>46.60%</td> <td>45.87%</td> <td>50.88%</td> <td>49.18%</td> <td>44.85%</td> <td>57.06%</td> <td>57.80%</td> </tr> <tr> <td>North</td> <td>43.48%</td> <td>35.00%</td> <td>50.00%</td> <td>42.86%</td> <td>57.14%</td> <td>57.14%</td> <td>53.33%</td> <td>47.06%</td> </tr> <tr> <td>South</td> <td>54.74%</td> <td>56.92%</td> <td>57.38%</td> <td>51.61%</td> <td>57.63%</td> <td>50.00%</td> <td>46.43%</td> <td>45.45%</td> </tr> </tbody> </table>	L74a	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	East	48.72%	46.60%	45.87%	50.88%	49.18%	44.85%	57.06%	57.80%	North	43.48%	35.00%	50.00%	42.86%	57.14%	57.14%	53.33%	47.06%	South	54.74%	56.92%	57.38%	51.61%	57.63%	50.00%	46.43%	45.45%
L74a	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target																																															
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North	43.48%	35.00%	50.00%	42.86%	57.14%	57.14%	53.33%	47.06%																																															
South	54.74%	56.92%	57.38%	51.61%	57.63%	50.00%	46.43%	45.45%																																															
<div style="text-align: center;">L77 Safeguarding Case Conferences held within 30 days of Strategy Meeting</div>	<div style="text-align: center;">L77 Safeguarding Case Conferences held within 30 days of Strategy Meeting</div>																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>L77</th> <th>Mar-15</th> <th>Jul-16</th> <th>Aug-16</th> <th>Sep-16</th> <th>Oct-16</th> <th>Nov-16</th> <th>Dec-16</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Devon</td> <td>82.20%</td> <td>84.27%</td> <td>80.61%</td> <td>81.63%</td> <td>81.55%</td> <td>81.82%</td> <td>82.00%</td> <td>80.00%</td> </tr> </tbody> </table>	L77	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target	Devon	82.20%	84.27%	80.61%	81.63%	81.55%	81.82%	82.00%	80.00%	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>L77</th> <th>Mar-16</th> <th>Jun-16</th> <th>Jul-16</th> <th>Aug-16</th> <th>Sep-16</th> <th>Oct-16</th> <th>Nov-16</th> <th>Dec-16</th> </tr> </thead> <tbody> <tr> <td>East</td> <td>79.55%</td> <td>85.19%</td> <td>91.30%</td> <td>87.50%</td> <td>88.46%</td> <td>86.21%</td> <td>82.35%</td> <td>77.50%</td> </tr> <tr> <td>North</td> <td>79.71%</td> <td>66.67%</td> <td>50.00%</td> <td>33.33%</td> <td>33.33%</td> <td>50.00%</td> <td>76.92%</td> <td>75.00%</td> </tr> <tr> <td>South</td> <td>100.00%</td> <td>90.32%</td> <td>80.00%</td> <td>78.57%</td> <td>80.00%</td> <td>78.95%</td> <td>78.38%</td> <td>82.86%</td> </tr> </tbody> </table>	L77	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	East	79.55%	85.19%	91.30%	87.50%	88.46%	86.21%	82.35%	77.50%	North	79.71%	66.67%	50.00%	33.33%	33.33%	50.00%	76.92%	75.00%	South	100.00%	90.32%	80.00%	78.57%	80.00%	78.95%	78.38%	82.86%
L77	Mar-15	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Target																																															
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L77	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16																																															
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North	79.71%	66.67%	50.00%	33.33%	33.33%	50.00%	76.92%	75.00%																																															
South	100.00%	90.32%	80.00%	78.57%	80.00%	78.95%	78.38%	82.86%																																															
4.1.8 Is our use of Mental Capacity Act assessments proportionate?																																																							
<div style="text-align: center;">L27 Mental Capacity Act assessments completed</div>	<div style="text-align: center;">4.1.9 What are the outcomes for the clients?</div> <p>Area in development:- SALT sequels to assessment Clients having multiple assessments through the year Outcomes of assessments ie close/nfa; social care offer % of population referred to social care – prevalence of need</p>																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>L27</th> <th>Mar-16</th> <th>Jun-16</th> <th>Jul-16</th> <th>Aug-16</th> <th>Sep-16</th> <th>Oct-16</th> <th>Nov-16</th> <th>Dec-16</th> </tr> </thead> <tbody> <tr> <td>Devon</td> <td>1,824</td> <td>1,881</td> <td>1,908</td> <td>1,945</td> <td>1,907</td> <td>1,922</td> <td>1,908</td> <td>1,892</td> </tr> </tbody> </table>	L27	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Devon	1,824	1,881	1,908	1,945	1,907	1,922	1,908	1,892																																					
L27	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16																																															
Devon	1,824	1,881	1,908	1,945	1,907	1,922	1,908	1,892																																															
4.2 Are we improving peoples lives OR Are we helping people to improve their lives?																																																							
Summary of Performance (Insight and Impact analysis) -																																																							
<p>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 against the previous year.</p>																																																							

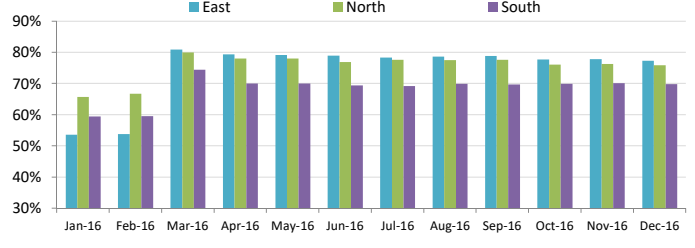
Agenda Item 17

4.2.1 Are younger adults living independently?

1G Proportion of adults with learning disabilities in stable accommodation



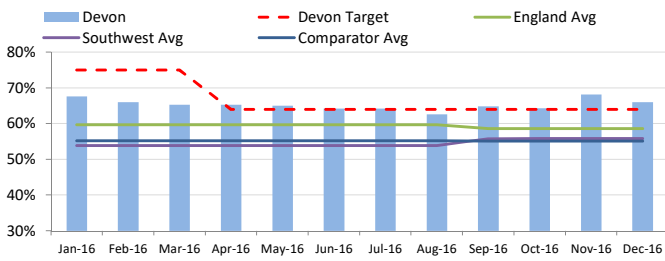
1G Proportion of adults with learning disabilities in stable accommodation



1G	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	16/17 Target	Devon 15/16	England 15/16
Devon	77.79%	75.20%	74.18%	74.25%	73.78%	69.50%	70.00%	75.40%

1G	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	80.92%	78.94%	78.37%	78.67%	78.92%	77.71%	77.86%	77.30%
North	79.95%	76.90%	77.61%	77.58%	77.67%	76.10%	76.34%	75.85%
South	74.50%	69.43%	69.18%	69.99%	69.76%	69.93%	70.19%	69.80%

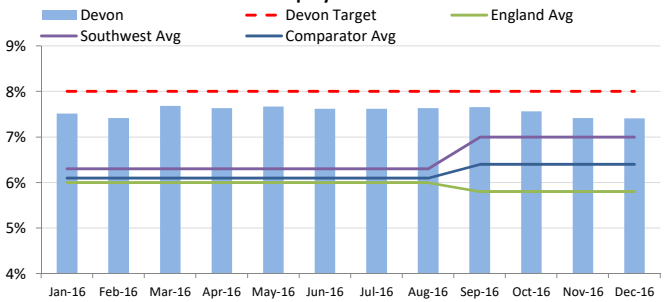
1H Proportion of adults in contact with secondary mental health services who live independently with or without support



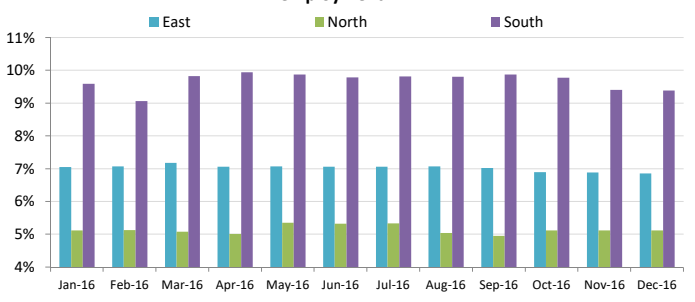
1H	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Target 16/17	England 15/16	SW 15/16
Devon	65.27%	64.90%	64.33%	68.18%	66.06%	64.00%	58.60%	55.80%

4.2.2 Are younger adults in employment?

1E Proportion of adults with learning disabilities in paid employment



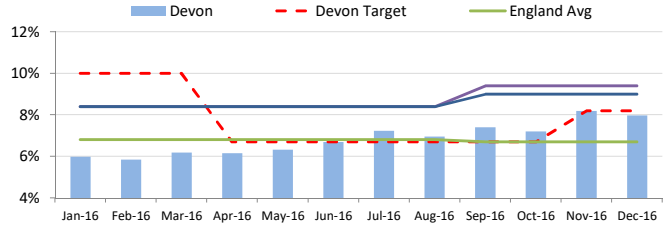
1E Proportion of adults with learning disabilities in paid employment



1E	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Target	Devon 15/16	England 15/16
Devon	7.69%	7.66%	7.57%	7.42%	7.41%	8.00%	7.30%	5.8%

1E	Mar-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
East	7.18%	7.06%	7.06%	7.07%	7.03%	6.90%	6.89%	6.86%
North	5.08%	5.33%	5.34%	5.04%	4.96%	5.12%	5.12%	5.12%
South	9.83%	9.79%	9.82%	9.81%	9.88%	9.78%	9.41%	9.39%

1F Proportion of adults in contact with secondary mental health services in paid employment



1F	Mar-16	Sep-16	Oct-16	Nov-16	Dec-16	Target	Devon 15/16	England 15/16
Devon	6.19%	7.40%	7.21%	8.20%	7.98%	6.70%	5.60%	6.70%

4.2.3 Are people getting enough social contact?							4.2.4 Are service users saying their quality of life is improving?																																																										
<p>1l part 1 Proportion of people who use services who reported that they had as much social contact as they would like</p> <p>Legend: Devon (blue bars), Devon Target (red dashed line), England Avg (green line with triangles), Southwest Avg (purple line with crosses), Comparator Avg (blue line with dots).</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Devon</th> <th>Devon Target</th> <th>England Avg</th> <th>Southwest Avg</th> <th>Comparator Avg</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>47.50%</td> <td>45.00%</td> <td>45.40%</td> <td>46.60%</td> <td>45.00%</td> </tr> <tr> <td>2014/15</td> <td>42.80%</td> <td>45.00%</td> <td>45.40%</td> <td>46.60%</td> <td>45.00%</td> </tr> <tr> <td>2015/16</td> <td>42.80%</td> <td>45.00%</td> <td>45.40%</td> <td>46.60%</td> <td>45.00%</td> </tr> </tbody> </table>							Year	Devon	Devon Target	England Avg	Southwest Avg	Comparator Avg	2013/14	47.50%	45.00%	45.40%	46.60%	45.00%	2014/15	42.80%	45.00%	45.40%	46.60%	45.00%	2015/16	42.80%	45.00%	45.40%	46.60%	45.00%	<p>1A Social Care related quality of life</p> <p>Legend: Devon (blue bars), Devon Target (red dashed line), England Avg (green line with triangles).</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Devon</th> <th>Devon Target</th> <th>England Avg</th> </tr> </thead> <tbody> <tr> <td>2010/11</td> <td>18.7</td> <td>19.0</td> <td>18.7</td> </tr> <tr> <td>2011/12</td> <td>18.7</td> <td>19.0</td> <td>18.7</td> </tr> <tr> <td>2012/13</td> <td>19.1</td> <td>19.0</td> <td>18.8</td> </tr> <tr> <td>2013/14</td> <td>19.0</td> <td>19.0</td> <td>19.0</td> </tr> <tr> <td>2014/15</td> <td>18.9</td> <td>19.0</td> <td>19.1</td> </tr> <tr> <td>2015/16</td> <td>19.1</td> <td>19.0</td> <td>19.1</td> </tr> </tbody> </table>							Year	Devon	Devon Target	England Avg	2010/11	18.7	19.0	18.7	2011/12	18.7	19.0	18.7	2012/13	19.1	19.0	18.8	2013/14	19.0	19.0	19.0	2014/15	18.9	19.0	19.1	2015/16	19.1	19.0	19.1
Year	Devon	Devon Target	England Avg	Southwest Avg	Comparator Avg																																																												
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2014/15	18.9	19.0	19.1																																																														
2015/16	19.1	19.0	19.1																																																														
1l pt 1	2013/14	2014/15	2015/16	Target 15/16	England 15/16	SW 15/16	1A	2011/12	2012/13	2013/14	2014/15	2015/16	Target 15/16	England 15/16	Comp. 15/16																																																		
Devon	47.50%	42.80%	42.80%	45.00%	45.40%	46.60%	Devon	18.7	18.7	19.1	19	18.9	19.0	19.1	19.1																																																		

Agenda Item 17

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) -

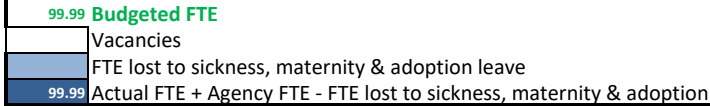
This section of the Adult Performance Framework has been developed to monitor the quality of the Adult Social Care workforce. Its focus is to provide a combined view of the current workforce in terms of numbers, vacancies, turnover, sickness absence, qualifications, supervision and appraisal. The intention 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 (36.28%) could give cause for concern. The

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.

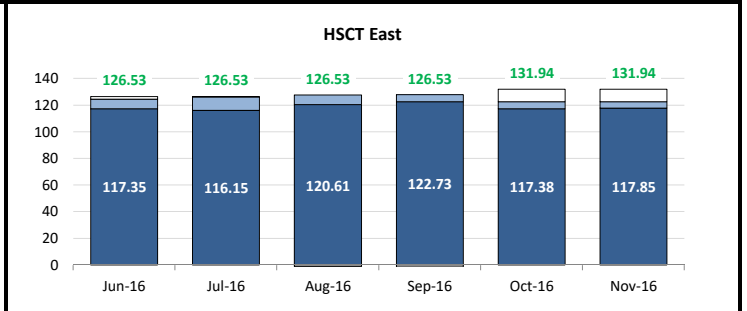
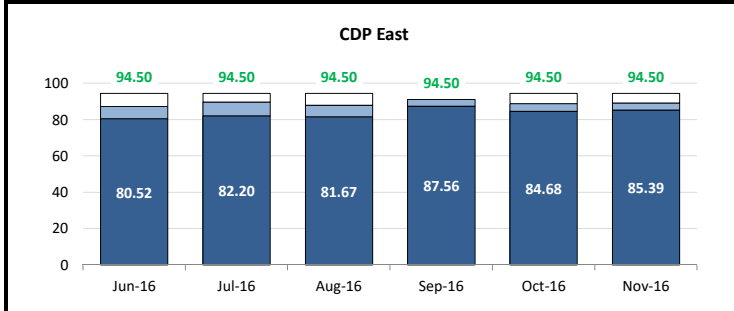
Key to charts:



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

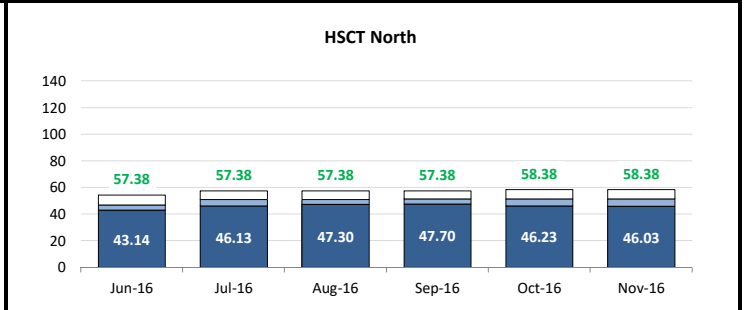
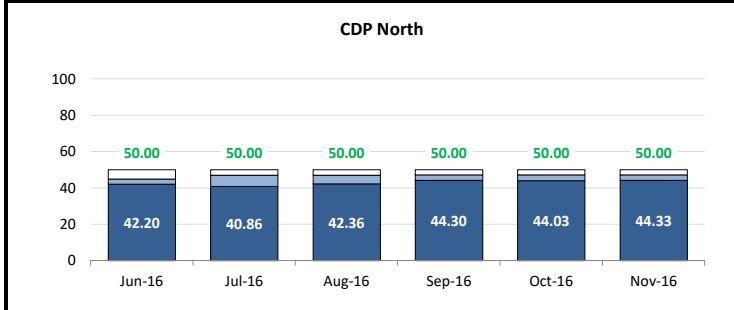
Data sources:

HR database Budgeted FTE monthly extract
HR database Performance Indicator absence extracts



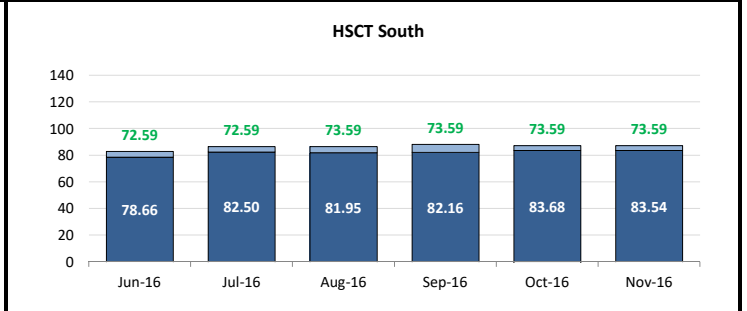
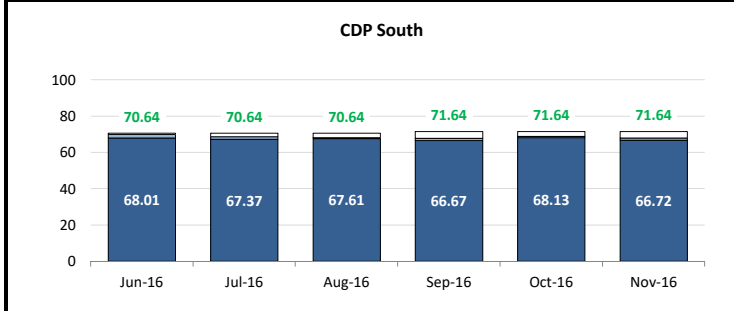
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	3.74	5.20	3.93	2.16	1.83	2.52
Maternity & Adoption	3.05	2.40	2.40	1.40	2.40	1.40
Agency	0.00	0.00	0.00	0.00	0.00	0.00
Vacancy (inc. Agency)	7.19	4.70	6.50	3.38	5.59	5.19

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	4.87	7.69	4.62	2.72	3.41	2.94
Maternity & Adoption	2.41	2.41	2.41	2.41	1.81	1.81
Agency	13.41	13.41	13.41	13.41	11.60	11.60
Vacancy (inc. Agency)	15.31	13.69	12.30	12.08	20.94	20.94



	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	2.75	5.16	3.66	1.91	2.18	1.88
Maternity & Adoption	0.00	1.00	1.00	1.00	1.00	1.00
Agency	0.00	0.00	0.00	0.00	0.00	0.00
Vacancy (inc. Agency)	5.05	2.98	2.98	2.79	2.79	2.79

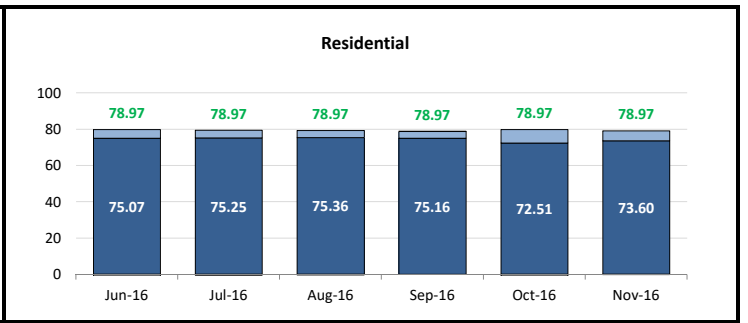
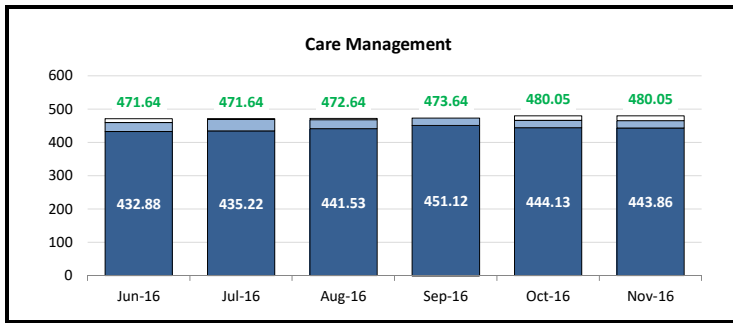
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	2.75	3.76	2.59	2.80	4.27	3.87
Maternity & Adoption	1.00	1.00	1.00	1.00	1.00	1.60
Agency	0.00	3.00	3.00	3.00	3.00	3.00
Vacancy (inc. Agency)	7.49	9.49	9.49	8.88	9.88	9.88



	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	2.00	1.40	0.56	0.70	0.24	0.84
Maternity & Adoption	0.00	0.00	0.00	0.50	0.50	0.50
Agency	1.00	1.00	1.00	1.00	1.00	1.00
Vacancy (inc. Agency)	1.63	2.87	3.47	4.77	3.77	4.58

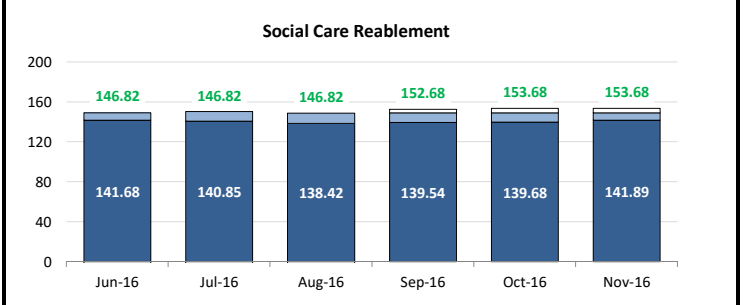
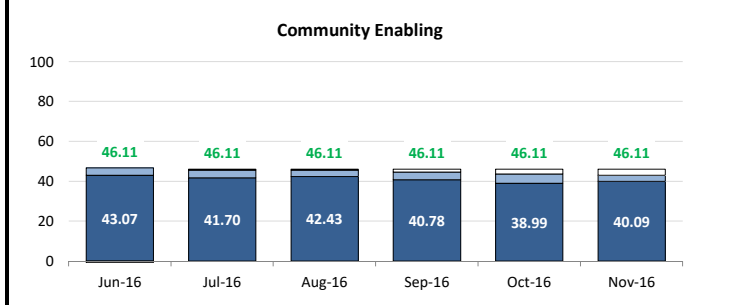
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	1.79	1.65	2.21	4.23	1.71	1.85
Maternity & Adoption	2.42	2.42	2.42	1.81	1.81	1.81
Agency	13.50	13.50	13.50	12.50	12.50	12.50
Vacancy (inc. Agency)	3.22	-0.48	0.51	-2.11	-1.11	-1.11

Agenda Item 17



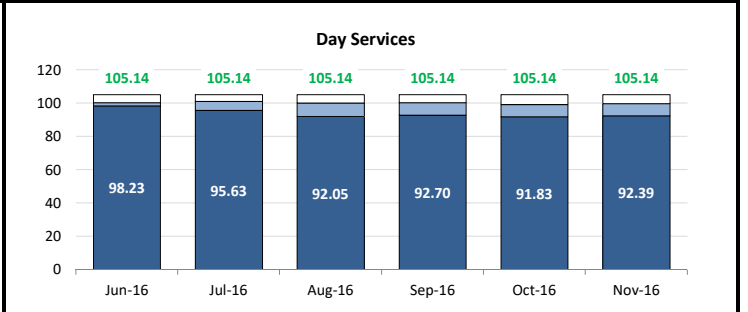
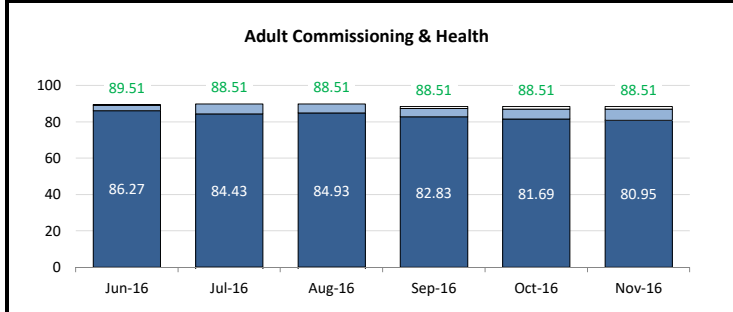
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	17.90	24.86	17.55	14.52	13.64	13.90
Maternity & Adoption	8.88	9.22	9.22	8.12	8.52	8.12
Agency	30.91	30.91	30.91	29.91	28.10	28.10
Vacancy (inc. Agency)	42.89	33.25	35.25	29.79	41.86	42.27

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	4.75	4.26	3.93	3.26	6.04	4.26
Maternity & Adoption	0.00	0.00	0.00	0.45	1.33	1.33
Agency	0.00	0.00	0.00	0.00	0.00	0.00
Vacancy (inc. Agency)	-0.85	-0.53	-0.31	0.11	-0.90	-0.21



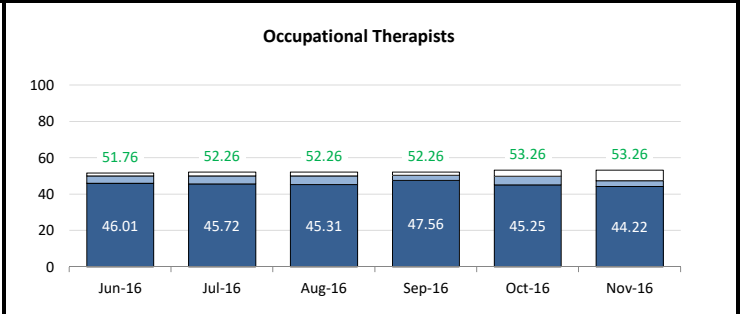
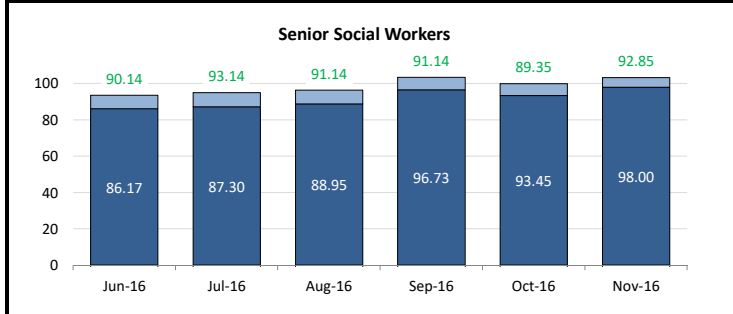
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	1.65	1.78	1.05	1.83	3.43	1.68
Maternity & Adoption	2.08	2.08	2.08	2.08	1.00	1.27
Agency	0.00	0.00	0.00	0.00	0.00	0.00
Vacancy (inc. Agency)	-0.69	0.55	0.55	1.42	2.42	3.07

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	6.93	8.76	10.05	9.17	8.90	6.69
Maternity & Adoption	0.65	0.65	0.41	0.41	0.41	0.41
Agency	0.00	0.00	0.00	0.00	0.00	0.00
Vacancy (inc. Agency)	-2.47	-3.47	-2.09	3.53	4.66	4.66



	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	2.05	2.60	2.10	1.59	1.71	2.45
Maternity & Adoption	1.00	3.00	3.00	3.00	3.80	3.80
Agency	0.00	0.00	0.00	0.00	0.00	0.00
Vacancy (inc. Agency)	0.19	-1.52	-1.52	1.09	1.31	1.31

	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	2.02	5.29	7.96	7.45	6.30	6.24
Maternity & Adoption	0.00	0.00	1.00	1.00	1.00	1.00
Agency	0.00	0.00	0.00	0.00	0.00	0.00
Vacancy (inc. Agency)	4.89	4.22	5.13	4.99	6.01	5.51

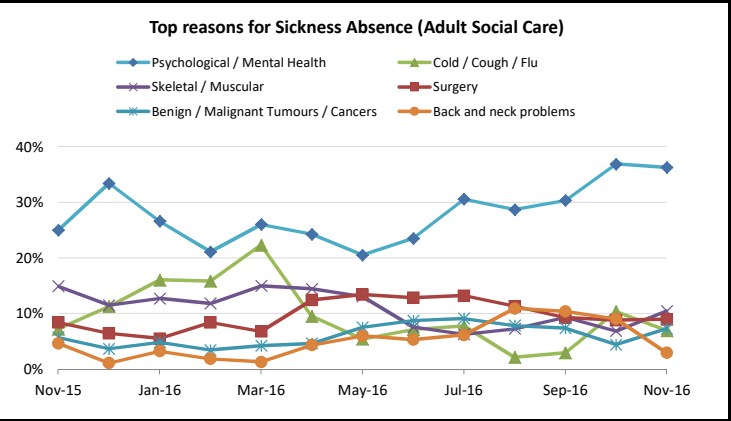
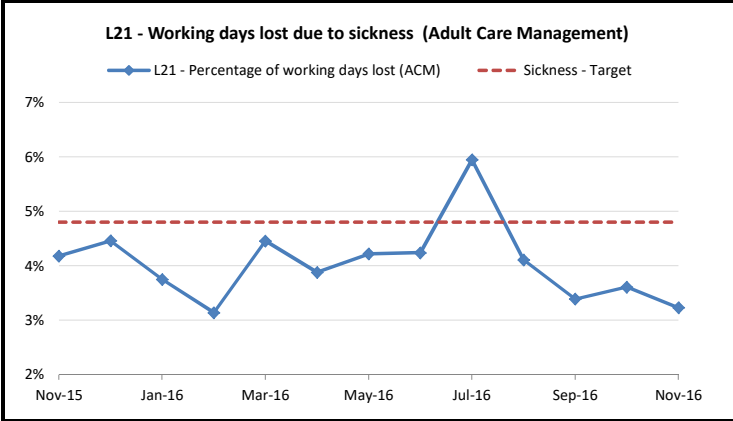


	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	4.03	4.37	4.12	4.33	5.82	3.86
Maternity & Adoption	3.41	3.41	3.41	2.41	0.81	1.41
Agency	15.10	15.10	15.10	15.10	15.10	15.10
Vacancy (inc. Agency)	11.63	13.16	9.76	2.77	4.37	4.68

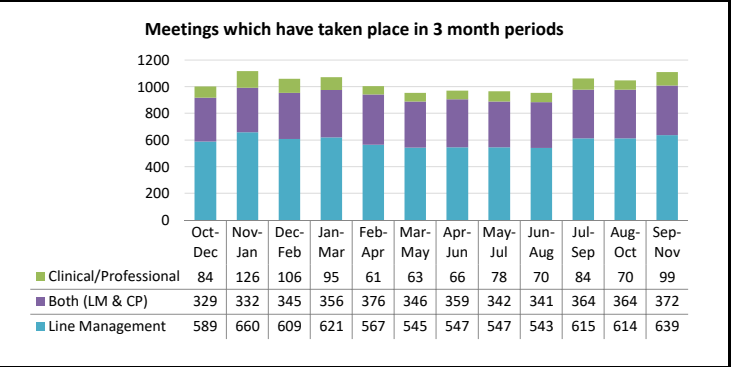
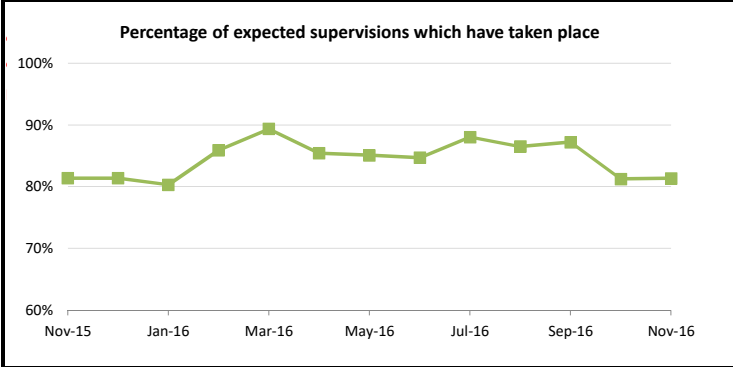
	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
FTE Lost to Sickness	1.64	2.04	2.45	0.52	1.32	1.00
Maternity & Adoption	2.42	2.42	2.42	2.31	3.31	2.31
Agency	2.81	2.81	2.81	2.81	2.00	2.00
Vacancy (inc. Agency)	4.00	4.89	4.89	4.68	5.38	7.73

Agenda Item 17

5.1.2 Absence



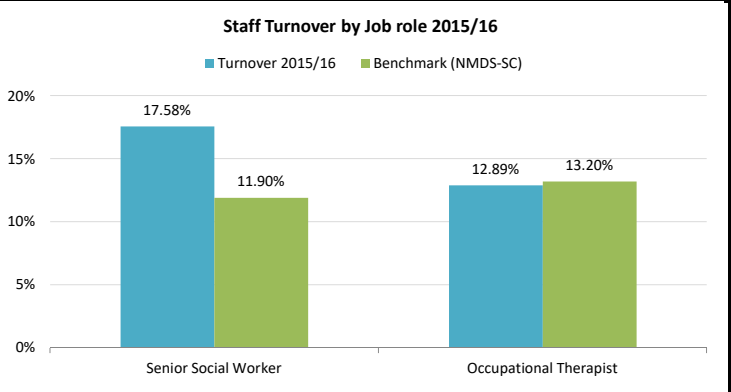
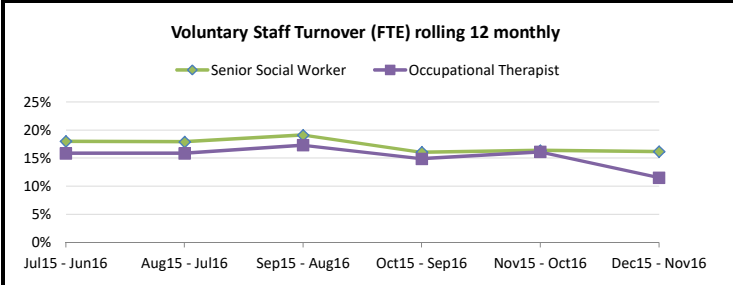
5.1.3 Appraisal and supervision



Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
85.9%	89.4%	85.4%	85.1%	84.7%	88.1%	86.5%	87.2%	81.3%

Appraisals - 278 staff have had an appraisal in the past 12 months
Staff - There were (on average) 562 staff during the Sep - Nov period

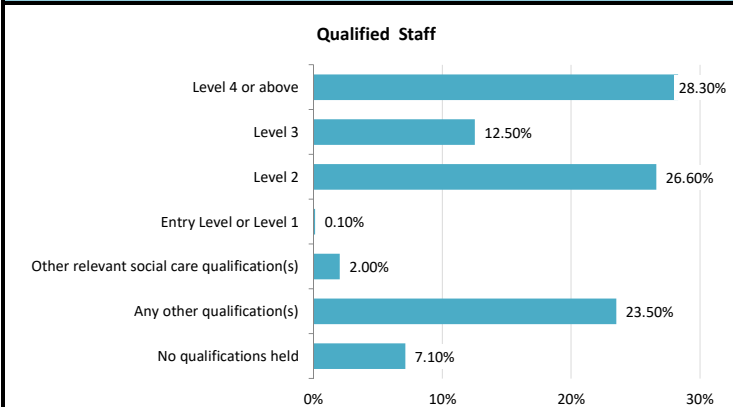
5.1.4 Recruitment and retention



Leavers (Headcount)	Jul15 - Jun16	Aug15 - Jul16	Sep15 - Aug16	Oct15 - Sep16	Nov15 - Oct16
Senior Social Worker	17	17	18	15	16
Occupational Therapist	10	10	11	9	10

Please note - Headcounts are calculated as an average of staff employed throughout the 12 month period. All data from Oracle HR database.

5.1.5 Qualified workforce



The qualified staff data is extracted from the NMDS-SC system based on data submitted by DCC in October 2016.

Approximately 2% of employees are recorded as "Not Known" which are not included in the analysis. Work is underway to set up systems to collect this missing data. Once collected the NMDS-SC system will be updated.

All employees where a qualification is mandatory have qualifications recored in the NMDS-SC