

Performance report on People's Services

Report of the Strategic Director (People)

1. Recommendations

- a) Note the content and current status of key performance areas
- b) Consider including items for greater scrutiny in the Forward Plan.

2. Summary

This report outlines performance for People's services in the remit of this committee to the end of quarter 4 (March) for 2015-16.

3. Introduction

This performance report is an exception report based on a range of key performance indicators and provides a snapshot of progress against stretch targets identified at the start of the year.

4. Adult Social Care

4.1 Performance Management

A new Adult Social Care Performance Framework has been introduced and continues to be embedded. It gives particular emphasis to quality assurance of practice, quality and sufficiency in the market, and robust information about safeguarding. It is based around the priorities and key questions addressed in the 'Adult Social Care in Devon Annual Report 2015. Following discussion with Adult Social Care Standing Overview Group on April 14th 2016, it was agreed that the full performance framework report (Appendix A) would form the basis of future reporting to this Committee. References in the performance commentary below refer to this appendix.

Adult social care performance continues to perform well against national benchmarks, with the exception of Delayed Transfers of Care (3.2.1). However the service is showing an overall deterioration in performance on key local indicators relating to care management such as the timeliness of assessment and reviews (4.1.1 and 4.1.2). Recent benchmarking of incidence and spend also indicates a higher comparative number of people contacting us for support. Work is on-going to better understand the impact on assessments and support planning to ensure that we only assess and provide services for people who we really need to; and everyone else is appropriately supported to stay safe and well in their local community.

The care management aspect of the service has recently reorganised with the learning disability and older peoples and physical disability teams being integrated to form new community health and social care teams; integration of the learning disability function into Care Direct Plus centres is now underway. The staffing establishment has been a significant concern but following concerted activity, including a regrading for social workers, the establishment is returning to more

normal vacancy levels. The focus now needs to be on improvement of the key performance areas and the action will be to:

- agree the best measures of team and worker productivity, set targets and monitor against them;
- improve efficiency by eliminating duplicative/unnecessary processes;
- improve demand management, pre-contact, at point of contact and when people are receiving services.

It is recognised that with a backlog of work, the timeliness of assessments completed may get worse before it gets better; we will closely monitor the number of assessments and reviews completed to ensure that the underlying trend is improving. As part of our new performance framework, and following the Peer Review of June 2015, we have introduced more systematic quality assurance of practice (4.1.3) and the Principal Social Worker is using this to target areas of improvement.

In relation to Delayed Transfers of Care (3.2.1), agreement has been reached with NHS organisations on a revised version of the multi-agency Better Care Fund plan. This includes a commitment from NHS providers to record delays consistently across Devon which may have a beneficial impact on the indicator but this is not clear as yet. There is a DCC action plan in place and assured with partners regarding improvement in particular in addressing the minority of delays attributable to social care with emerging signs of beneficial impact: the number of people waiting packages of care in their own homes is reducing, people are being assessed in hospital at weekends.

4.2 Quality assurance of commissioned services

Performance reporting on regulated services for adults (residential, nursing and domiciliary care) is also embedded within the Adult Performance Framework (Appendix A).

The trend in Care Quality Commission inspection outcomes for providers registered in Devon is improving (1.2.2), with the proportion rated Good and Outstanding in line with comparators, and the trend in whole home safeguarding investigations down over the previous year. We are addressing ensuring sufficiency of service at the right quality and an affordable price through the implementation of a new personal care framework, with lead providers now identified through a competitive tender process, through reconsidering our approach to commissioning residential/nursing care and through agreeing increases in price to recognise inflationary pressures in the market including that of the National Living Wage.

5. Education and Learning

Early Years: take up of education places for two year olds continues to improve despite a slight decline in the number of eligible pupils. In the spring term 84% of eligible 2-year-olds took up Early Years education places, an increase from 79% in the autumn and 72% in the previous summer. Changes in the application process have had a positive impact on the take up of places as can be seen by the continuing upward trend.

Closing the Gap: the attainment gap between Devon's disadvantaged pupils and their peers is closing. Gaps in outcomes for Free School Meal pupils have narrowed and are now in line with national figures for KS2 and KS4. Attainment levels for

Children in Need and Looked After Children are also improving, with Devon now performing close to or better than the national picture. Devon's Looked After Children are performing better than the national picture at KS2 (56% compared to 53% nationally) whilst Devon's Children in Need are performing better than nationally at KS4 (17.3% compared to 14.9% nationally).

Post 16 Provision: the percentage of 19 year olds qualified to Level 2 has improved in Devon and is now slightly above the national picture (68.5% compared to 67.9% nationally). Whilst the attainment gap is closing for our vulnerable students at Post 16 (Free Schools Meals, Special Educational Needs), the achievement of these students continues to fall below that of their peers.

Quality of Provision: the quality of state funded education provision in Devon continues to be higher than the national picture. The percentage of Devon schools judged to be Good or Outstanding has risen to 90% compared to 85% nationally. Whilst the percentage of Primary and Secondary schools judged to be good or outstanding continues to be above the national average, there has been no change for Special schools (70% compared to 93% nationally). Provision in Devon's specialist independent sector is well below the state funded sector. 54% of Devon Independent and Non Maintained Special Schools are judged to be Good or Outstanding compared to 76% nationally.

Access (Admissions and School Place Planning): Devon continues to perform well in meeting the continued demand from increased demographics in primary and housing demand. Strategic planning of pupil places and work closely with individual schools has underpinned the high levels of parental preference met through the normal admission round for its primary and secondary schools. Nearly 95% of primary school applicants and 98% of secondary school applicants were offered a place at their first preferred school. Numbers are likely to rise after the second round of applications and appeals. This is an improvement on last year where 94% of primary school applicants and 96% of secondary school applicants were offered a place at their first preferred school.

Migration into Devon remains a challenging area, especially where schools are full. This can and will have an impact on the home to school transport budget, in particular where there is local housebuilding and high parental preference.

Special Educational Needs & Disabilities (SEND): The volume of requests for assessments and transfers from statutory statements continues to be high. During the last year there were 467 new requests for SEND assessments, of which 296 (63%) met statutory thresholds for assessment whilst 171 (37%) did not.

Whilst the new SEND Assessment process is now embedded within the 0 to 25 SEND team, it is recognised that there is a need to improve volumes processed and timeliness of EHCPs issued. An analysis of the new assessment process has been put in place to improve practice and timeliness of information provided by partner agencies.

Not in Employment, Education or Training: The percentage of NEETS in Devon continues to be low, with 4.0% NEET at Mar 16. This compares favourably to the latest national rate of 4.7%. The vulnerable groups of SEND, teenage parents and care leavers continue to be over represented within the NEET group. Work is underway through the post 16 project to develop more employment and training pathways for these specific groups of young people.

Attendance: Devon has the lowest absence rate of all LAs in the South West. The overall absence rate for Devon schools is 4.4%, lower than the national rate of 4.6% and the South West rate of 4.7%. Devon also has a low level of persistent absentees and has the lowest rate in the South West. Devon is in the best 10% of LAs in England for its low level of persistent absentees. Only 2.9% of pupils miss 15 per cent or more school sessions, compared to 3.7% nationally and in the South West.

6. Children's Social Care

All figures in this report quoted as relating to March 2016 or year-end are to be regarded as provisional.

Partly as a result of feedback from the People's Overview and Scrutiny Committee (OSC), we have recognised the need to develop the quality of our performance reporting.

In the Quality Assurance Framework (Appendix B) we report on some key performance indicators (KPI) for Children's Services but not on all. As a consequence, in this report I have provided a commentary on some, but not all.

We are developing a revised performance book covering all of our KPIs that managers will receive monthly. From this we will put in place action plans to improve our performance in line with 'good' Local Authorities. We will also identify hotspots. We will report to OSC and/or the Children's Working Group as required with the most recent available performance tables, set out in a readable format with an accompanying commentary report that provides an overview, explains performance and focuses on hotspots and on areas identified by OSC for focus.

In this report I have identified in italics the key areas of performance improvement and performance concern.

Early Help: The Early Help Service provides integrated support to children, young people and their families. The key objective of the service is to offer practical advice, support and direct case work to prevent issues escalating and requiring statutory intervention. 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. The Early Help service works with children, young people and families who are experiencing difficulties, and provides a service for children who need extra help with their learning, social, emotional, behavioural, developmental and attendance needs.

Activity in this service is currently measured by the number of Common (Devon) Assessment Frameworks (DAF) that are recorded – the Devon Assessment Framework is an early help inter-agency assessment that offers a basis for early identification of children's additional needs. For the period April to September 2015, the number of DAF's being opened had been far greater than that in the same period the previous year, such that activity levels were 90.6% higher. However, since October 2015, for the first time, activity levels have been falling, and this trend has continued to date whereby at the end of March 2016, that overall increase in comparative activity has reduced to just 2.9%.

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

- 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

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

The data on its own can give an unhelpfully misleading picture of practice providing false assurance about the quantity and quality of Early Help in Devon. There is significant development required if Early Help in Devon is to meet the quality standards achieved in 'good' local authorities.

Work is underway to simplify the early help tools, to improve compliance and iron out all purposes other than the intended ones. At this time we are very cautious about what can be inferred from the reported data

Referrals into statutory children's service: Referrals have remained relatively consistent over the year to date, except around the periods of school holidays where historically we see a drop in activity, and when comparing year to date activity with last year's data, there has been just a 1.0% increase in 2015-16. At a rate of 439 per 10,000 under 18 population, this compares favourably with national figures (548), those of the other South West authorities (515) and statistical neighbours (541). Re-referrals to the service, defined as those children being re-referred to social care with 12 months of their original referral are equally comparable; 22.9% in February 2015, and 22.4% currently. Again, latest comparison figures sees national figures at 24.0%, South West Authorities at 24.6% and DCC's statistical neighbours at 24.3%.

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 conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral.

Although variable on a month by month basis, the conversion rate of referral to assessment currently stands at 94.2% year to date. The year to date rate at the same point last year was 94.4%. Such a high conversion rate has led to 7,510 single assessments being completed and authorised, of which 89.6% have been authorised within the 45 working day threshold. *This is an aspect of the service that has seen a significant improvement in performance* as outturn in the previous year 2014-15 had been 68.0%. Comparing DCC's performance against the latest available published data, the national figure for assessments completed on time was 81.5%; other South West Authorities 79.3% and statistical neighbours 77.9%. While this performance is good and a great improvement; we need to set the right benchmarks, so, in future, we will benchmark against authorities rated good or better by Ofsted.

40% of the assessments are closed with no further involvement from the statutory social work service. This suggests that too many families are being brought into the statutory service. There is always a risk of a production line mentality in this part of the service and developing an 'erring on the side of caution' culture as though that were a neutral or even positive position (it isn't, it consumes very expensive resource and, if unnecessary, is damaging to families).

Child Protection Enquiries: Section 47 of the Children's Act 1989, places a duty on a local authority, in circumstances where they have reasonable cause to suspect that a child in their area is suffering or is likely to suffer significant harm, to make such

enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare. The number of such enquiries initiated to March 2016 is 2,279, an increase of less than 1% on the same period last year. The decision to undertake enquiries under S47 is made after multi-agency consideration of the issues and risks in a strategy discussion. The enquiries should not automatically lead to a child protection conference, though a conference should be convened in all cases where it is judged that a multi-agency protection plan is required to reduce the risk to the child, meet his/her needs and improve the outcomes.

Child Protection Conferences: The Initial Child Protection Conference (ICPC) brings together family members, the child, where appropriate, and those professionals most involved with the child and family. Historically in Devon, 45 to 50% of all Section 47 enquiries lead to the initiation of an ICPC. Year to date that rate has increased to 52.4% with 1,194 such conferences being held. 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 actually the subject of such a plan has risen from 464 to 724 in the twelve months to March 2016, an increase of 56.0%, though at some point during the year that figure was as high as 764. Work is currently underway to better understand the reasons behind these increases; it could be that more risk is being identified, it could be a culture of risk-averse practice, it could be a production line culture, it could be a combination. In order to bring the numbers of children subject to a child protection plan back into line with statistical neighbours, there is a need to reduce by 25% or have 193 children less. Also, whilst not a new phenomenon, there is a trend whereby almost a third of those children made subject to a child protection plan, are removed from it either on or before their first review within 3 months of the ICPC decision; this strongly suggests that the increase in children subject of a plan does not relate to increased risk but is more strongly correlated to cultural issues. We have taken action to clarify the decision making responsibility of the chairs of conferences, to strengthen the threshold decision making. Again, it is highly damaging to families to subject them to unnecessary statutory intervention.

I have appended a draft report prepared for the Devon Safeguarding Children Board (Appendix C). The report shows how we are using our year end data to begin a challenge and change process in Devon County Council and across the whole partnership.

Looked After Children & Adoption: The term 'looked after' refers to children and young people in the care of the Local Authority or in care commissioned by the Local Authority for more than 24 hours. It places specific responsibilities on the local authority to safeguard and promote the child's / young person's welfare. Numbers in Devon for the year to date have remained relatively constant despite showing an increase at the beginning of the year and falling to a low of 679 in February. Figures indicate that the year-end outturn figure will be higher than last year at 712. The current rate per 10,000 under 18 population is 50.1 and this compares favourably with the latest national figures (60.0), other South Western authorities (52.0) and our statistical neighbours (50.9).

Wherever a Looked After child is placed, the child's social worker must visit the child in the placement within the first week, and at least every 6 weeks thereafter. These are minimum requirements and the looked after review may recommend more frequent visits. The frequency of visits should always be determined by the circumstances of the case and visits should be made whenever reasonably requested by the child or foster carer regardless of the status of the placement. *DCC's performance against this measure has been good throughout the year averaging 88.0% of all visits made within timescale, although this would fall just short of the intended target of 90%.*

The stability of a child's placement is an important measure of the quality of care that a child has experienced. Stability and local placement are associated with better outcomes. Proper assessment of a child's needs and an adequate choice of placements to meet the varied needs of different children are essential if appropriate stable placements are to be made. Inappropriate placements often break down and lead to frequent moves. Historically DCC has been at the higher end of the threshold in respect of short term placement stability (3+ moves in the year) averaging over 15% over the last 10 years or so, and whilst this year's outturn is expected to be lower, coming in at 12.9% (91 children) after some data cleansing, *the Authority does not compare favourably with the latest benchmarking figures.*

National rates are at 10.0%, the other South Western authorities at 12.0%, and statistical neighbours at 9.5%. Good authorities will be aiming at 8% or less.

A high population of teenagers in care will increase the risk of 3+ moves as will a relatively inexperienced workforce, both of which are Devon factors. That is not to excuse poor performance. The Corporate Parenting Board rightly has this as a priority indicator. *I would suggest OSC has a focus on front door activity, rates of children subject of a plan and rates subject of a plan for a short period, as these are priorities for management action.*

7. Risk Management

All risks recorded in the People's Services Risk Register that are escalated to the Corporate Risk Register are shown in Appendix D to this report. Risks are reassessed on a monthly basis and the following changes are noted since Quarter 3:

- One risk (TG24: HR Management Information) has been de-escalated and closed during the period as progress has been made in integrating HR data into the Adult Performance Framework.
- Three new risks have been escalated following review by the Leadership Team People to the Corporate Risk Register:
 - KS19: Continuing Health Care has been escalated due to concerns about the impact of significant delays in assessments and determinations around eligibility resulting in operational inefficiencies, potential clinical risk for people with primary care needs resulting from inappropriate NHS case management; and financial risk to the council and impact on individuals and families.
 - SC13: National Funding Formula and White Paper Implications has been escalated due to the significant financial implications of the consultation proposals to remove funding allocation for school improvement from September 2017. There is a potential time lag

between proposed withdrawal of funding and changes in Local Authority roles and responsibilities.

In addition, the White Paper sets out the Government's intention for universal academisation by 2022, which presents a risk for schools remaining in the maintained sector requiring support and removing of Council capacity. In addition there will be significant costs to the Council to facilitate each academy conversion.

- TG29: Budget Management has been escalated as part of the process to manage possible financial risk to the service.

- Two risks (JO13: Care Leavers in Education, Employment and Training and JO23: Children's Services Budget Pressures and Allocation) have had their current risk assessments revised upwards during the period to reflect on-going concerns about the impact of identified mitigating actions.

Jennie Stephens
Strategic Director (People)

Appendices:

Appendix A: Adult Performance Framework (March 2016)

Appendix B: Children's Social Care Quality Assurance Framework

Appendix C: Education and Learning Q4 Performance

Appendix D: People Risk Register

Electoral Divisions: All

Cabinet member for Performance and Engagement:

Councillor B Parsons

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Local Government Act 1972: List of Background Papers

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Devon Adult Social Care

Senior Leadership Team Adult Social Care Adult Performance Framework March 2016

Vision Priority 1: To ensure that people using services feel safe	
1.1	Are we keeping people safe?
1.1.1	Are people feeling safe?
1.1.2	Do people who receive services think they make them feel safer?
1.1.3	Is our use of Deprivation of Liberties Standards proportionate?
1.1.4	Are safeguarding concerns and enquiries increasing
1.2.	Senior Leadership Team
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?
2.1.1	How do we best measure the impact of prevention?
2.1.2	Is information, advice and signposting diverting people from requiring assessment?
2.1.3	How can we evidence the reducing need of people?
2.1.4	Do people find it easy to access information and advice?
2.2	Are we supporting carers well?
2.2.1	Are carers saying their quality of life is improving?
2.2.2	Are people getting enough social contact?
2.2.3	Are carers being assessed receiving a service as a result?
2.2.4	What proportion of carers receiving a service do so via a personal budget?
2.2.5	What proportion of carers receiving a service do so via a direct payment?
2.2.6	Are we supporting more carers directly?
2.2.7	Are we supporting more carers indirectly?
2.2.8	How many carers are being assessed/identified?

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?
3.1.1	Are people offered and taking up a personal budget?
3.1.2	Are people taking up Direct Payments as the preferred personal budget option?
3.1.3	Are people using personal budgets saying they have more choice and control?
3.1.4	Are allocated budgets in line with assessed need?
3.1.5	Do people receive a service quickly?
3.2	Do we help keep people out of hospital wherever possible?
3.2.1	Are delayed transfers of care reducing?
3.2.2	In particular are delayed transfers of care attributable to social care reducing?
3.2.3	Where there are delayed transfers of care do we understand why?
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?
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?
4.1.1	Are people assessed in a timely way?
4.1.2	Are people reviewed i) 6 - 8 weeks after assessment, and ii) annually?
4.1.3	Is the quality of assessment, review and care planning audited as good?
4.1.4	Is the user/carer perception of the quality of assessment, review and care planning good?
4.1.5	Productivity of teams
4.1.6	Is our safeguarding response timely?
4.1.7	Are safeguarding enquiries and concerns recurring for the same people?
4.1.8	Is our use of Mental Capacity Act assessments proportionate?
4.1.9	What are the outcomes for the clients?
4.1.10	Transitions into Adult Services
4.2	Are we improving peoples lives? OR Are we helping people to improve their lives?
4.2.1	Are younger adults living independently?
4.2.2	Are younger adults in employment?
4.2.3	Are people getting enough social contact?
4.2.4	Are service users saying their quality of life is improving?
4.2.5	What are the outcomes of what we do?

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?
5.1.1	Staff Numbers
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

		2014/15 Benchmarking				2015/16 ACS Targets	2015/16 March Performance
Code	Title	Devon Average	Regional (South West) Average	Comparator (CIPFA) Average	England (National) Average	Devon Target 2015/16	Performance @ Mar 2016
Vision Priority 1: To ensure that people using services feel safe							
1.1 Are we keeping people safe?							
4B	Users who say services have made them feel safe and secure	79.5%	86.9%	84.7%	84.5%	79.9%	79.4%
4A	Users who feel safe	65.8%	68.3%	69.4%	68.5%	66.3%	65.8%
L24	Rate of DOLS per 100,000 population	N/A	N/A	N/A	N/A	N/A	301
L25	Safeguarding alert volumes	N/A	N/A	N/A	N/A	N/A	2,841
L26	Whole service investigation volumes	N/A	N/A	N/A	N/A	N/A	13
APF 1.1.4	Making Safeguarding Personal - meeting preferred outcomes	N/A	N/A	N/A	N/A	N/A	Q3 76.20%
APF 1.1	Further development of Safeguarding measures	N/A	N/A	N/A	N/A	N/A	N/A
1.2 Do 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	45
3A	Overall satisfaction of people who use services with their care and support	68.5%	67.4%	66.0%	64.7%	68.0%	68.5%
APF 1.2.2	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes no/minor concerns): OLD inspection regime	N/A	N/A	N/A	N/A	No Target	Q3 98.0%
APF 1.2.2	Percentage of commissioned services in Devon graded by CQC as Compliant (assumes outstanding/good): NEW inspection regime	N/A	66.0%	N/A	69.0%	No Target	Q3 60.8%
APF 1.2	Further development of Market Provision and Commissioning	N/A	N/A	N/A	N/A	N/A	N/A
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?							
3D part 1	People who find it easy to find information about support	74.7%	76.6%	74.6%	74.5%	71.0%	73.0%
APF 2.1	Further development of reporting for this section	N/A	N/A	N/A	N/A	N/A	N/A
2.2 Are we supporting carers well?							
1D	Carer reported quality of life	8.1	7.9	7.8	7.9	8.2	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%
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	55.4%
1C Part 1 b	Carers receiving self-directed support	89.4%	71.0%	73.1%	77.4%	NO TARGET	97.2%
1C Part 2 b	Carers receiving direct payments for support direct to carer	56.4%	47.7%	60.2%	66.9%	NO TARGET	66.5%
APF 2.2.8	Number of Carers being identified / assessed	N/A	N/A	N/A	N/A	N/A	3197.0
3B	Overall satisfaction of carers with social services	41.4%	41.9%	40.9%	41.2%	46.1%	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%	73.1%	72.3%	73.7%	73.0%
3D part 2	Carers who find it easy to find information about support	66.1%	66.4%	65.2%	65.5%	NO TARGET	66.10%
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?							

Adult's Services APF Scorecard

		2014/15 Benchmarking				2015/16 ACS Targets	2015/16 March Performance
Code	Title	Devon Average	Regional (South West) Average	Comparator (CIPFA) Average	England (National) Average	Devon Target 2015/16	Performance @ Mar 2016
1C Part 1 a	Adults receiving self-directed support	89.9%	79.2%	83.4%	83.7%	NO TARGET	83.5%
1C Part 2 a	Adults receiving direct payments	33.5%	24.7%	28.1%	26.3%	NO TARGET	30.6%
1B	People who have control over their daily life	79.9%	79.9%	78.6%	77.3%	79.0%	79.8%
APF 3.1.4	% variance from Estimated Budget to Agreed Budget	N/A	N/A	N/A	N/A	N/A	3.6%
APF 3.1.4	Average agreed budget	N/A	N/A	N/A	N/A	N/A	£297.00
NI133	Waiting times for Services	N/A	N/A	N/A	N/A	N/A	94.7%
3.2. Do we help keep people out of hospital wherever possible?							
2C Part 1	DTOC (Delayed transfers of care) from hospital per 100,000 population	16.9	15.0	12.7	11.1	10.5	19.2
2C Part 2	DTOC attributable to social care or jointly to social care and the NHS per 100,000 population	4.7	5.9	3.9	3.7	3.0	5.5
2B part 1	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (effectiveness of the service)	88.8%	84.0%	82.9%	82.1%	81.5%	87.1%
2B part 2	Older people (65+) still at home 91 days after hospital discharge into reablement/rehab services (offered the service)	1.4%	3.5%	2.8%	3.1%	3.3%	1.4%
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	88.4%	76.0%	77.3%	74.6%	NO TARGET	87.5%
3.3 Do we help people to remain at home wherever possible? / Are we 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	19.7	16.8	15.1	14.2	17.0	15.6
2A part 2	Long-term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population	601.8	678.2	642.8	668.8	540.5	535.2
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?							
NI 132	Timeliness of social care assessment - new clients assessed within 28 days	N/A	N/A	N/A	N/A	80.0%	67.4%
L37	Annual review - reviewable services	N/A	N/A	N/A	N/A	75.0%	54.6%
APF 4.1.3	Practice Quality Review - % being completed; % of managers completing them; % of assessments reviewed as 'good'	N/A	N/A	N/A	N/A	N/A	42.3%
L74a	Proportion of safeguarding strategy meetings/agreements held within 7 working days	N/A	N/A	N/A	N/A	80%	51.8%
L77	Proportion of safeguarding case conferences held within 30 working days of strategy meetings	N/A	N/A	N/A	N/A	80%	79.55%
L27	Mental Capacity Act assessments completed	N/A	N/A	N/A	N/A	N/A	1,849
APF 4.1	Productivity of Team / Worker - number of assessments completed	N/A	N/A	N/A	N/A	N/A	N/A

Adult's Services APF Scorecard

		2014/15 Benchmarking				2015/16 ACS Targets	2015/16 March Performance
Code	Title	Devon Average	Regional (South West) Average	Comparator (CIPFA) Average	England (National) Average	Devon Target 2015/16	Performance @ Mar 2016
4.2 Are we improving peoples lives OR Are we helping people to improve their lives?							
1G	Adults with a learning disability who live in their own home or with their family	65.6%	69.5%	69.9%	73.3%	72.1%	77.79%
1H	Adults in contact with secondary mental health services living independently, with or without support	60.9%	53.8%	55.2%	59.7%	60.8%	65.3%
1E	Adults with a learning disability in paid employment	6.8%	6.3%	6.1%	6.0%	8.0%	7.7%
1F	Adults with secondary mental health services in paid employment	6.3%	8.4%	8.4%	6.8%	7.4%	6.2%
1I part 1	Adults who reported that they had as much social contact as they would like	42.8%	45.7%	45.4%	44.8%	45.0%	42.9%
1A	Social care related quality of life	19.0	19.3	19.2	19.1	19.0	19.0
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?							
L21	Percentage of working days lost to sickness	N/A	N/A	N/A	N/A	4.8%	3.1%
L23	Staff supervision meetings	N/A	N/A	N/A	N/A	100.0%	89.4%
NEW	Staff appraisal meetings	N/A	N/A	N/A	N/A	100.0%	not reported

Head of Service Commentary March 2016

Adult social care performance continues to perform well against national benchmarks, with the exception of Delayed Transfers of Care (3.2.1). However the service is showing an overall deterioration in performance on key local indicators relating to care management such as the timeliness of assessment and reviews (4.1.1, 4.1.2). Recent benchmarking of incidence and spend also indicates a higher comparative number of people contacting us for support. Work is ongoing to better understand the impact on assessments and support planning to ensure that we only assess and provide services for people who we really need to – and everyone else is appropriately supported to stay safe and well in their local community.

In order to monitor on-going performance, a number of targets have been set based on benchmarked national performance and local metrics. In addition, a range of new indicators are under-development with the service to better reflect the priority areas within the Adult Performance Framework, for example:

- Safeguarding
- Market quality, sufficiency and price
- Care management productivity
- Practice quality assurance

Identified key priority areas for 2016-17 are highlighted below.

The care management aspect of the service has recently reorganised with the learning disability and older peoples and physical disability teams being integrated to form new community health and social care teams; integration of the learning disability function into Care Direct Plus centres is now underway. The staffing establishment has been a significant concern but following concerted activity, including a regrading for social workers, the establishment is returning to more normal vacancy levels. The focus now needs to be on improvement of the key performance areas and the action will be to:

- Agree the best measures of team and worker productivity, set targets and monitor against them;
- improve efficiency by eliminating duplicative/unnecessary processes;
- improve demand management, pre-contact, at point of contact and when people are receiving services.

It is recognised that with a backlog of work, the timeliness of assessments completed may get worse before it gets better; we will closely monitor the number of assessments and reviews completed to ensure that the underlying trend is improving. As part of our new performance framework, and following the Peer Review of June 2015, we have introduced more systematic quality assurance of practice (4.1.3) and the Principal Social Worker is using this to target areas for improvement e.g. through our training programme.

In relation to Delayed Transfers of Care (3.2.1), agreement has been reached with NHS organisations on a revised version of the multi-agency Better Care Fund plan. This includes a commitment from NHS providers to record delays consistently across Devon which may have a beneficial impact on the indicator but this is not clear as yet. There is a DCC action plan in place and assured with partners regarding improvement in particular in addressing the minority of delays attributable to social care with emerging signs of beneficial impact: the number of people awaiting packages of care in their own homes is reducing, people are being assessed in hospital at weekends.

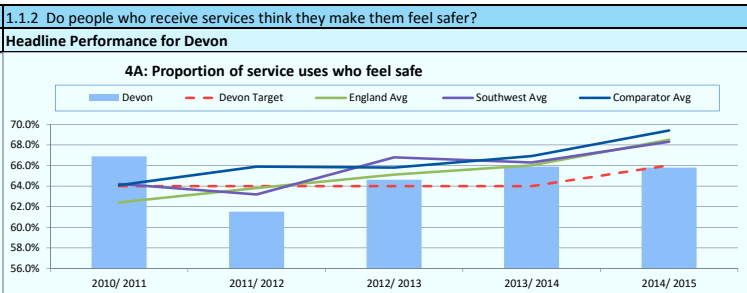
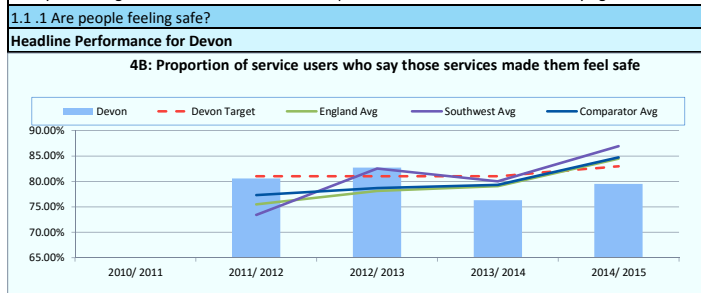
The trend in Care Quality Commission inspection outcomes of providers registered in Devon is improving (1.2.2), with the proportion rated Good and Outstanding now in line with comparators, and the trend in whole home safeguarding investigations down over the previous year. We are addressing ensuring sufficiency of service at the right quality and an affordable price through the implementation of a new personal care framework, with lead providers now identified through a competitive tender process, through reconsidering our approach to commissioning residential/nursing care and through agreeing increases in price to recognise inflationary pressures in the market including that of the National Living Wage.

Keri Storey, Head of Adult Social Care
Tim Golby, Head of Social Care Commissioning

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Tim Golby, Head of Social Care Commissioning

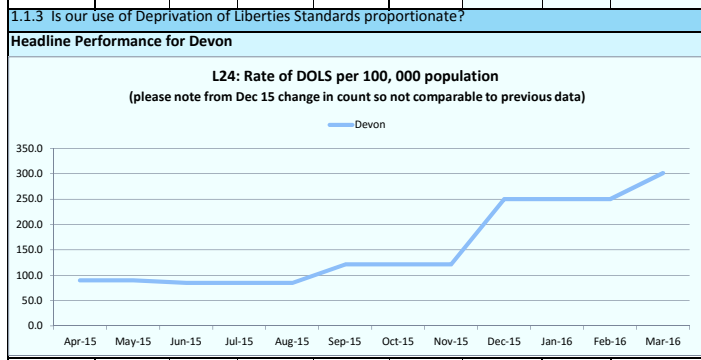
1.1 Are we keeping people safe?

Summary of Performance (Insight and Impact analysis) -
 Service user views are captured annually as part of the national Adult Social Care User Survey. This enables performance to be benchmarked against England, Regional and Statistical Neighbour authorities. Published data relates to 2014-15, where Devon performance remains below benchmarks for both ASCOF perception measures of 'safety' (4A: proportion of service users who feel safe and 4B: proportion of service users who say those services made them feel safe). Provisional outcomes for 2015-16 show improvements in both indicators. Following the Cheshire West ruling, there is significant pressure in the system with regard to Deprivation of Liberties Safeguards (DoLS) with numbers continuing to increase. Waiting lists for applications stood at 2,789 at the end of March. The number of safeguarding enquiries/concerns are slowly increasing. Local metrics are under development to better understand underlying causes.



4B	2011/2012	2012/2013	2013/2014	2014/2015	Target	England Avg 14/15	SW Avg 14/15	Comp. Avg 14/15
Devon	80.6%	82.7%	76.30%	79.40%	83.00%	84.50%	86.90%	84.70%

4A	2011/2012	2012/2013	2013/2014	2014/2015	Target	England Avg 14/15	SW Avg 14/15	Comp. Avg 14/15
Devon	61.5%	64.6%	65.90%	65.80%	66.00%	68.50%	68.30%	69.40%

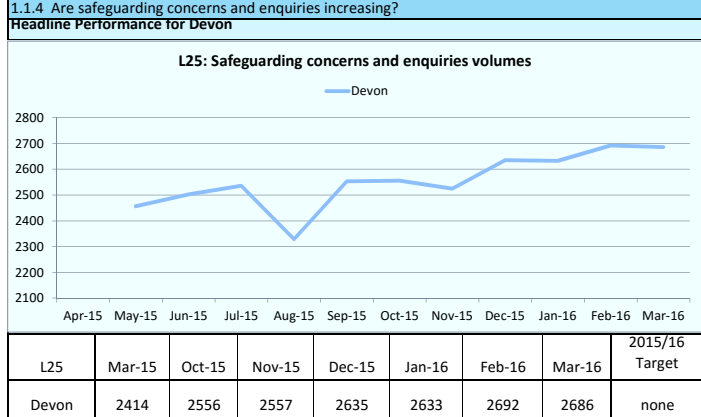


Summary of DoLS applications for 2015/16

Month	New Applications	Closed	Granted	Not Granted	Withdrawn	Waiting List
April	223	69	17	50	2	1972
May	208	99	39	57	3	2081
June	270	115	24	87	4	2236
July	273	230	18	208	4	2279
August	214	138	31	106	0	2355
September	230	88	13	74	1	2497
October	257	197	23	174	0	2557
November	245	146	14	129	3	2656
December	253	175	28	145	1	2733
January	152	166	21	141	2	2711
February	283	239	35	203	1	2747
March	248	200	30	142	28	2789

Please Note: L24 has been recalculated from December 2015 onwards based on outcomes in the quarter and not applications received.

L24	Mar-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Devon	90.0	121.1	121.1	121.1	249.5	249.5	249.5	301.3



Summary from fortnightly Safeguarding report March 2016

	Individual	Whole Service	Total
Total new safeguarding concerns in last month	45	3	48
Total open safeguarding concerns	128	10	138
Number of concerns closed within last fortnight	223	14	237
Number of forms closed in last fortnight going on to enquiry*	49	1	50
Percentage of forms closed in last fortnight going on to enquiry*	22.00%	7.10%	21.10%
Average length of time closed concerns are open for (days)	21.1	32.3	21.7

	East	North	South	Blank
Total new safeguarding concerns in last month (individual)	12	14.00	17.00	2.00
Total new safeguarding concerns in last month (Whole Service)	0	1	2	0
Number of concerns closed within last month (individual)	109	40.00	68.00	6.00
Number of concerns closed within last month (Whole Service)	5	3	5	1
Percentage of forms closed in last month going on to enquiry* (individual)	28.40%	17.50%	13.20%	33.30%
Percentage of forms closed in last month going on to enquiry* (Whole Service)	0.00%	33.30%	0.00%	0.00%

Outcomes of closed Safeguarding Enquiries for January - March 2016

Completed Enquiries	East	North	South	Blank	Total
Risk reduced	17	7	17	3	44
Risk remains	2	0	1	0	3
Risk removed	6	2	10	1	19
No further action under safeguarding	3	1	2	2	8
Blank	2	1	2	0	5
Grand Total	30	11	32	6	79

Making Safeguarding Personal - meeting preferred outcomes

Completed Enquiries	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4
Preferred outcome is recorded	81	41.10%	73	57.90%
Preferred outcome had been met	36	18.30%	20	15.90%
Preferred outcome partially met	8	4.10%	8	6.30%
Preferred outcome not met	72	36.50%	25	19.80%
Total completed enquiries	197	126	104	79

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

Summary of Performance (Insight and Impact analysis) -

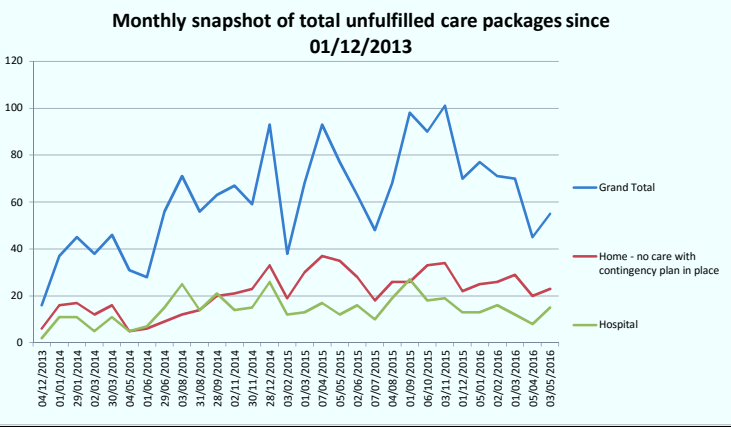
The Care Quality Commission (CQC) changed its inspection regime in October 2014. Quality is assessed by the percentage of all social care providers rated Good or Outstanding by CQC. Performance has steadily been improving and was at 65% (2 March 2016) which is in line with rate for England, and slightly lower than the South West region rate of 67%. Quality in the residential sector (79%) is markedly higher than for community based care providers (62%). This remains a priority areas for development along with a better understanding of market sufficiency and price.

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 03/05/2016. There were a total of 55 people with unfulfilled care packages that week, of which 17 were new to the list in that week. As at the end of March 2016 there were 3,919 people in receipt of personal care, meaning UCPs represent 1.4% of personal care clients. Whilst Eastern has the most Unfulfilled packages of care, Southern has 1 case which have 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	23	1	13	37	17
Between 4 & 7 Weeks	5	1	2	8	0
Between 8 & 11 Weeks	2		1	3	0
Between 12 & 15 Weeks	1		1	2	0
Between 16 & 19 Weeks		2		2	0
25 Weeks	1			1	0
36 Weeks			1	1	0
24 Weeks			1	1	0
Grand Total	32	4	19	55	17



Further areas in development:-

What about DTOC specific to res nursing placements and care at home?

Market Position Statement

Area for development: commissioned care by fee levels, including market premiums

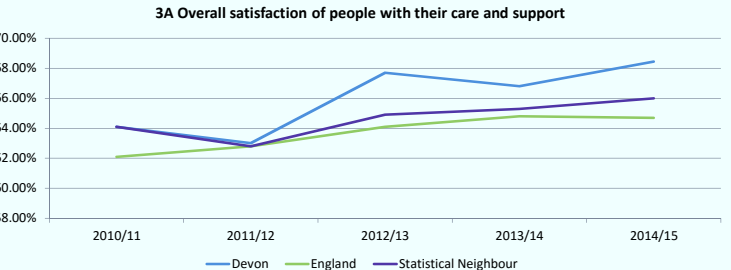
Area for development: commissioned care by fee levels, including market premiums

Compare RAS to actual spend

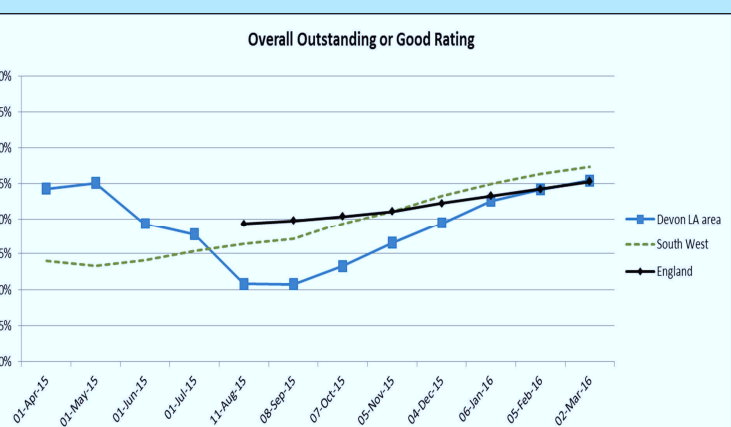
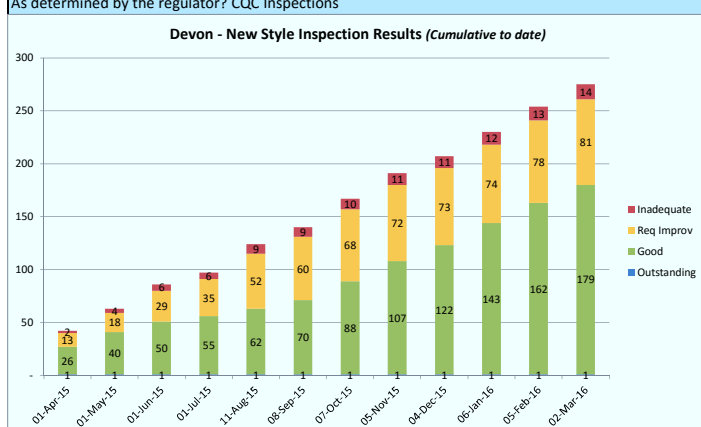
1.2.2 Is the supply for residential/nursing care, personal care and unregulated care of adequate quality?:

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
Devon	64.1%	63.00%	67.70%	66.80%	68.45%
England	62.1%	62.80%	64.10%	64.80%	64.70%
SN	64.10%	62.80%	64.90%	65.30%	66.00%



As determined by the regulator? CQC Inspections



Other areas in development: Summary of QAIT team processes; As viewed by the users of the services and their carers? CQC Ratings reports; Suspension reporting from the QAIT; Healthwatch checks

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 1.

2.1.1 How do we best measure the impact of prevention?

Area for discussion and development
 Primary – public health outcomes framework
 Secondary – community capacity building, information and advice, reablement/rehabilitation/recovery etc
 Tertiary – Social Care Reablement/Community Enabling, Time for Life

2.1.2 Is information, advice and signposting diverting people from requiring assessment?

to be redeveloped with headlines from the new monthly team productivity data - content to be agreed with SLT

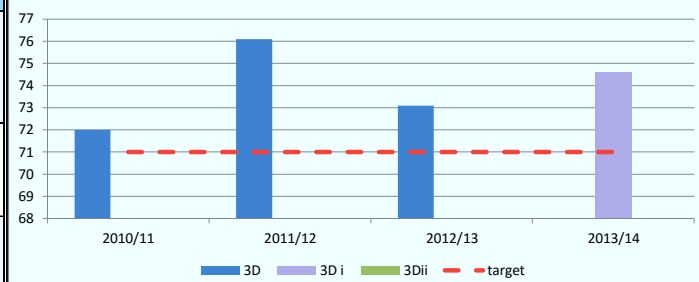
2.1.3 How can we evidence the reducing need of people?

2.1.4 Do people find it easy to access information and advice?

Headline Performance for Devon

	2010/11	2011/12	2012/13	2013/14	2014/15	Target
3D - Proportion of people who use services and carers who find it easy to find information about services	72	76.1	73.1			
3D(1) - Proportion of people who use services who find it easy to find information about services				74.6	74.7	71.0
3D(2) - Proportion of carers who find it easy to find information about services					66.1	

3D service users & carers find information about services easy

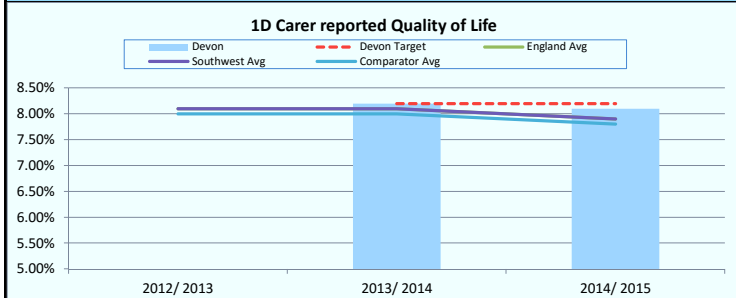


2.2 Are we supporting carers well?

Summary of Performance (Insight and Impact analysis) -

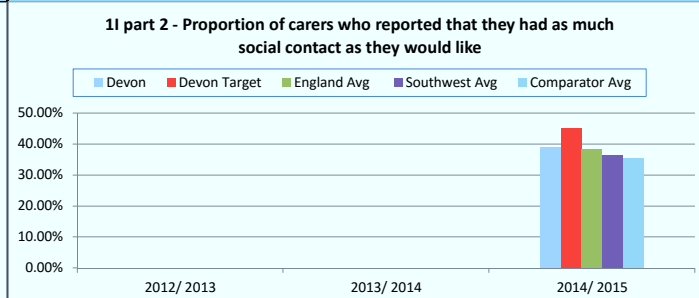
Implementation of the carers elements of the Care Act has resulted in a revised three tier offer for carers, which has resulted in significant practice and process changes. The Care Act provided carers with an entitlement to individual assessment and during 2015-16, 4,059 Carers Assessments have been started, of which 3,283 had been completed by 31st March 2016. Of the completed assessment forms 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?



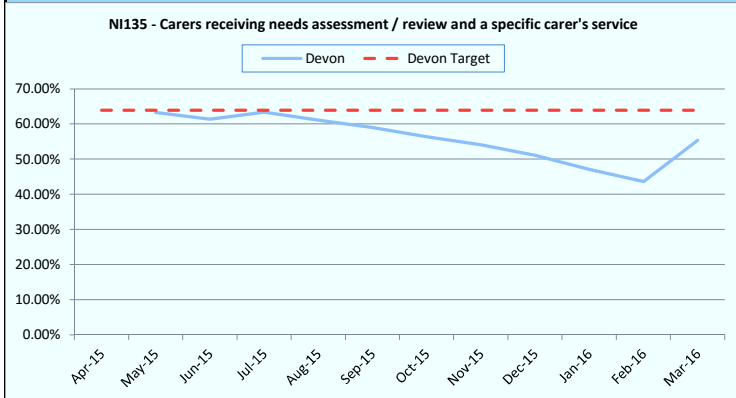
1D	Devon 2013/14	Eng 13/14	SW 13/14	Devon 2014/15	Eng 14/15	SW 14/15	Devon Target
	8.2%	8.1%	8.1%	8.1%	7.9%	7.9%	8.20%

2.2.2 Are people getting enough social contact?



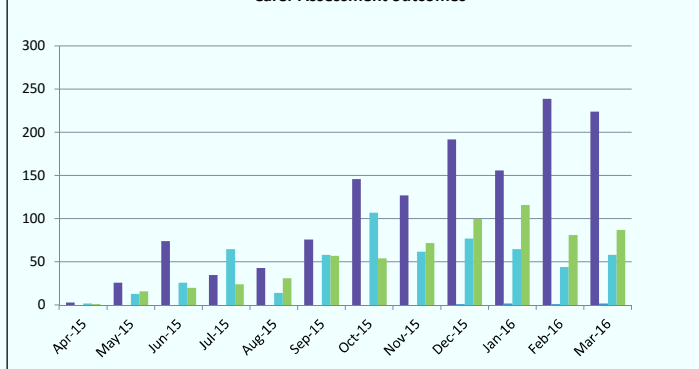
1I pt 2	2014/15	Target 15/16	Eng 14/15	SN 14/15
Devon	39	45	38.5	35.6

2.2.3 Are carers being assessed receiving a service as a result?



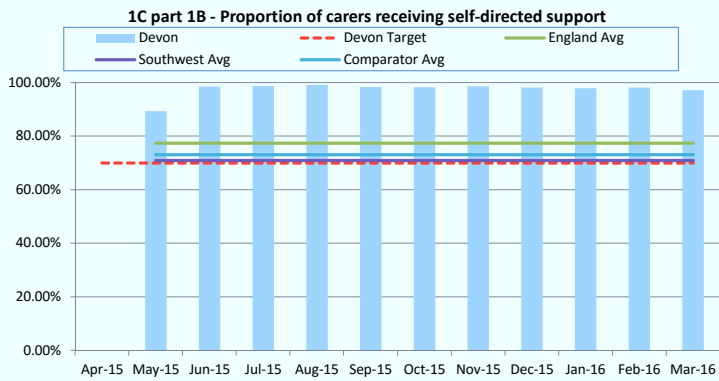
NI135	Mar-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Devon	54.14%	59.04%	56.44%	54.10%	51.17%	47.16%	43.63%	55.37%

Carer Assessment outcomes

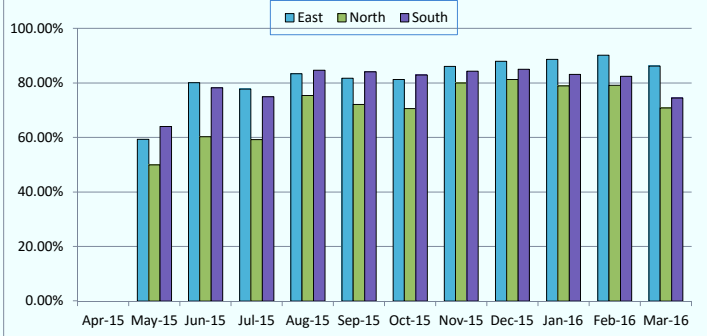


Category	Value
Social Care Offer	39
Social Care Offer -- carer Out of County	45
Universal Services Only	38.5
Universal Services/ Targeted Support	35.6

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



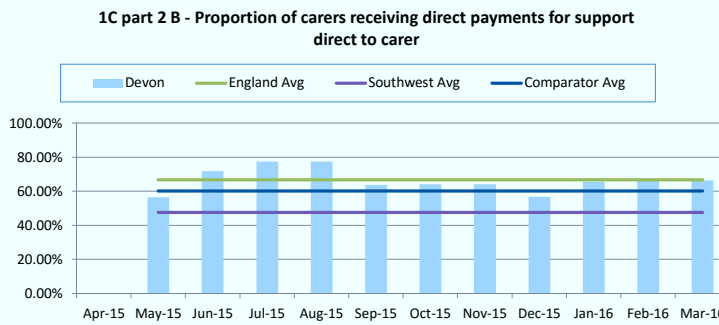
1C part 1B - Proportion of carers receiving self-directed support



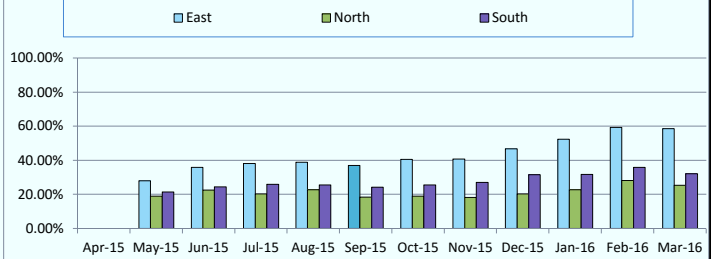
1C pt 1B	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Eng 14/15	SW 14/15
Devon	98.33%	98.69%	98.15%	98.00%	98.15%	97.20%	77.40%	71.00%

1C pt 1B	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	83.45%	81.82%	81.38%	86.18%	87.97%	88.70%	90.26%	86.22%
North	75.44%	72.22%	70.69%	80.00%	81.36%	78.95%	79.25%	70.91%
South	84.69%	84.21%	82.98%	84.38%	85.15%	83.19%	82.52%	74.58%

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



1C part 2 B - Proportion of carers receiving direct payments for support direct to carer



1C (2B)	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Eng 14/15	SW 14/15
Devon	64.09%	64.21%	56.89%	65.71%	66.77%	66.50%	66.90%	47.70%

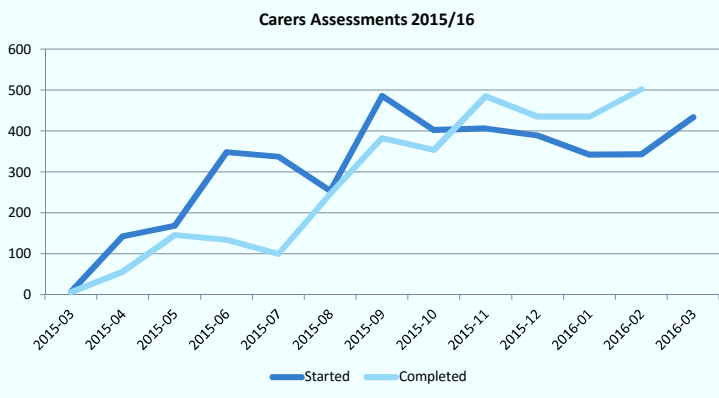
1C (2B)	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	37.06%	40.69%	40.79%	46.84%	46.84%	52.54%	59.49%	58.67%
North	18.52%	18.97%	18.33%	20.34%	20.34%	22.81%	28.30%	25.45%
South	24.21%	25.53%	27.08%	31.68%	31.68%	31.86%	35.92%	32.20%

2.2.6 Are we supporting more carers directly?

2.2.7 Are we supporting more carers indirectly?

Area in development: Carers benefiting from a service provided to the cared for person (replacement care)

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

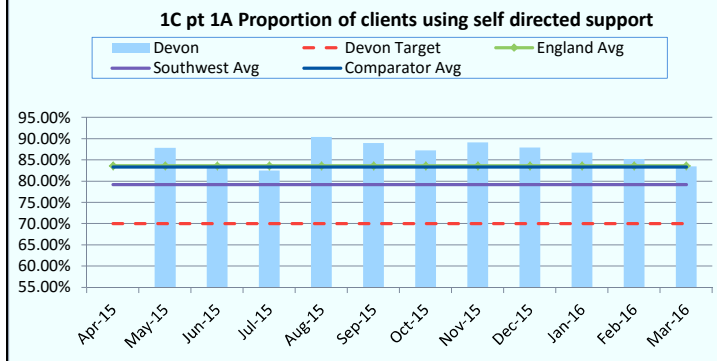
3.1. Are we extending choice and control?

Summary of Performance (Insight and Impact analysis) -

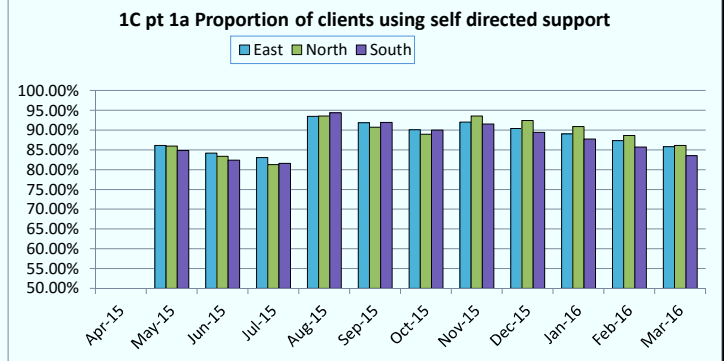
Devon performs well against the national personalisation metrics: ASCOF 1C parts 1A and 2A, which measure self directed support and direct payments; benchmarking in excess of comparators in 2014-15. Current performance against both measures has declined during 2015-16 and is currently under investigation. 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 care packages. Data shows that for Learning Disability service users Agreed budgets are routinely lower than Estimated, whereas the converse is true for Older People and Physical Disability service users. When service users are receiving a service form, nearly 95% of Support Plans are started within 28 days from the end of the assessment.

3.1.1 Are people offered and taking up a personal budget?

Headline Performance for Devon



Area breakdown of performance



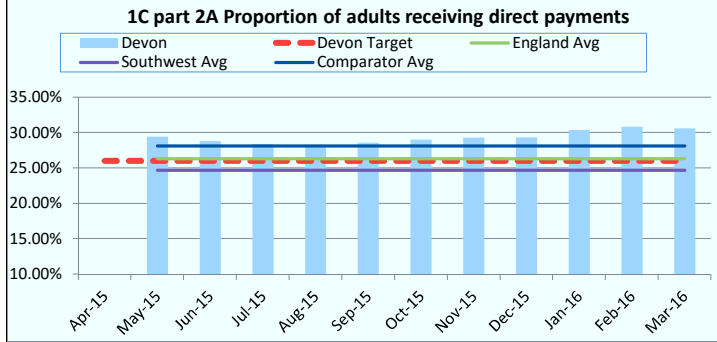
IC 1a	Mar-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Devon 14/15	Eng 14/15
Devon	89.90%	89.16%	87.98%	86.75%	85.23%	83.49%	89.90%	83.70%

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

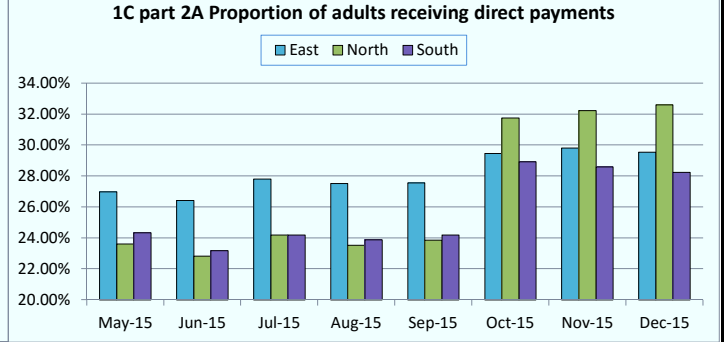
IC 1a	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Jan-15	Feb-15	Mar-15
East	91.87%	90.16%	92.04%	90.47%	89.08%	90.47%	87.41%	85.82%
North	90.78%	88.99%	93.62%	92.49%	90.92%	92.49%	88.68%	86.20%
South	91.96%	90.08%	91.61%	89.48%	87.80%	89.48%	85.75%	83.56%

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

Headline Performance for Devon



Area breakdown of performance

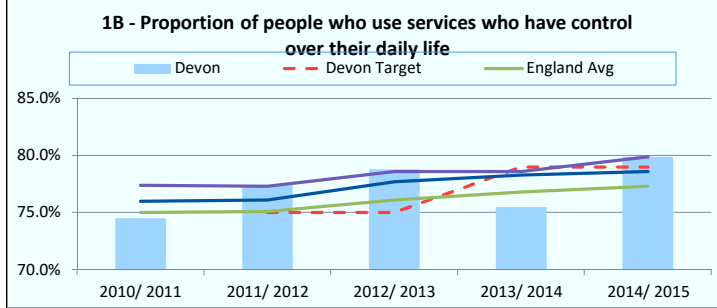


1C part 2A	Mar-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Devon 14/15	Eng 14/15
Devon	31.20%	29.33%	30.38%	30.81%	30.81%	30.62%	33.50%	26.30%
Target	26.00%	26.00%	26.00%	26.00%	26.00%	26.00%		

1C part 2A	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	27.52%	27.55%	29.46%	29.81%	29.54%	30.44%	30.61%	30.63%
North	23.52%	23.85%	31.75%	32.23%	32.61%	33.55%	33.33%	32.85%
South	23.88%	24.18%	28.92%	28.58%	28.23%	28.58%	28.63%	28.15%

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

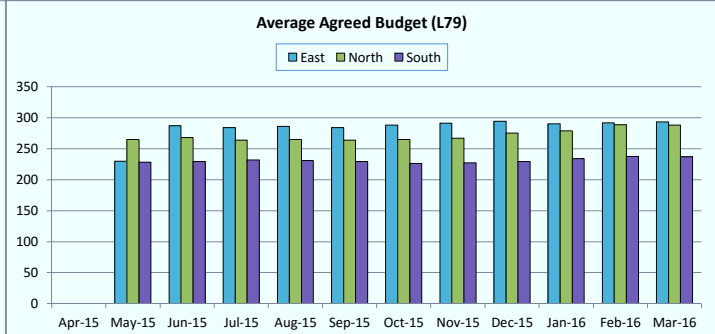
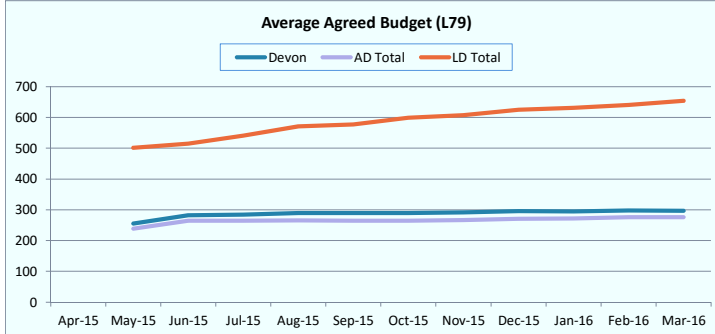
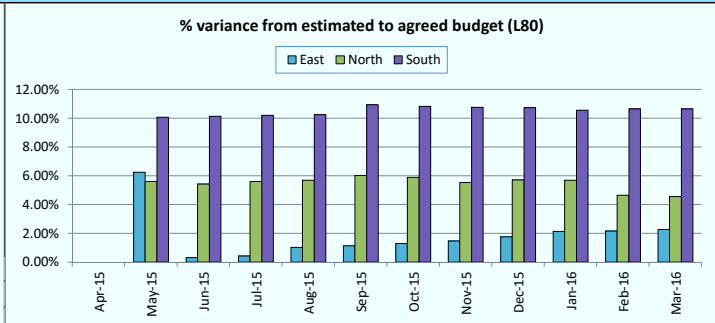
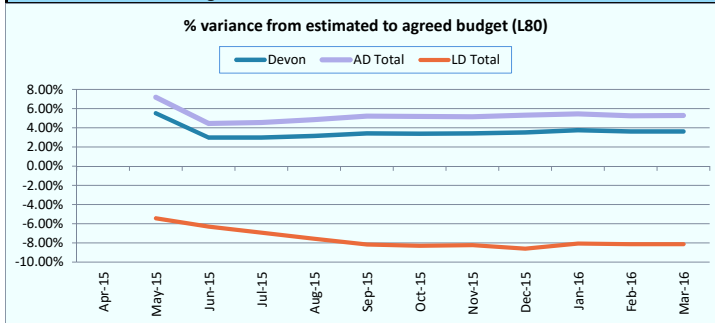
Headline Performance for Devon



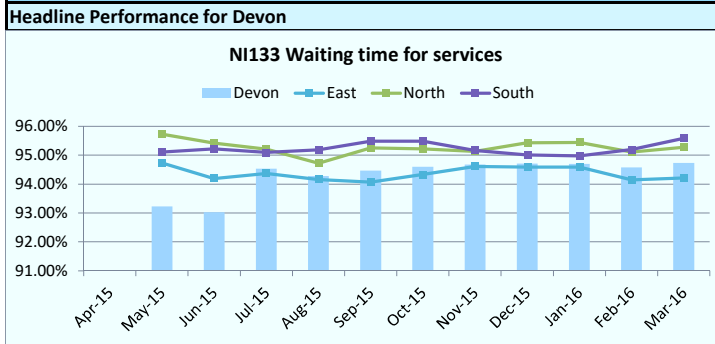
This National Indicator is taken from the Annual Users Survey. Devon's performance for 2014/15 has improved slightly to 79.9% and is meeting the 2014/15 target. Performance in Devon is higher than the 2014/15 England average of 77.3% and the 2013/14 SW regional average of 78.60%

1B	2010/11	2011/12	2012/13	2013/14	2014/15	Target 15/16	Eng 14/15	Comp 14/15
Devon	74.50%	77.40%	78.70%	75.50%	79.84%	79.00%	77.30%	78.60%

3.1.4 Are allocated budgets in line with assessed need?



3.1.5 Do people receive a service quickly?



NI133	Mar-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Devon	94.81%	94.47%	94.60%	94.67%	94.71%	94.70%	94.57%	94.73%
East	95.28%	94.07%	94.33%	94.61%	94.59%	94.59%	94.14%	94.21%
North	95.83%	95.25%	95.22%	95.13%	95.43%	95.44%	95.11%	95.27%
South	94.78%	95.48%	95.48%	95.16%	95.01%	94.97%	95.19%	95.58%

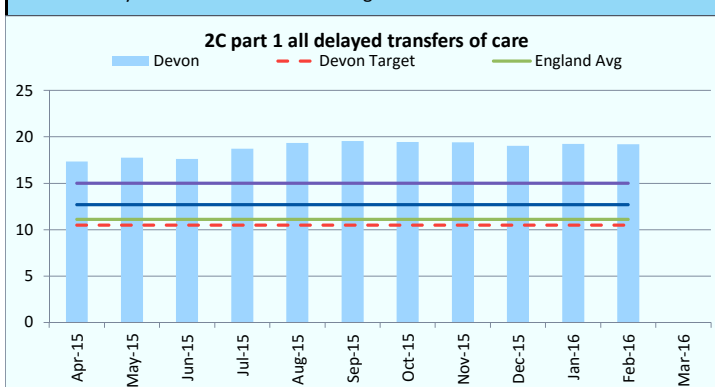
area to be developed - Waiting times for service provision; meeting most eligible need for lowest cost

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

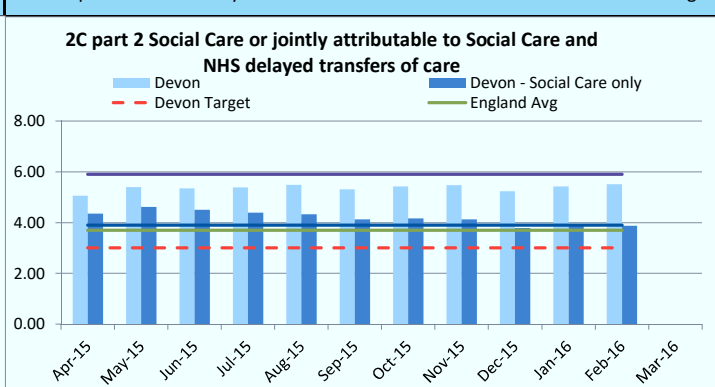
Summary of Performance (Insight and Impact analysis) -

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 declined to 19.2 per 100,000 population and is well in excess of the 2014-15 England (11.1) and Regional (15.0) 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. This affected the largest number of patients (561 out of 1,436) and caused the largest number of days of delay (16,534 out of 45838). For acute beds the RD&E has the largest number of delayed patients (672 out of 1,436). For non-acute beds, the provider with the largest delays is NDHT (270 out of 1,436), however, it should be noted that this covers all community hospitals in Eastern and Northern. ASCOF 2C (part 2) measures delays attributable to social care/both: current performance has declined to 5.51 and is in excess of target (3.0) and the 2014-15 national comparator (3.7). Over the last 12 months, 412 patients were delayed due to social care/both, the highest reason for delay was awaiting care package in own home which affected 87 patients (21%). 83 (20%) patients were delayed due to waiting for a Residential Home placement, 79 (19%) were waiting for completion of assessment and awaiting Nursing Home placement affected 72 patients (17%). Devon performs well with regard to the effectiveness of its reablement offer (ASCOF 2B part 1), but poorly with regard to its coverage (ASCOF 2B part 2) which is being addressed through the Better Care Fund.

3.2.1 Are delayed transfers of care reducing?

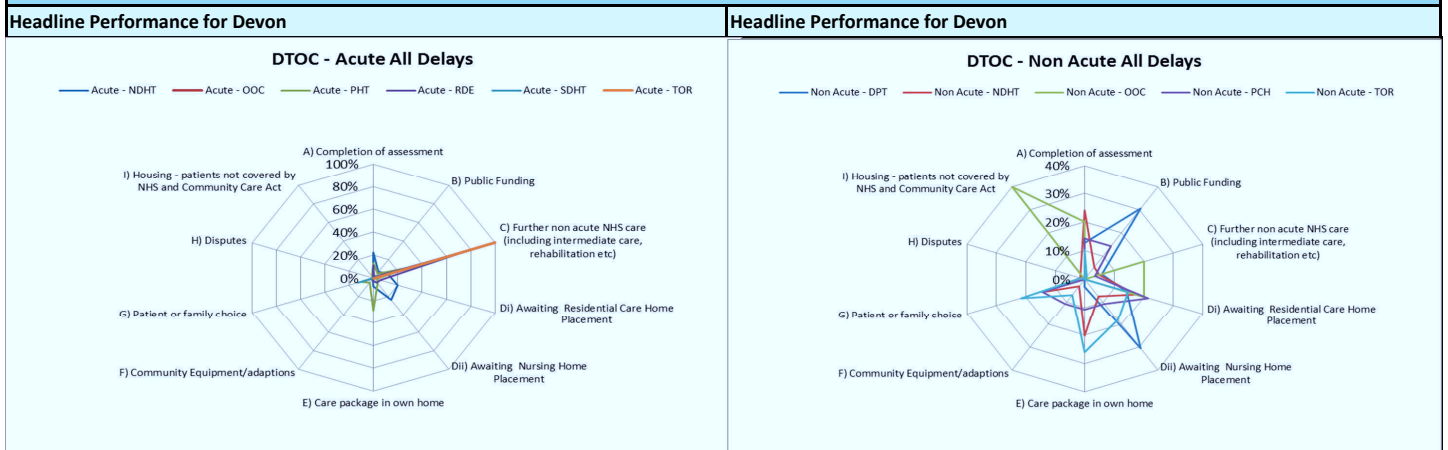


3.2.2 In particular are delayed transfers of care attributable to social care reducing?

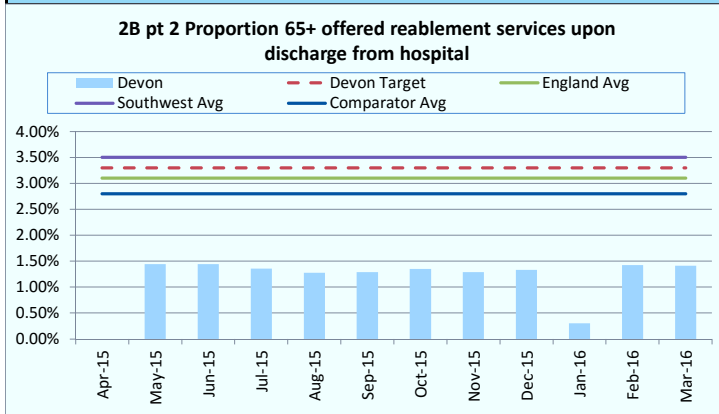


2C pt 1	Mar-15	Nov-15	Dec-15	Jan-16	Feb-16	Target 15/16	Devon 14/15	Eng 14/15	2C pt 2	Mar-15	Nov-15	Dec-15	Jan-16	Feb-16	Target 15/16	Devon 14/15	Eng 14/15
Devon	17.76	19.43	19.04	19.23	19.2	10.5	16.9	11.1	Devon	4.11	5.48	5.24	5.43	5.51	3.00	4.7	3.7

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



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

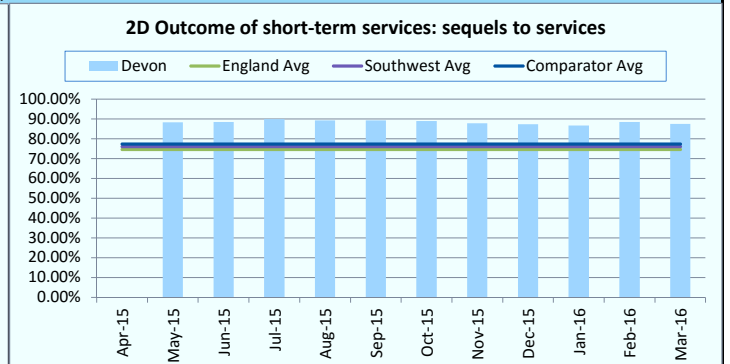
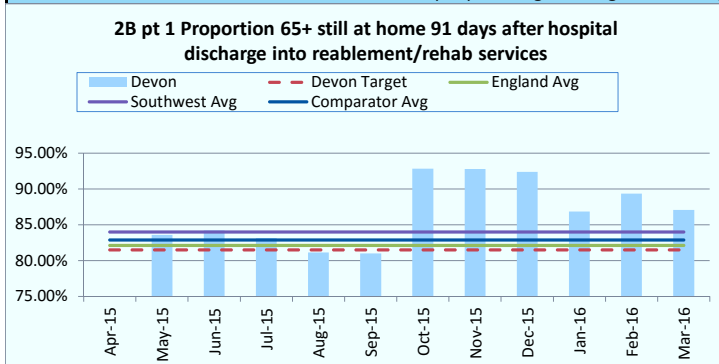


The table below shows the number of referrals across Devon into Social Care Reablement for the quarter January - March 2016. It also shows the number of clients who fully completed their SCR service and number where the outcome was NFA. 162 clients (38.39%) required no further action.

	No. of new referrals	SCR Service completed as planned	SCR Service not completed - finished early	Total number of SCR Service completed with an outcome of NFA
Exeter	167	61	21	24
Honiton	87	28	11	1
Tiverton	90	39	16	6
East TOTAL	344	128	48	31
Barnstaple	226	65	29	60
North TOTAL	226	65	29	60
SHWD	133	75	14	19
Teignbridge	134	45	18	52
South TOTAL	267	120	32	71
TOTAL	837	313	109	162

2B pt 2	Dec-15	Jan-16	Feb-16	Mar-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	1.33%	0.30%	1.42%	1.41%	3.30%	1.40%	3.10%	3.50%

3.2.5 Is the reablement and rehabilitation of older people being discharged from hospital effective?



2B pt 1	Mar-15	Jan-16	Feb-16	Mar-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	87.50%	86.84%	89.34%	87.09%	81.50%	88.80%	82.10%	84.00%

2D	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Devon 14/15	Eng 14/15	SW 14/15
Devon	87.81%	87.42%	86.67%	88.48%	87.53%	88.40%	74.60%	76.00%

3.2.6 Is ASC contributing to minimising hospital admissions?

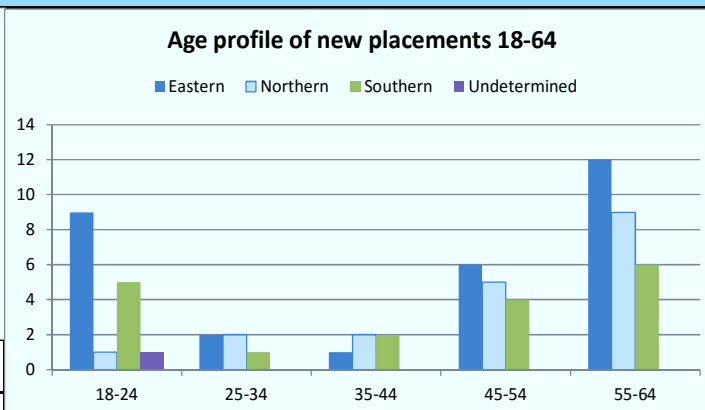
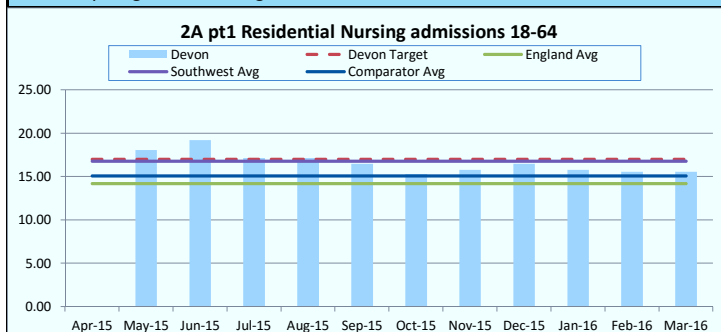
area to be developed
 Health report on Avoidable Emergency Admissions – anything else? Do CHSC Teams reduce admissions?
 Link to the ECM service.
 BCF target – Emergency Admissions

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) -

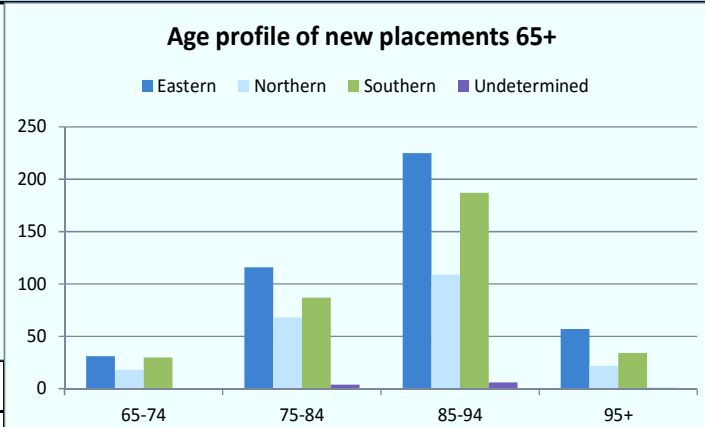
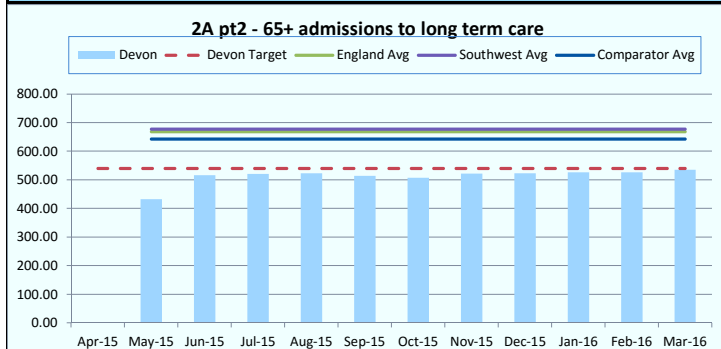
Permanent admissions to residential and nursing care (ASCOF 2A) for service users aged 18-64 (part 1) and 65 and over (part 2) have seen an improvement during 2015-16 when compared to 2014-15. Performance for both parts of the indicator is ahead of target. For the 18-64 cohort, performance remains above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

3.3.1 Are younger adults being maintained in their own homes?



2A pt 1	Mar-15	Jan-16	Feb-16	Mar-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	19.31	15.78	15.55	15.55	17.00	19.7	14.2	16.8

3.3.2 Are older adults being maintained in their own homes?



2A pt 2	Mar-15	Jan-16	Feb-16	Mar-16	Target 15/16	Devon 14/15	Eng 14/15	SW 14/15
Devon	441.08	526.63	527.17	535.23	540.5	601.8	668.8	678.2

3.3.3 Are we reducing the balance of residential vs community services?

to be developed

3.3.4 Is there a balance of service provision in the market place? Are there adequate services to meet community need?

Area of development-Market Position Statement

3.3.5 Are we increasing the number of people we support in the community?

Area for development :Rate of people receiving a community based service per 100,000;

Area for development :Rate of people receiving SCR/CE or Personal Care per 100,000

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

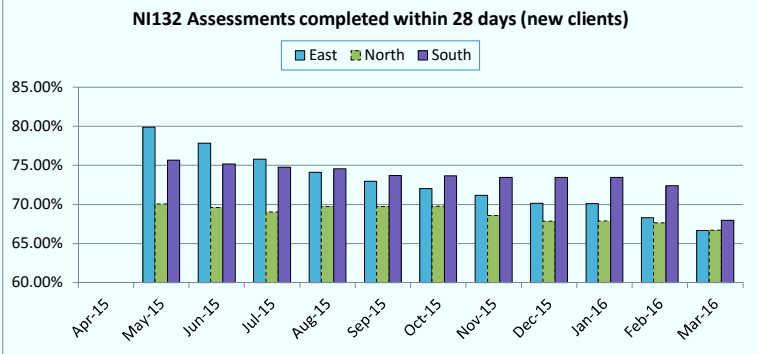
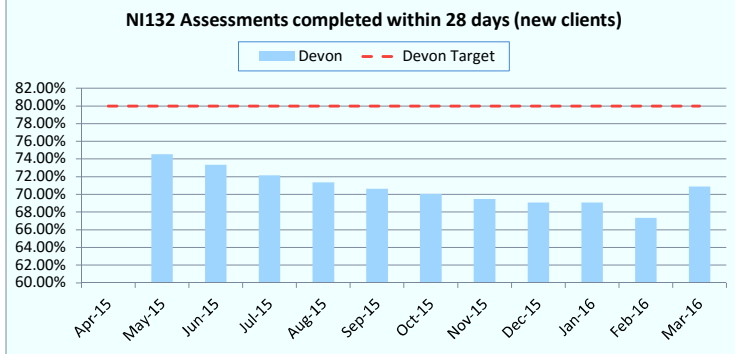
4.1. Are we delivering an effective care management service?

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?

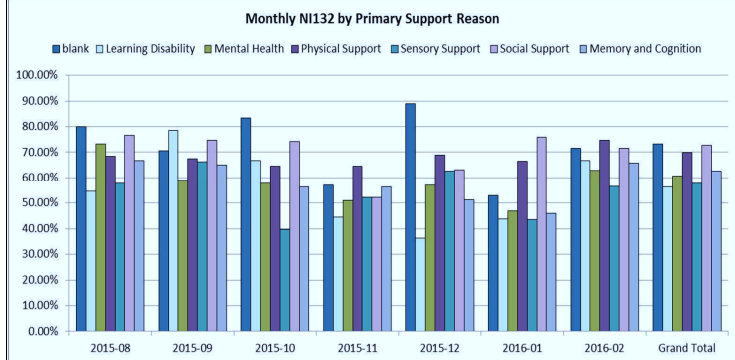
NI132 Timeliness of assessment



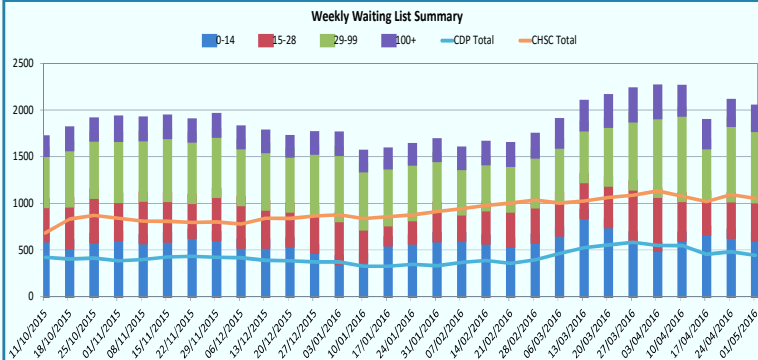
NI132	Mar-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	14/15 Devon	Target
Devon	74.50%	69.48%	69.08%	69.07%	67.36%	70.87%	74.50%	80.00%

NI132	Mar-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	79.42%	72.96%	72.02%	71.15%	70.14%	70.12%	68.29%	66.66%
North	69.06%	69.73%	69.76%	68.59%	67.84%	67.88%	67.65%	66.71%
South	76.40%	73.71%	73.65%	73.45%	73.48%	73.45%	72.40%	67.97%

NI132 Assessments by Primary Support Reason

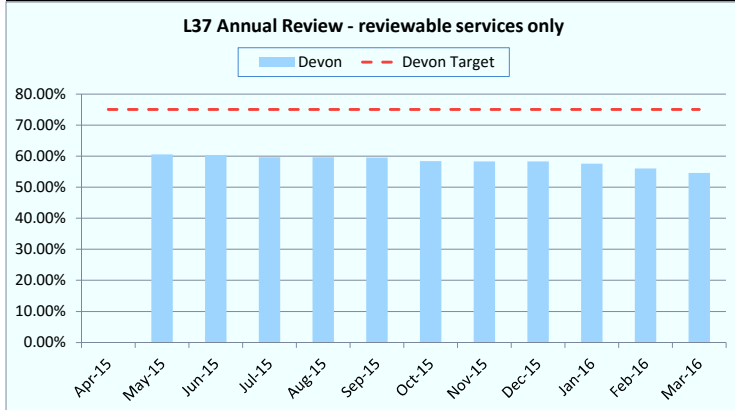


Waiting List for Devon



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

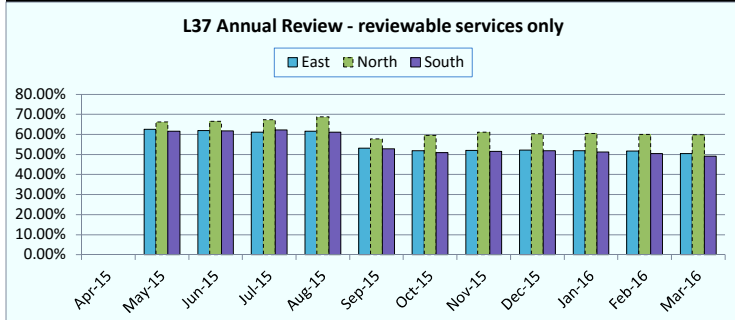


L37	Mar-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Target
Devon	62.02%	58.44%	58.28%	58.28%	57.58%	56.04%	54.55%	75.00%

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

	1) Under 31 days	2) 31 to 90 days	3) 91 to 365 days	4) Over 365 days	Total Overdue	Total Due	Grand Total
Eastern	216	312	735	426	1,689	2697	4386
18-64	86	131	368	261	846	730	1576
65+	130	181	366	164	841	1965	2806
No DOB			1	1	2		2
Under 18						2	2
Northern	141	103	234	146	624	1412	2036
18-64	47	32	140	121	340	326	666
65+	94	71	94	25	284	1083	1367
No DOB						1	1
Under 18						2	2
Southern	172	275	620	435	1,502	1919	3421
18-64	57	106	229	196	588	484	1072
65+	115	169	391	238	913	1435	2348
No DOB				1	1		1
Grand Total	529	690	1,589	1,007	3,815	6028	9843

L37 performance breakdown by Area



L37 performance breakdown by Area

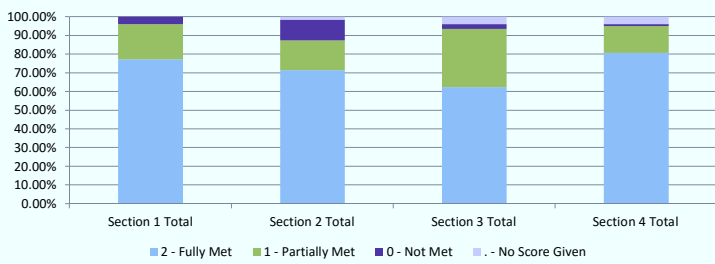
L37	Mar-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	64.01%	53.16%	51.87%	51.94%	52.23%	51.89%	51.68%	50.40%
North	65.47%	57.71%	59.45%	61.04%	60.37%	60.43%	59.97%	59.84%
South	62.40%	52.89%	50.93%	51.55%	51.90%	51.20%	50.41%	49.09%

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

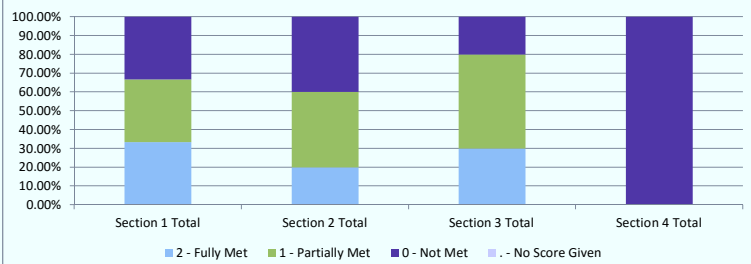
Summary of March 2016 Practice Quality Review

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 March, 70 cases were identified for review with 33 completed (47.14%). The process is currently being embedded and it is anticipated that completion rates will improve over time. Of those cases reviewed in March (33), a total 75.28% of all questions are scored as Fully met, with 18.71% being Partially met. During March, 7 Safeguarding Practice Quality Reviews were requested and 3 completed (42.85%). Of these, in total 16.67% were scored as Fully met and 22.92% being Partially met. Further reporting metrics are in development with the Principal Social Worker.

March 2016 Practice Quality Review Scores



March 2016 Safeguarding Adults Practice Quality Review Scores



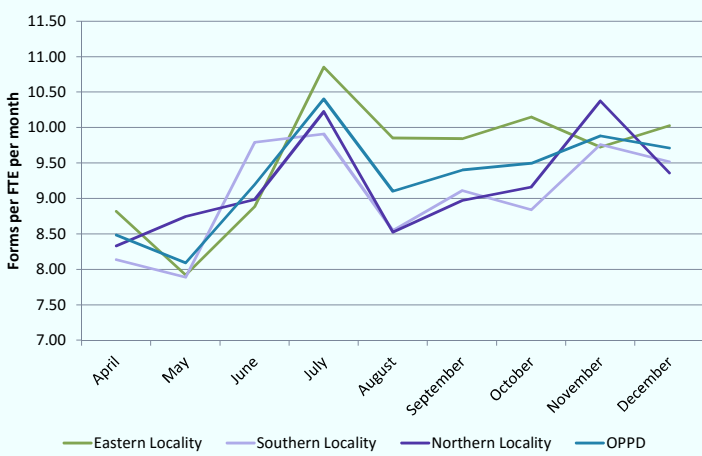
4.1.4 Is the user/carer perception of the quality of assessment, review and care planning good?

to be developed - summary of quarterly complaints / compliments

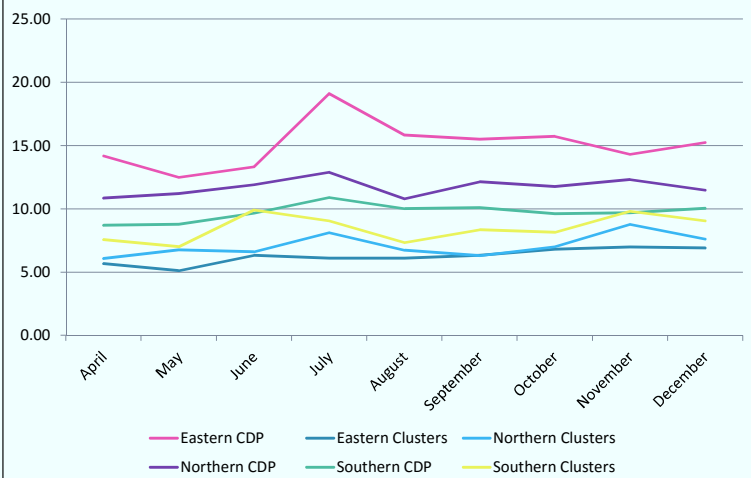
Area for development - feedback

4.1.5 Productivity of teams

Number of Assessments and Reviews completed per FTE per month by Area

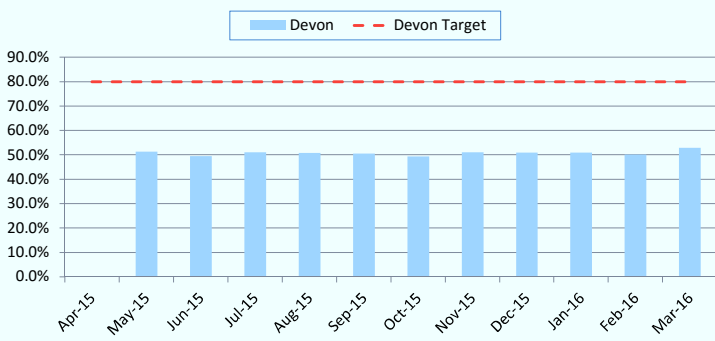


Completed Assessment and Reviews per FTE per month by team type

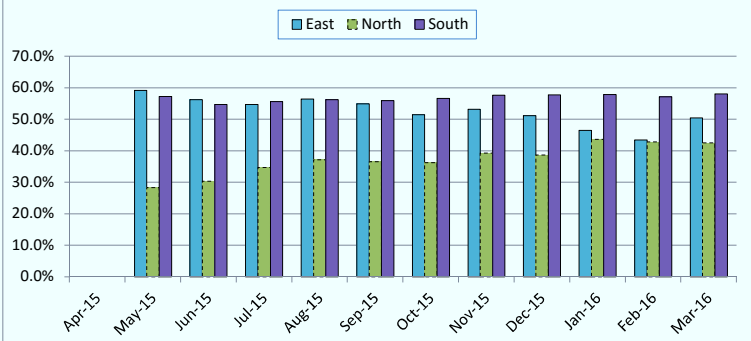


4.1.6 Is our safeguarding response timely?

L74a Safeguarding Strategy meetings held within 7 days



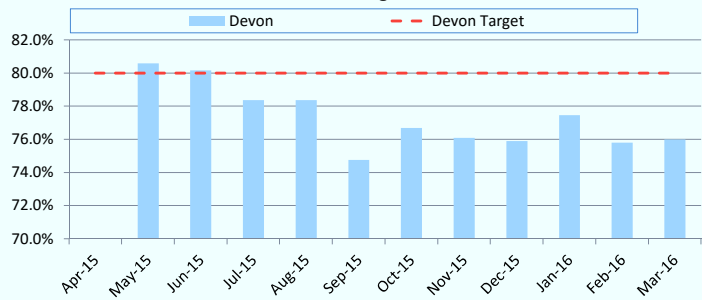
L74a Safeguarding Strategy meetings held within 7 days



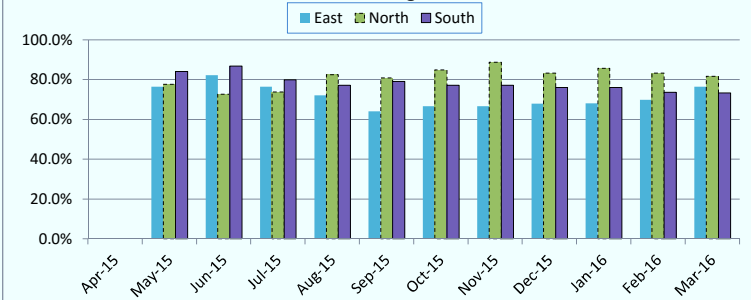
L74a	Mar-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Target
Devon	49.12%	49.40%	51.10%	50.90%	51.00%	50.13%	52.99%	80.00%

L74a	Mar-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	57.62%	54.97%	51.52%	53.23%	51.18%	46.55%	43.48%	50.46%
North	21.92%	36.62%	36.23%	39.34%	38.71%	43.64%	42.86%	42.55%
South	56.41%	56.00%	56.67%	57.73%	57.80%	57.94%	57.14%	58.06%

L77 Safeguarding Case Conferences held within 30 days of Strategy Meeting



L77 Safeguarding Case Conferences held within 30 days of Strategy Meeting



L77	Mar-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Target
Devon	82.20%	76.70%	76.10%	75.90%	77.50%	75.81%	76.00%	80.00%

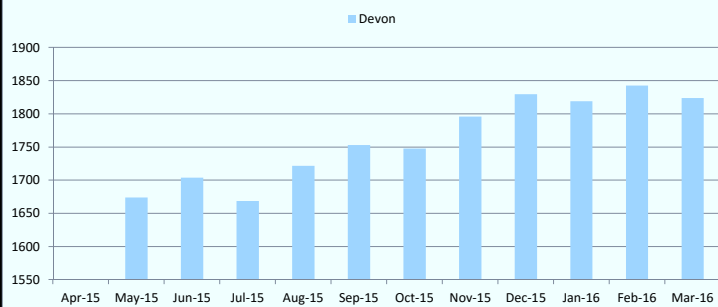
L77	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	72.22%	64.10%	66.67%	66.67%	68.00%	68.18%	70.00%	76.47%
North	82.61%	80.95%	85.00%	88.89%	83.33%	85.71%	83.33%	81.82%
South	77.27%	79.17%	77.27%	77.27%	76.19%	76.19%	73.68%	73.33%

4.1.7 Are safeguarding enquiries and concerns recurring for the same people?

Area in development: Repeat enquiries and concerns within 12 months

4.1.8 Is our use of Mental Capacity Act assessments proportionate?

L27 Mental Capacity Act assessments completed



L27	Mar-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Devon	1,598	1,753	1,748	1,796	1,830	1,819	1,843	1,824

4.1.9 What are the outcomes for the clients?

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

4.1.10 Transitions into Adult Services

Area in development: Preparing for Adulthood activity monitoring and reporting

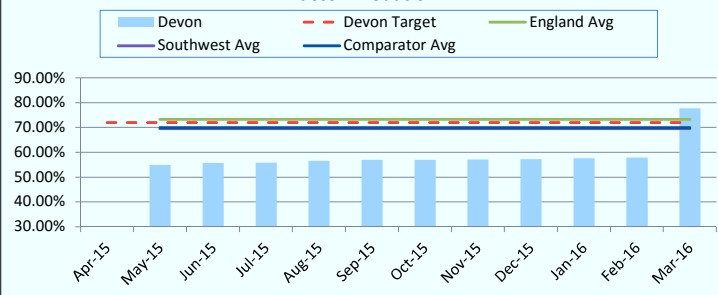
4.2 Are we improving peoples lives OR Are we helping people to improve their lives?

Summary of Performance (Insight and Impact analysis) -

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 2014-15 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 below all 2014-15 benchmarks with regard to employment and in excess of 2014-15 comparators 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.

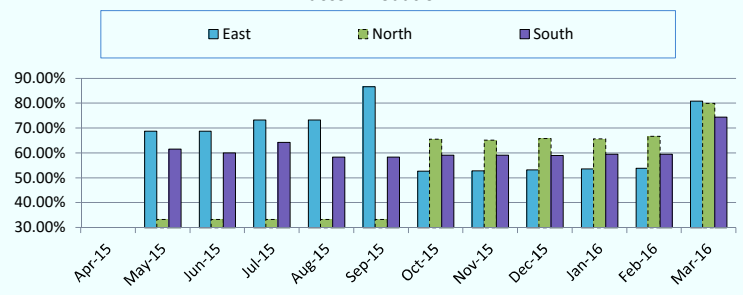
4.2.1 Are younger adults living independently?

1G Proportion of adults with learning disabilities in stable accommodation



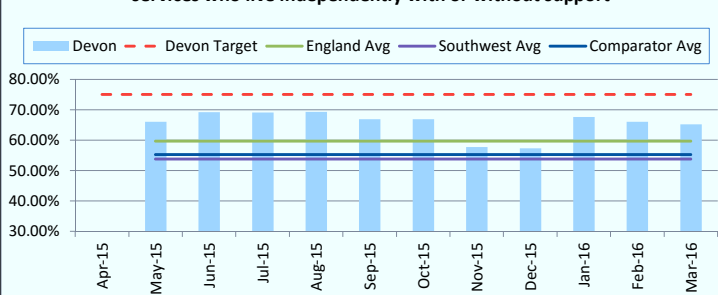
1G	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Target	Devon 14/15	England 14/15
Devon	71.24%	57.32%	57.65%	57.88%	77.79%	72.10%	65.60%	73.30%

1G Proportion of adults with learning disabilities in stable accommodation



1G	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	73.33%	86.67%	52.71%	52.84%	53.30%	53.58%	53.87%	80.92%
North	33.33%	33.33%	65.56%	65.22%	65.85%	65.77%	66.76%	79.95%
South	58.33%	58.33%	59.17%	59.15%	59.06%	59.51%	59.60%	74.50%

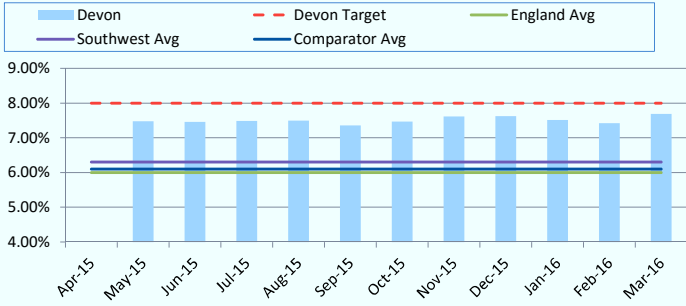
1H Proportion of adults in contact with secondary mental health services who live independently with or without support



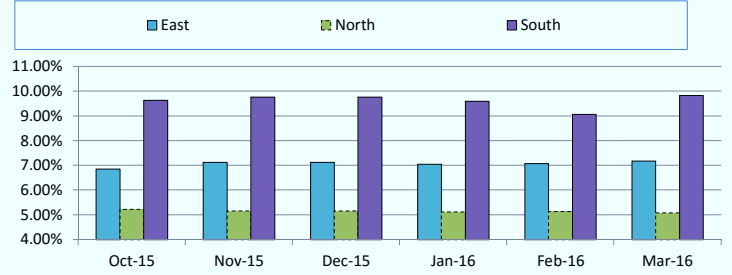
1H	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Target 15/16	England 14/15	SW 14/15
Devon	63.58%	57.31%	67.67%	66.04%	65.27%	75.00%	59.70%	53.80%

4.2.2 Are younger adults in employment?

1E Proportion of adults with learning disabilities in paid employment



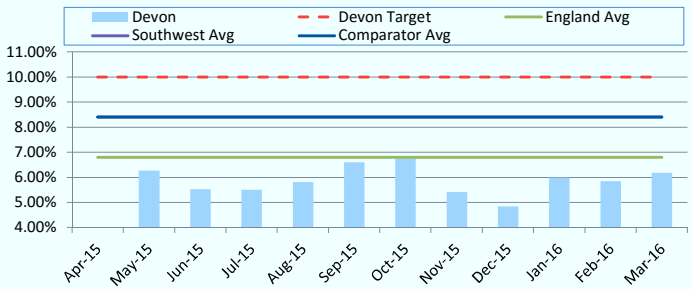
1E Proportion of adults with learning disabilities in paid employment



1E	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Target	Devon 14/15	England 14/15
Devon	9.04%	7.63%	7.52%	7.42%	7.69%	8.00%	6.80%	6%

1E	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
East	6.85%	7.12%	7.12%	7.05%	7.07%	7.18%
North	5.23%	5.16%	5.16%	5.12%	5.14%	5.08%
South	9.63%	9.76%	9.76%	9.59%	9.06%	9.83%

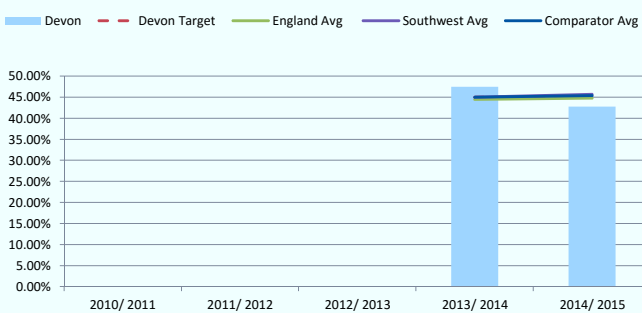
1F Proportion of adults in contact with secondary mental health in paid employment



1F	Mar-15	Dec-15	Jan-16	Feb-16	Mar-16	Target	Devon 14/15	England 14/15
Devon	6.36%	4.84%	5.99%	5.85%	6.19%	10.00%	6.30%	6.80%

4.2.3 Are people getting enough social contact?

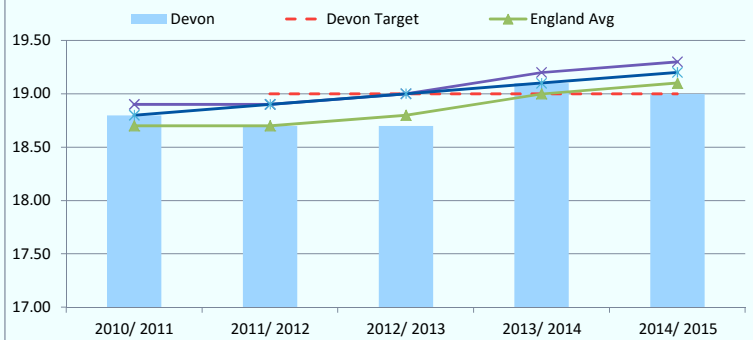
1I part 1 Proportion of people who use services who reported that they had as much social contact as they would like



1I pt 1	2013/14	2014/15	Target 15/16	England 14/15	SW 14/15
Devon	47.50%	42.80%	45%	44.80%	45.70%

4.2.4 Are service users saying their quality of life is improving?

1A Social Care related quality of life



1A	2010/11	2011/12	2012/13	2013/14	2014/15	Target 15/16	England 14/15	Comp. 14/15
Devon	18.8	18.7	18.7	19.1	19.0	19.0	19.1	19.2

4.2.5 What are the outcomes of what we do?

Area for development: Information from service users annual reviews What data is on the review tab? What can it tell us? Embedding of the POET questionnaire into future practice and process

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 and 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 2014-15 turnover rates for Social Workers and Occupational Therapists is in excess of the national benchmarks published in the NMDS-SC. Internally comparing turnover between roles shows higher turnover in Social Workers than for Occupational Therapists and other assessment roles. The recent regrading of Social Workers is starting to stabilise this position. Sickness absence levels are currently good and below target, but the level of absence attributable to mental health/psychological issues (14.69%) could give cause for concern. The qualification profile of the workforce is good with over 38% qualified to NVQ Level 4 or above. There is an improving trend in the numbers of supervision and appraisals being undertaken.

5.1.1 Staff FTE

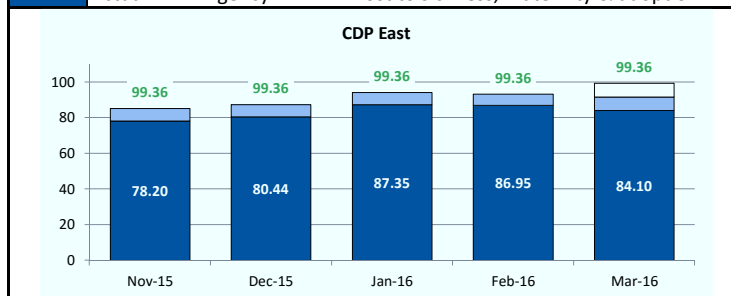
The following charts aim to show the actual FTE worked during the month compared to the budgeted FTE. They also show a breakdown of agency staff employed, vacancies and FTE lost to sickness, maternity and adoption leave. The negative figure for Mar-16 Vacancy for HSCT South is because of an error where no Budgeted FTE is displayed for the Hospital Discharge Team. Agency and vacancy data is only available since March 2016

Key:

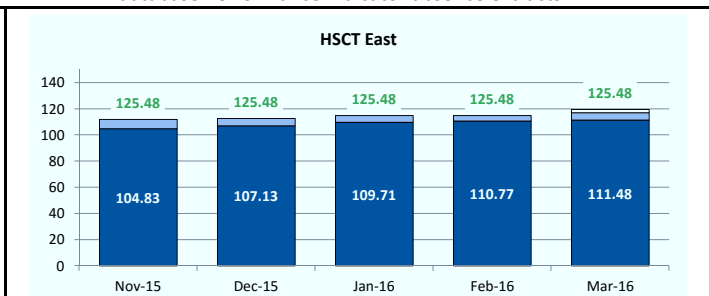
- 999 Budgeted FTE
- Vacancies
- FTE lost to sickness, maternity & adoption leave
- Actual FTE + Agency FTE - FTE lost to sickness, maternity & adoption

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

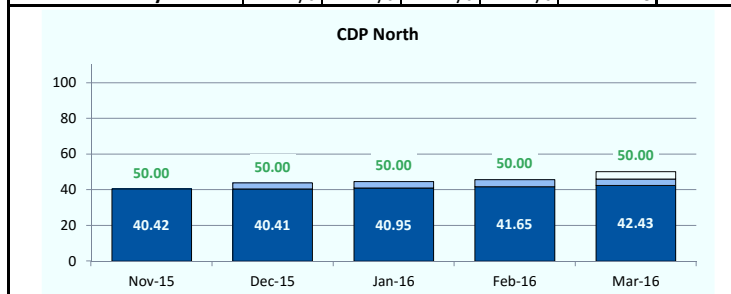
Data sources:
 HR database Budgeted FTE monthly extract
 HR database Performance Indicator absence extracts



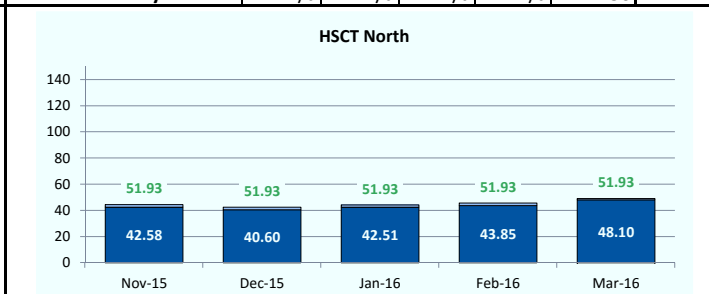
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	4.07	3.52	3.18	2.60	4.91
Maternity & Adoption	2.84	3.41	3.65	3.65	2.65
Agency	n/a	n/a	n/a	n/a	0.00
Vacancy	n/a	n/a	n/a	n/a	7.70



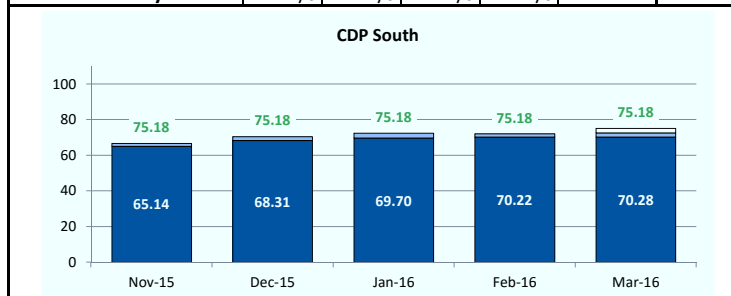
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	5.42	3.93	3.66	2.60	3.91
Maternity & Adoption	1.59	1.59	1.59	1.59	1.59
Agency	n/a	n/a	n/a	n/a	7.41
Vacancy	n/a	n/a	n/a	n/a	2.50



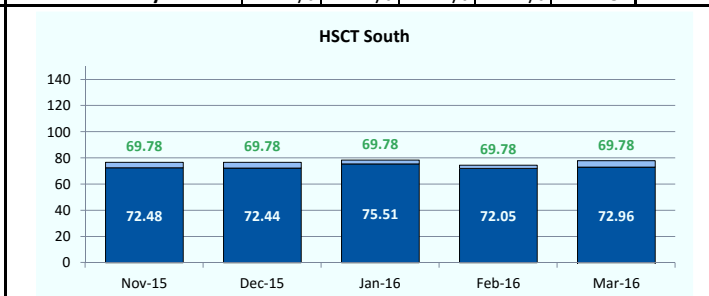
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	1.83	1.96	2.97	2.63	2.45
Maternity & Adoption	1.65	1.65	1.00	1.00	1.00
Agency	n/a	n/a	n/a	n/a	0.00
Vacancy	n/a	n/a	n/a	n/a	4.12



	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	1.75	4.33	3.10	2.25	2.35
Maternity & Adoption	1.81	1.81	1.81	1.81	1.00
Agency	n/a	n/a	n/a	n/a	2.00
Vacancy	n/a	n/a	n/a	n/a	-1.52

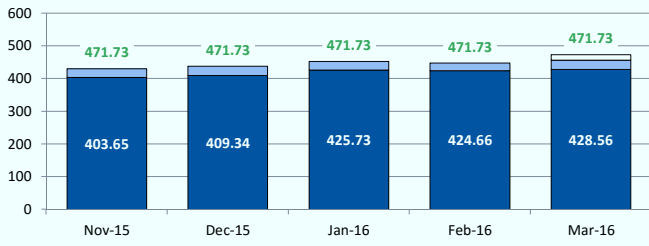


	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	1.44	2.17	2.79	1.86	2.26
Maternity & Adoption	0.00	0.00	0.00	0.00	0.00
Agency	n/a	n/a	n/a	n/a	1.00
Vacancy	n/a	n/a	n/a	n/a	2.64



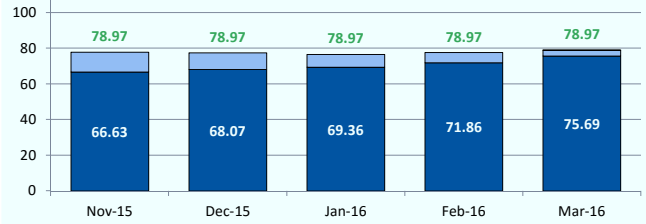
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	2.62	2.66	1.29	0.75	2.45
Maternity & Adoption	1.61	1.61	1.61	1.61	2.42
Agency	n/a	n/a	n/a	n/a	9.50
Vacancy	n/a	n/a	n/a	n/a	-13.05

Care Management



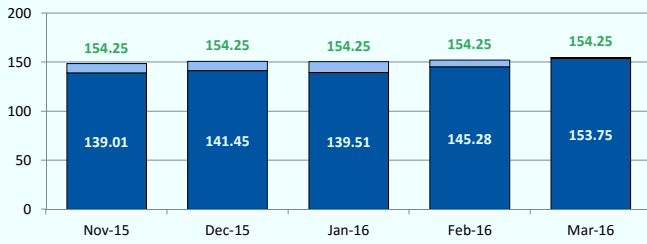
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	17.13	18.56	16.99	13.52	19.12
Maternity & Adoption	9.50	10.07	9.66	9.66	8.66
Agency	n/a	n/a	n/a	n/a	19.91
Vacancy	n/a	n/a	n/a	n/a	16.96

Residential



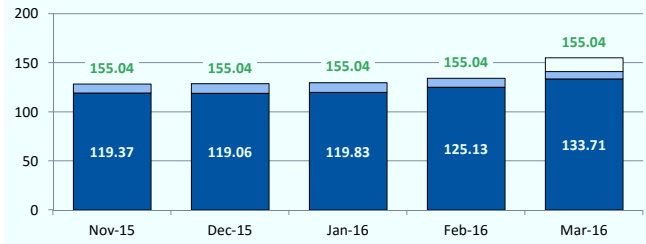
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	6.70	6.05	5.21	4.19	2.26
Maternity & Adoption	4.39	3.27	2.02	1.46	0.87
Agency	n/a	n/a	n/a	n/a	0.00
Vacancy	n/a	n/a	n/a	n/a	0.15

Community Teams



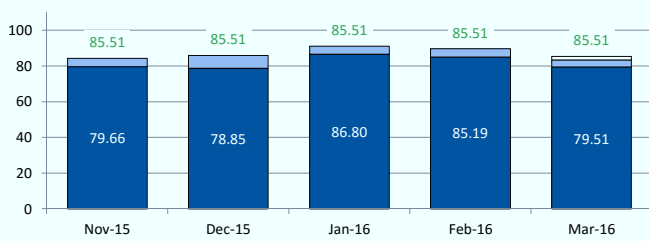
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	8.62	8.60	10.13	6.19	7.92
Maternity & Adoption	0.81	0.81	0.81	0.81	0.81
Agency	n/a	n/a	n/a	n/a	0.00
Vacancy	n/a	n/a	n/a	n/a	0.19

Social Care Reablement



	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	6.12	6.63	6.99	6.25	5.91
Maternity & Adoption	2.95	2.95	2.95	2.95	1.30
Agency	n/a	n/a	n/a	n/a	0.00
Vacancy	n/a	n/a	n/a	n/a	14.11

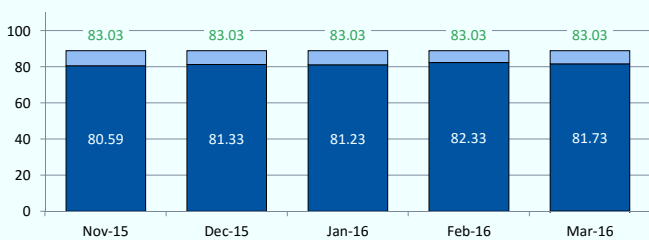
Social Care Commissioning



	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	3.67	6.08	3.36	3.57	3.02
Maternity & Adoption	1.00	1.00	1.00	1.00	1.00
Agency	n/a	n/a	n/a	n/a	0.00
Vacancy	n/a	n/a	n/a	n/a	1.98

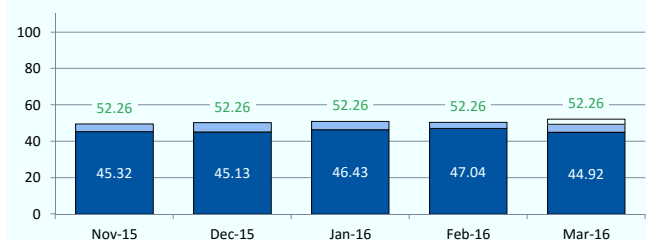
The charts below aim to show the actual FTE worked during the month compared to the budgeted FTE for Senior Social Workers and Occupational Therapists. They also show a breakdown of agency staff employed, vacancies and FTE lost to sickness, maternity and adoption leave.

Senior Social Worker



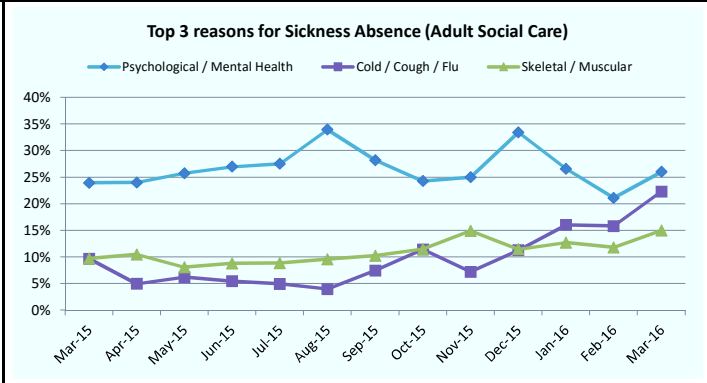
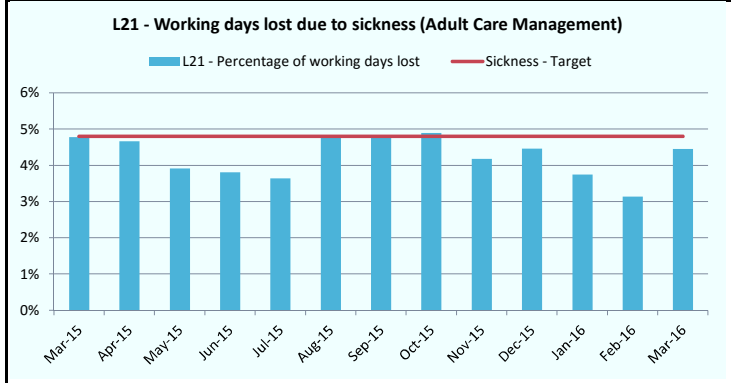
	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	3.90	3.16	3.27	2.16	3.57
Maternity & Adoption	4.41	4.41	4.41	4.41	3.59
Agency	n/a	n/a	n/a	n/a	17.10
Vacancy	n/a	n/a	n/a	n/a	1.98

Occupational Therapist

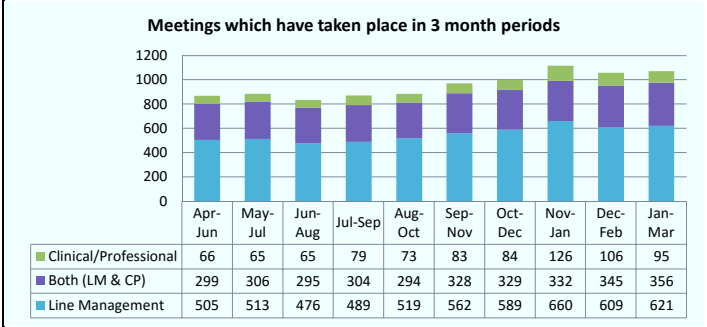
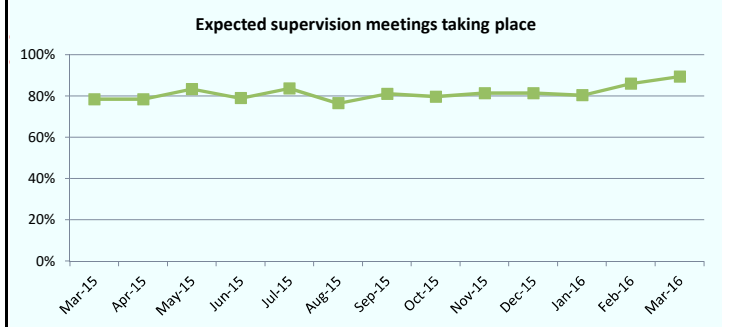


	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
FTE Lost to Sickness	2.55	3.46	2.96	1.71	2.00
Maternity & Adoption	1.61	1.61	1.61	1.61	2.42
Agency	n/a	n/a	n/a	n/a	2.81
Vacancy	n/a	n/a	n/a	n/a	2.92

5.1.2 Absence



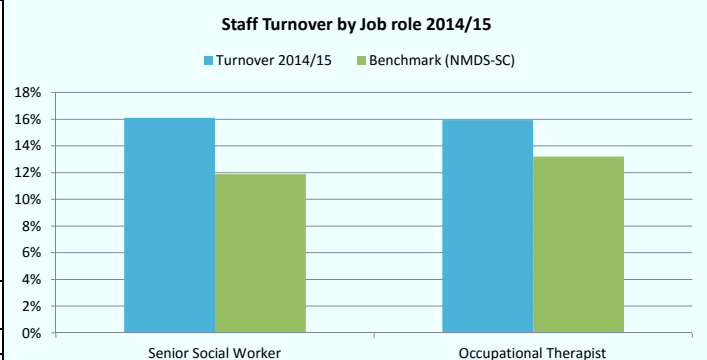
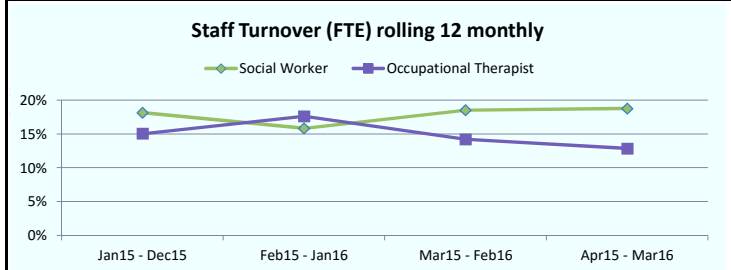
5.1.3 Appraisal and supervision



Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
76.5%	81.0%	79.7%	81.4%	81.4%	80.3%	85.9%	89.4%

Appraisals - 181 staff have had an appraisal since 01/04/2015
Staff - There were 480 staff during the January - March period

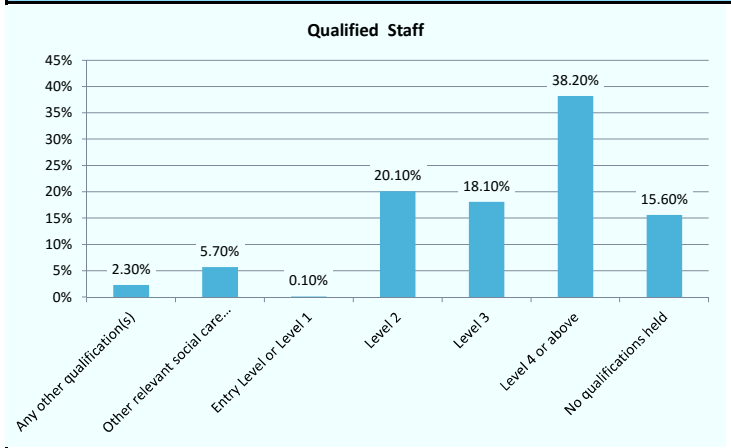
5.1.4 Recruitment and retention



Leavers (Headcount)	Jan15 - Dec15	Feb15 - Jan16	Mar15 - Feb16	Apr15 - Mar16
Senior Social Worker	18	20	19	20
Occupational Therapist	9	11	9	8

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



This data is extracted from the NMDS-SC system based on data submitted by DCC in October 2015.

Approximately 28% 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 recorded in the NMDS-SC

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.

Summary of Performance (Insight and Impact analysis) -

Devon Education and Learning

Leadership Team - People

EAL Performance Report Quarter 4 - 2015/16

Update and discussion

1 Overview

The Q4 report identifies the impact of Education and Learning services, provided and commissioned in against the 3 priority educational outcomes:

- Closing the gap in attainment between the most vulnerable learners and their peers
- Inclusion – Ensuring all learners have appropriate access to educational service and provision
- Quality – Ensuring that the quality of Devon’s educational provision is good or outstanding

Attainment and Attainment Gaps:

There has been no further update to the main performance indicators reported in Quarter 3 (KS2, KS4). Devon’s 2014/15 attainment data has improved across the Key Stages. The gap across Key Stage 2 has significantly narrowed and Key Stage 4 is in line with national averages. Further information on attainment performance indicators can be found in the Appendix.

However, recently published statistical first release data indicates that the attainment levels for Devon’s Post 16, Children in Need and Children Looked After has improved. Post 16 attainment continues to improve, with initial data indicating Devon is slightly above national averages for those aged 19 achieving a Level 2 qualification. The FSM attainment gap has significantly reduced in this area. Devon’s Children in Need at KS2 has improved and is close to the national average whilst KS4 continues to be above national average. Looked After Children are also performing better with KS2 attainment higher than national averages and KS4 in line with national averages.

Attainment gaps for the most vulnerable learners in the education system remain a focus and challenge.

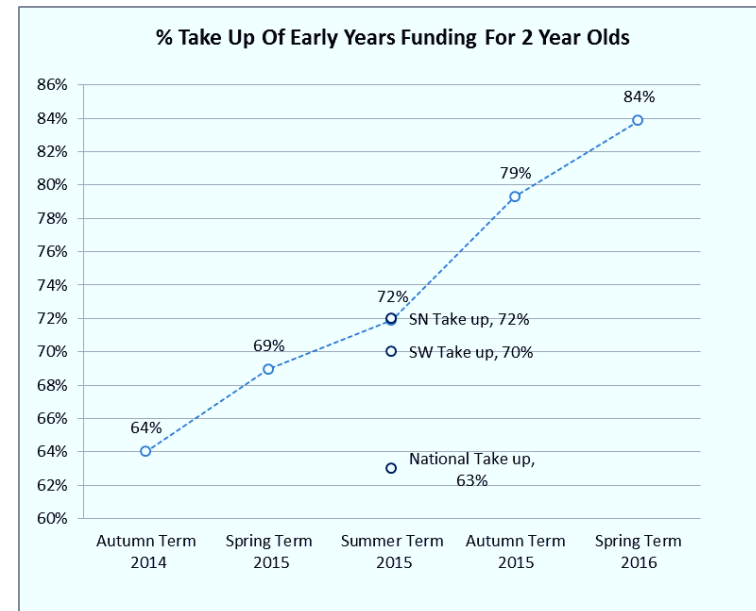
		Devon	Devon Trend	National	Regional (South West)	Stat Neighbours	Devon Gap
KS2	Level 4 Reading, Writing & Maths	82.0	↑	80	80	79.0	↓
	Level 4 Reading	91.0	↔	89	90	89.4	
	Level 4 Writing	89.0	↑	87	87	87	
	Level 4 Maths	88.0	↑	87	87	86	
KS4	KS4 5+A*-C (inc. Eng & Maths)	58.1	↑	53.8	58	57.5	↓
Post 16	Attainment of L2 by age 19	68.5	↑	67.9	67.5		↓

Key: ↑↓ Improving Performance ↑ Worsening Performance ↔ Maintaining Performance

2 Closing The Gap Early Years

Take up of Early Years Funding for 2 year olds

There continues to be an improvement in take up of funding for two year olds, with this summer term's take up surpassing last term's high of 79%. Devon performs well against latest National averages and exceeds South West and Statistical Neighbour take up rates.

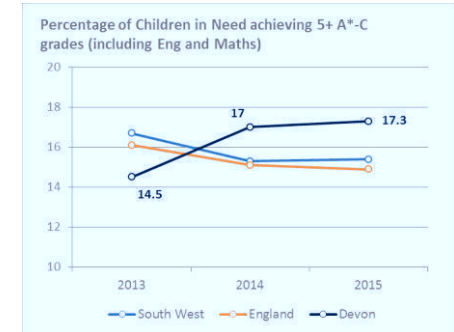
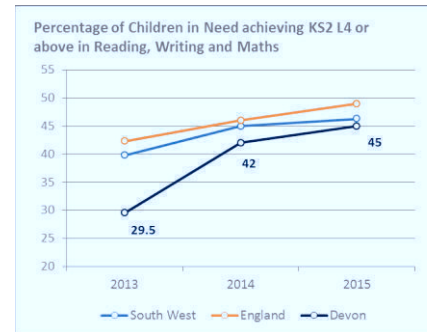


Data Source: DCC Early Years, April 2016

2 Closing The Gap Children in Need, Looked After Children

Children In Need

Initial information from the DfE (Statistical First Release) indicates that attainment at KS2 has significantly improved in Devon over the last two years. However Devon continues to be slightly below the national average (45% in Devon compared to 49% nationally). Attainment at KS4 has improved slightly on last year (0.3%) and initial information indicates that Devon is above the national average (14.9%).



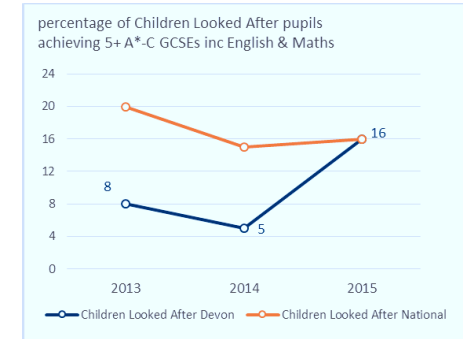
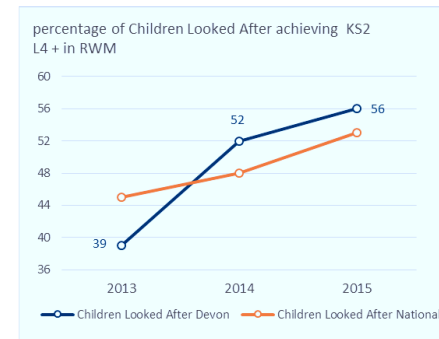
Data source: DfE SFR 41/2015 Analysis of Children in Need (outcomes tables)

Looked After Children

Attainment at KS2 has improved significantly since 2013 and RAISE online statistics indicate that Devon is performing better than the national average (56% compared to 53% nationally).

Attainment at KS4 has also improved significantly for Looked After Children in 2015 and RAISE online statistics show that outcomes for this group of pupils are now exactly in line with national averages of 16%. This represents a 10% improvement from last year.

Further information can be found in the [Children in Care Annual Report 2015, Virtual School Devon](#) (located in the Education Outcomes tab).

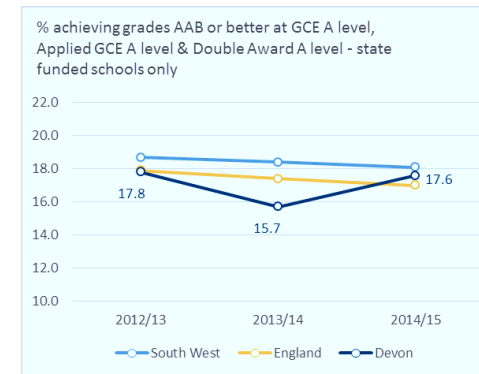


Data source: RAISE Online 2015 Validated Report, 26 March 2016, 2014 and 2013 Reports

2 Closing The Gap Post 16

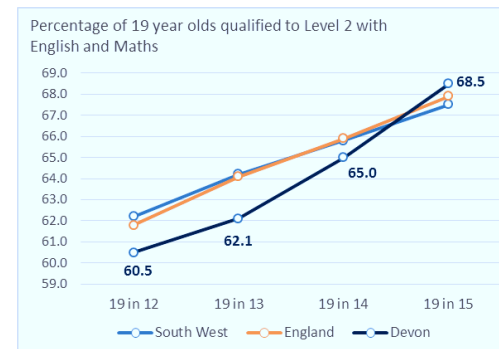
Post 16 Pupils A Level Results

Initial information indicates that Devon's performance in state funded schools has risen sharply. In 2014/15, 17.6% of pupils achieved grades AAB or better at GCE A Level, Applied A Level and Double Award A Level, compared to 15.7% in 2013/14. Devon is performing better than the national rate for state funded schools (17.0%) but is slightly below the South West average (18.1%).



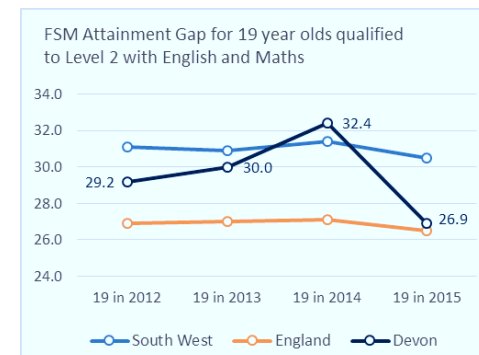
Attainment of Level 2 qualifications by those aged 19

Initial information indicates a continuing upward trend in the percentage of 19 year olds qualified to Level 2 with English and Maths. Devon has significantly improved its performance in the last year, rising from 65% to 68.5% and is now slightly above the national average (67.9%).



FSM Attainment Gap those aged 19 achieving Level 2 qualifications

Devon has significantly reduced the attainment gap for its Free School Meal pupils achieving a Level 2 with English and Maths by age 19 (32.4% for 19 year olds in 2014 compared to 26.9% in 2015). This reduction now brings Devon in line with the national average (26.5%) and is largely due to the improved performance of FSM pupils (44.2% of 19 year olds in 2015 achieved compared 35.6% in 2014).

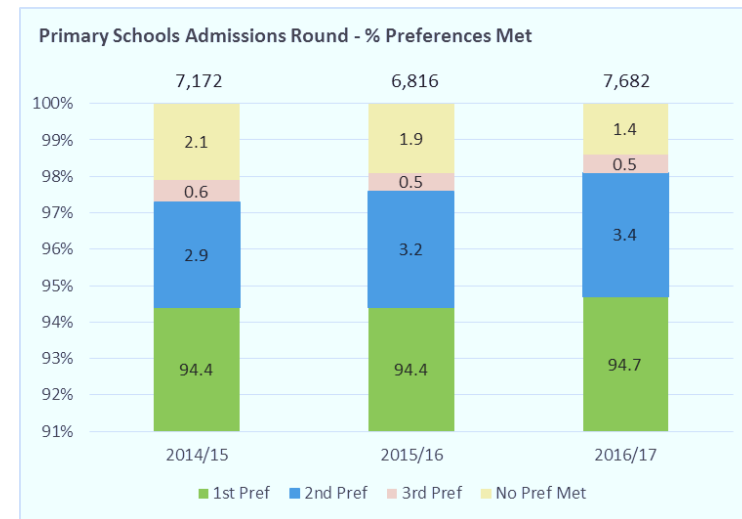


3 Inclusion Normal Admissions Round (2016/17)

Devon Primary Schools Admissions Round (2016/17)

Devon continues to perform well in the school admissions round. In primary schools 94.7% were offered a place at their first preferred school, whilst 98.6% were offered a place at one of their preferred options. This is an increase on last year where 94.4% were offered a place at their preferred choice and 98.1% were offered a place at one of their preferred options.

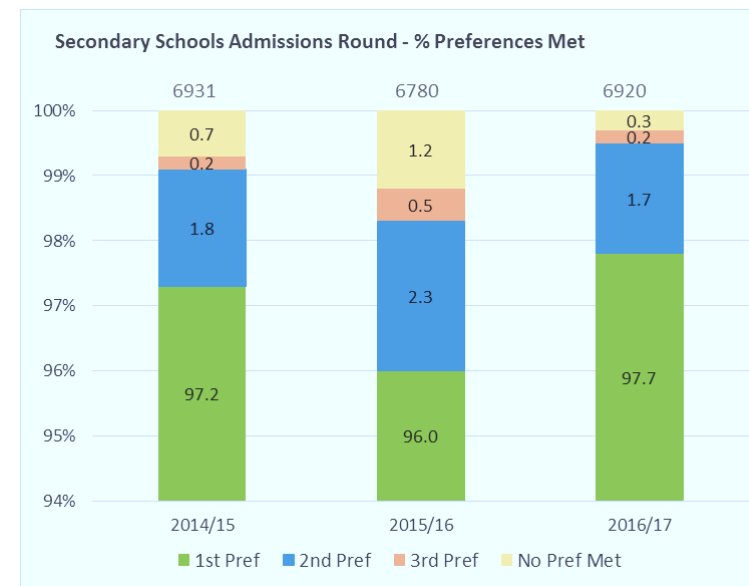
Devon's performance has historically been higher than the national picture. In 2015/16 94.4% were offered a place at their preferred primary school compared to 87.8% nationally (SFR 17/2015 Secondary and primary school applications and offers: March to April 2015). Last year Devon was the top performer in the South West for meeting primary school first preferences. (No comparison data is available for the 2016/17 round).



Devon Secondary Schools Admissions Round

Devon has improved its performance with secondary schools where 97.7% offered a place at their first preferred school compared to 96% in last year's admission round. 99.6% were offered a place at one of their preferred options compared to 98.8% in the previous year.

Devon's performance has historically been higher than the national picture. In 2015/16 96% were offered a place at their preferred secondary school compared to 95% nationally (SFR 17/2015 Secondary and primary school applications and offers: March to April 2015). Last year Devon was in the top five LAs in the South West for meeting secondary school first preferences (no comparison data is available for the 2016/17 round).



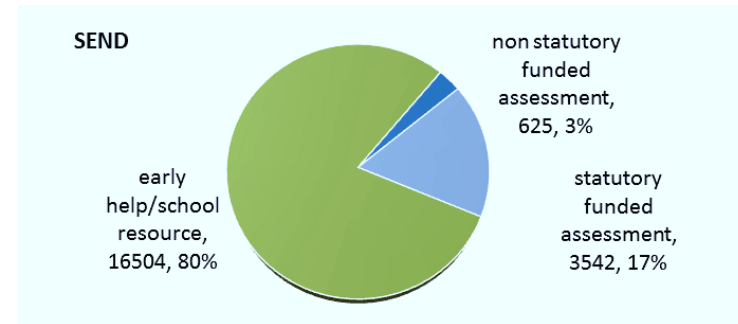
The Admissions team continue to support In-Year Admissions as presented in Quarter 3 report.

Data Source: 2016/17 Admissions Team, Devon County Council April 2016, 2014/15 & 2015/16 DfE SFR School Applications

3 Inclusion SEND

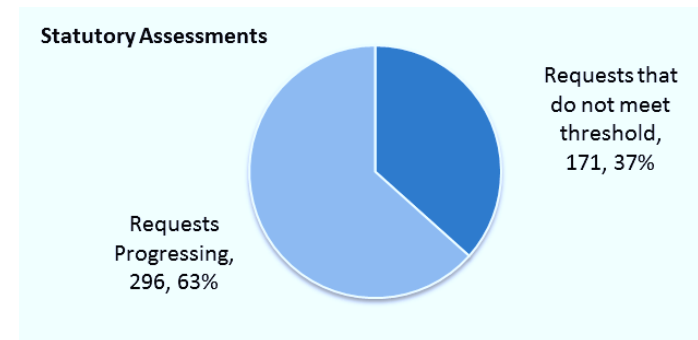
SEND Overview

As at 31st March 2016 there is 20,671 children and young people identified with SEN. There are 3,542 statutory statements and plans in the system. Mainstream schools are in receipt of additional resource and support for 625 pupils without requiring a statutory assessment process. The remaining are managed within early help/school resource.



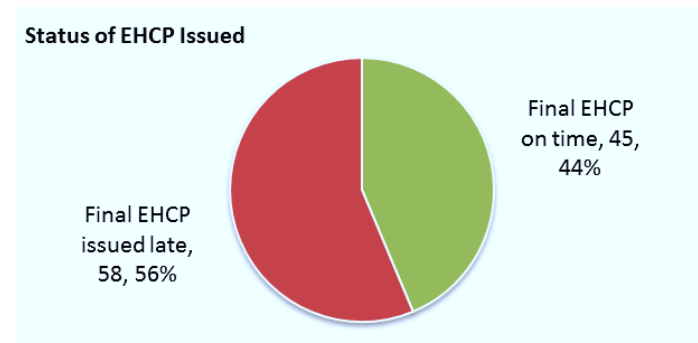
Request for Statutory Assessments

For the period 1st April 2015 to 31st March 2016 there have been 467 new requests for SEND assessment of which 296 have met statutory threshold and 171 do not meet the statutory threshold.



Statutory Assessments Processed On Time

From 1st April 2015, 45 (44%) EHCPs have been issued within the 20 week statutory timescales, compared to previous cumulative figures of 49%. The number of EHCPs issued late is 58 (56%).

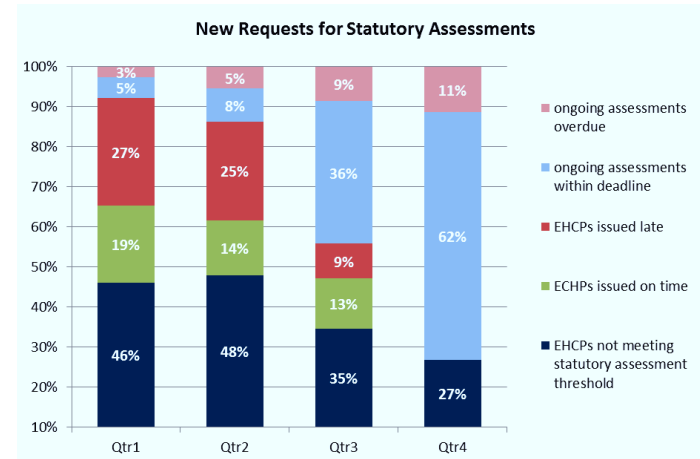


Data source: DCC 0-25 SEN Team, April 2016

3 Inclusion SEND

Statutory Assessments Processed – last 4 quarters

The number of completions and numbers of plans in progress vary widely across quarters according to the timing of the processing of each request. Quarter 4 currently does not have any EHCPs issued as the assessments are still ongoing, the majority of which are within the statutory deadline of up to 20 weeks (62% in quarter 4). These ongoing assessments would be finalised in the next quarter.

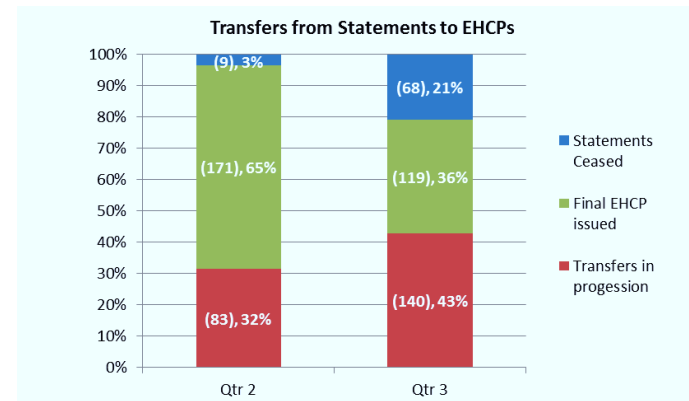


Year 5 and Year 11 Transfers

Year 5 transfers to EHCPs were processed in the second quarter and Year 11 transfers were processed in the third quarter.

In the second quarter, 3% (9) of statements were ceased as it was agreed an EHCP was no longer required and 32% (83) are transfers in progression. 65% (171) were issued a final EHCP, one of which was issued within the statutory timescales.

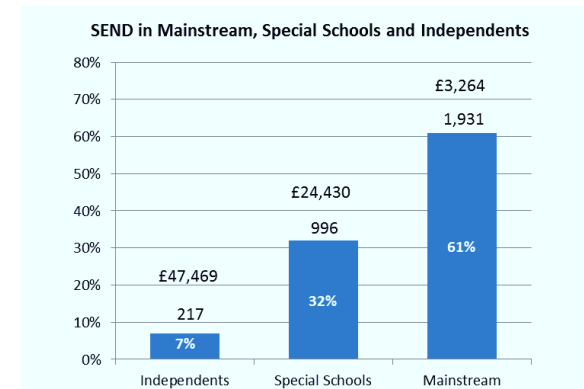
In the third quarter, 21% (68) of statements were ceased and 43% (140) are transfers in progression. 36% (119) were issued a final EHCP, 61 of which were issued within the statutory timescales.



SEND in Mainstream, Special Schools and Independents

The majority of SEND children are supported in our mainstream schools (61%). Although there are children in specialist and independent placements they tend to be the most complex and therefore the most costly and are not made without due consideration and a robust assessment.

* note FE data yet to be included

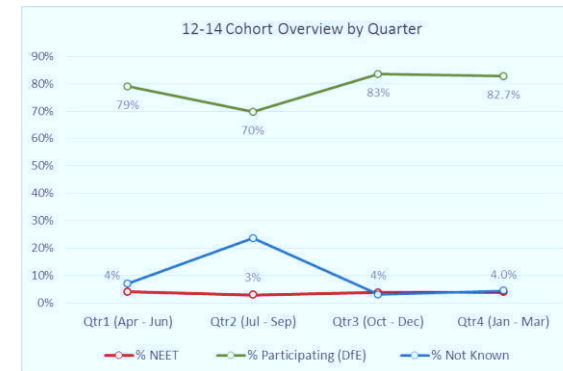


3 Inclusion Not in Employment, Education or Training

Overview

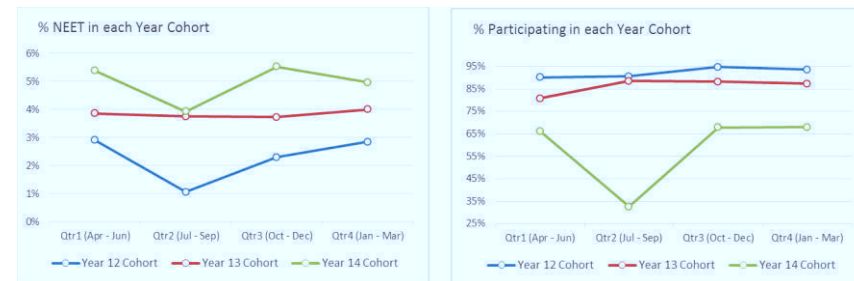
The level of NEET in Devon remains virtually unchanged in the latest quarter (4.0% at Mar 16 compared to 3.9% at Dec 15) and is favourable when compared to the national rate of 4.7% (16-18 year old NEET data by local authority, 2014 figures)).

The proportion of 16-18 year olds participating in a RPA compliant destination is relatively unchanged at approximately 83%.



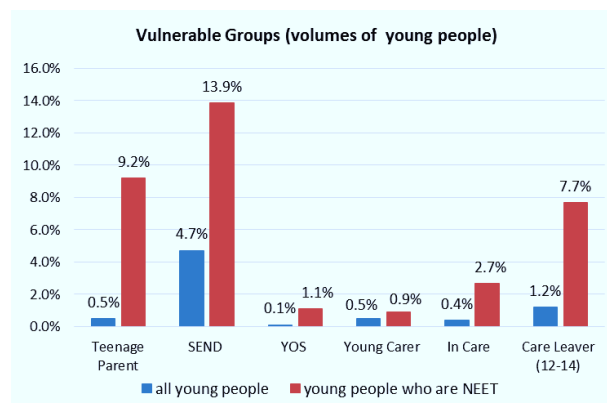
NEET and Participation within Post 16 Year Groups

Young People are less likely to be NEET and more likely to be participating in Year 12 than in subsequent years. Beyond the age of 18 (usually reached in Year 13) young people are not legally obliged to be in education and training, and most young people will complete their post 16 course of study at the end of year 13.

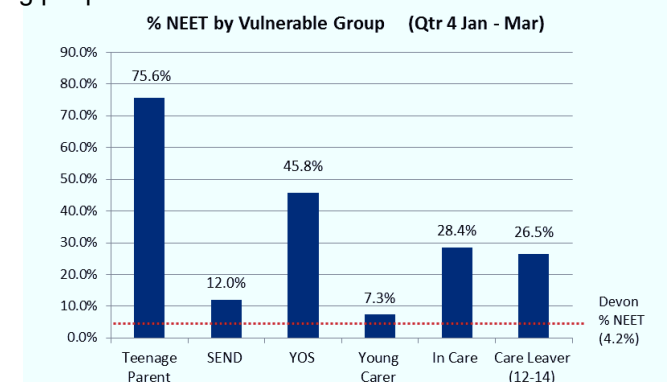


Vulnerable Groups Volumes

Vulnerable groups are generally disproportionately represented within the NEET group. For example, 0.5% of all young people aged 16-18 in Devon are teenage parents. However, 9.2% of those NEET in Devon are teenage parents.



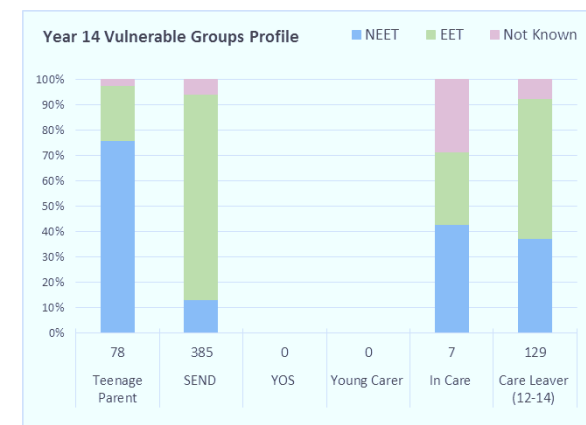
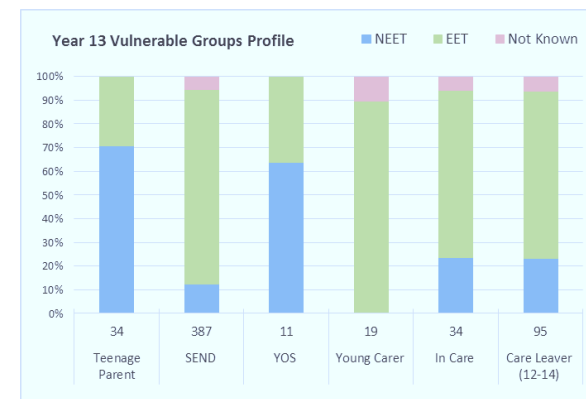
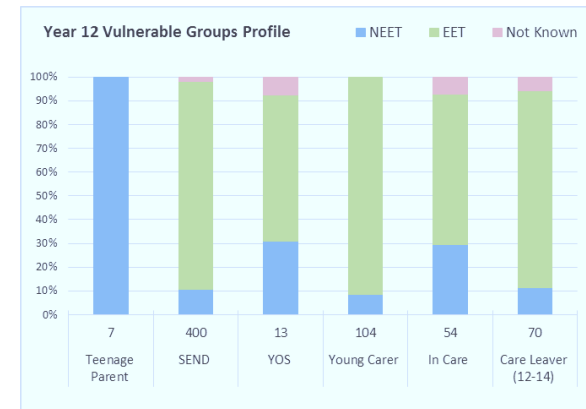
Young people within vulnerable groups are significantly more likely to be NEET (to varying degrees within each group). For example, 45.8% of young people known to Youth Offending Service are NEET compared to 4.2% NEET for all 16-18 young people.



3 Inclusion Not in Employment, Education or Training

Vulnerable Groups Profile (snapshot as at March 2016)

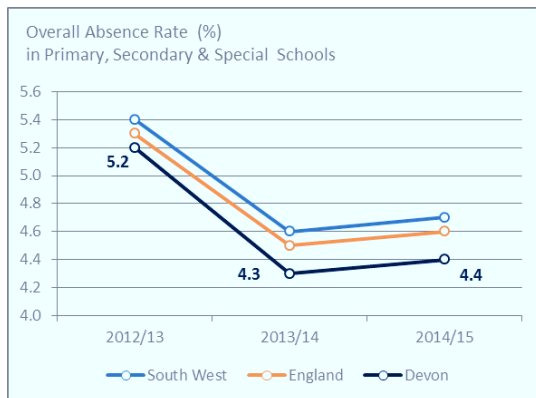
- Teenage parents' participation improves as they get older, with participation rates of 29.4% in Year 13 and 21.8% in Year 14 (compared to 0% in Year 12).
- SEND participation is quite stable across the three year groups, with the percentage in Education, Employment or Training (EET) relatively constant (87.8% in Year 12, 82.2% in Year 13 and 80.8% in Year 14), indicating these young people are remaining in post 16 provision.
- Those working with the Youth Offending Service appear difficult to sustain in Education, Employment and Training as the percentage NEET increases with progression from Year 12 to Year 13. Young offenders is only a valid classification for those aged 17 or under.
- Young Carers cohort drops in Year 13 and disappears in Year 14 as they are no longer classified as young carers after they reach the age of 18.
- In Care cohort are relatively stable in Year 12 and Year 13 and the cohort size drops in Year 14 as many become a Care Leaver
- Its recognised that information for Children in Care would be known and therefore we are working to ensure there is information sharing between Social Services and Careers South West.
- Care Leavers also appear difficult to sustain with the percentage NEET increasing from 23.2% in Year 13 to 37.2% in Year 14. The percentage where their status is Not Known remains relatively stable (5.7% in Year12, 6.3% in Year 13 and 7.8% in Year 14).



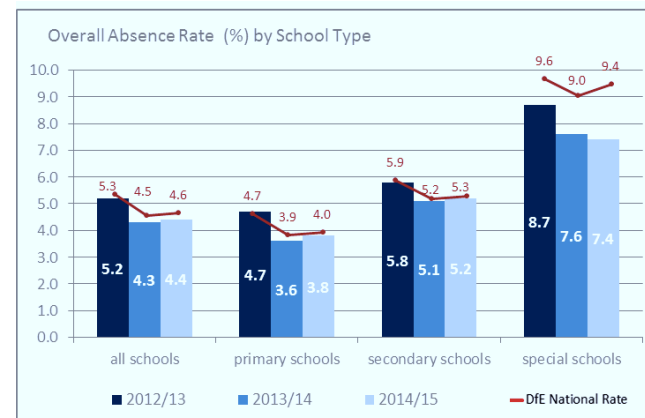
3 Inclusion Attendance

Overall Absence Rates

Devon has the lowest absence rate of all LAs in the South West. The overall attendance in primary, secondary and special schools is better than the national picture. Devon's absence rate of 4.4% for 2014/15 is lower than the national rate of 4.6% and the South West rate of 4.7%.

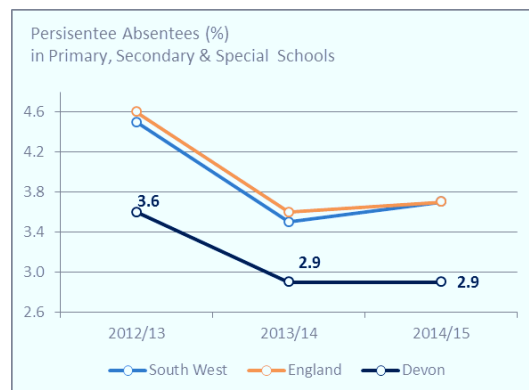


Attendance at Devon Special Schools is significantly better than nationally, with a 7.4% absence rate compared to 9.4% nationally. Devon primary and secondary schools have also consistently been performing better than the national picture.

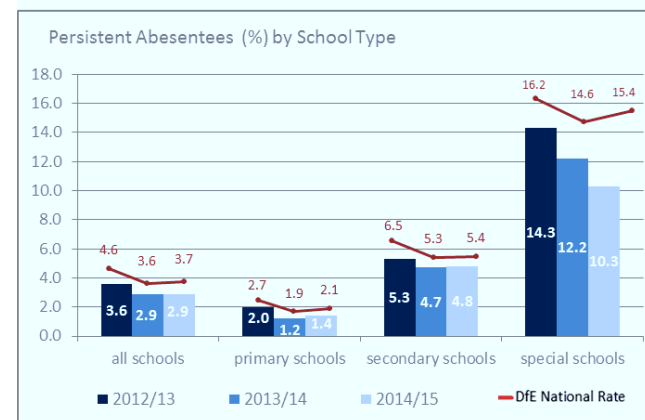


Persistent Absentees

Devon is in the best 10% of LAs in England for its low level of persistent absentees, with only 13 LAs having better rates and it has the lowest rate in the South West. Devon continues to perform well with only 2.9% of pupils missing 15 per cent or more school sessions, compared to 3.7% both nationally and in the South West.



Persistent Absentees across all school phases continues to be lower in Devon than nationally. Primary and secondary schools are relatively static whilst special schools have reduced from (10.3% in 2014/15 to 12.2% in 2013/14).



3 Inclusion Attendance

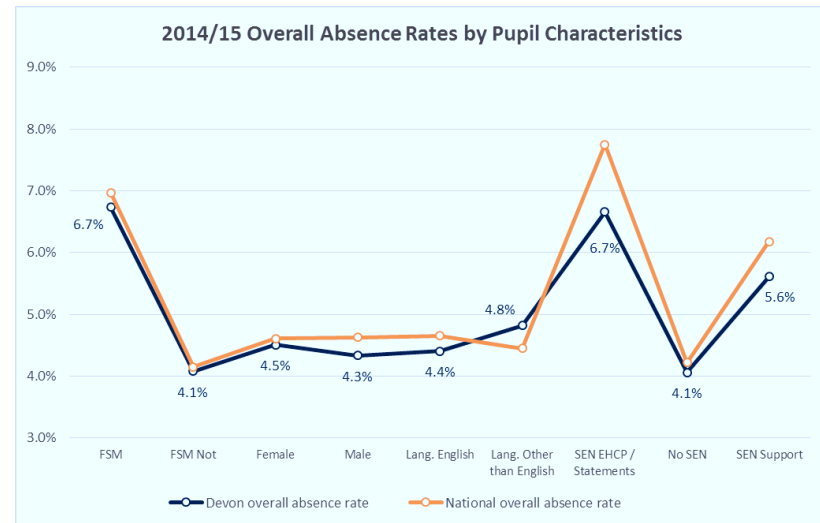
Overall Absences – Pupil Characteristics

Devon's absence rates for pupils with different characteristics are either in line with or below national absence rates.

In Devon, the overall absence rate for pupils eligible for FSM was 6.7% compared to 7.0% nationally, whilst the absence rate for pupils not eligible for FSM was 4.1%, the same as the national rate.

Devon pupils with a SEN Statement or EHCP had an overall absence rate of 6.7%, lower than the national rate of 7.7%, whilst pupils with SEN Support had an absence rate of 5.6% compared to 6.2% nationally.

Males have a slightly lower absence rate than females in Devon (4.3% compared to 4.5%) whilst nationally both genders have the same absence rate (4.6%).



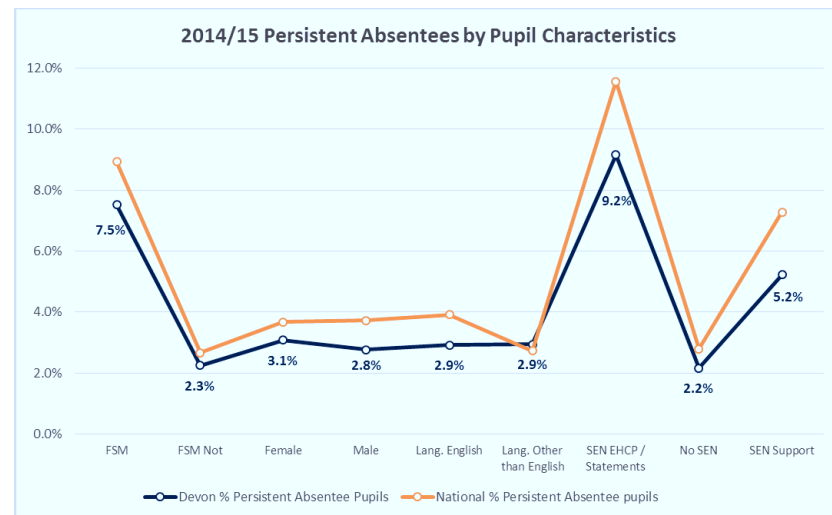
Data Source: DfE SFR10_2016_LA_characteristics_6terms - underlying data

Persistent Absentees – Pupil Characteristics

Devon's persistent absentee rates are below the national rates, with SEN cohorts having the lowest rates compared to national figures. 9.2% of statement / EHCP pupils were persistently absent compared to 11.6% nationally.

7.5% of Devon FSM pupils were persistent absentees compared to 8.9% nationally, whilst 2.3% of non FSM pupils in Devon were persistent absentees compared to 2.7% nationally.

Male and female pupils in Devon have lower persistent absentee rates than the national picture, with males in Devon being significantly lower (2.8% in Devon compared to 3.7% nationally).

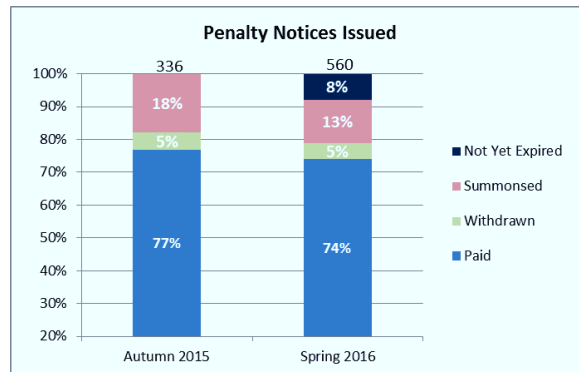


Data Source: DfE SFR10_2016_LA_characteristics_6terms - underlying data

3 Inclusion Attendance

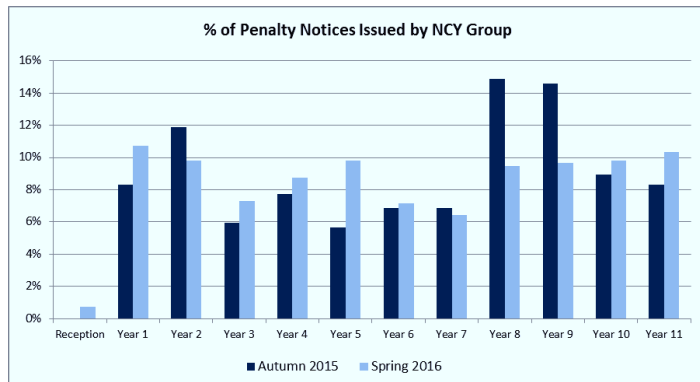
Penalty Notices Issued

The Devon Education Welfare Service issued 560 penalty notices for the spring term, an increase of 61% compared to the same time last year (348 issued) and an increase of 67% compared to the autumn term (336 issued). (Note: A penalty notice is issued to a parent(s) if the pupil has at least ten, half-day unauthorised absences recorded within the previous six months).



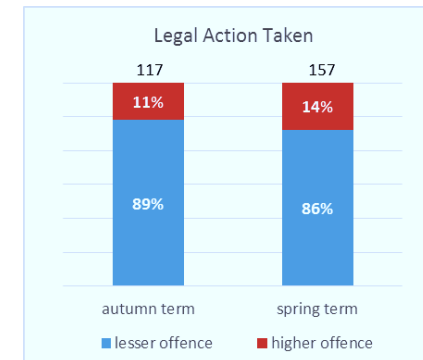
Penalty Notices by NCY group

The percentage of penalty notices issued in the Spring Term to pupils in NCY groups 8 and 9 has dropped by approximately a third, whilst notices issued to NCY group 5 has risen.



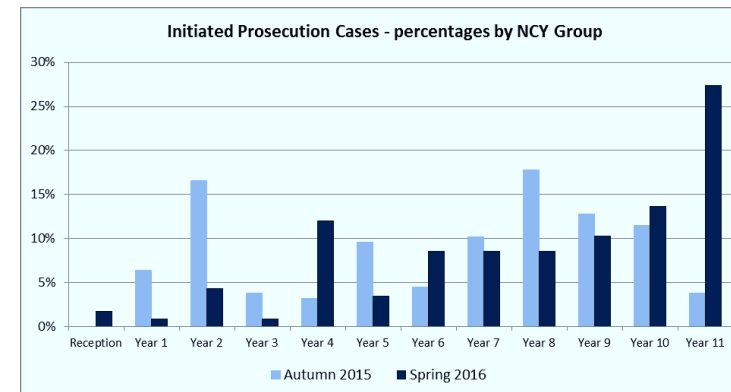
Legal Action Taken

117 cases were signed off for prosecution in the spring term, slightly higher than the same time last year (110) but lower than this autumn (157). Of the 117 cases, 86% were for the lesser offence (where a parent fails to secure a child's regular attendance) and 14% were for the higher offence (where a parent knows that the child is failing to attend school regularly and fails to ensure the child does so).



Legal Action Taken by NCY Group

The percentage of prosecutions against NCY group 11 has risen sharply in the Spring Term compared to prosecutions in the Autumn and accounts for nearly 27% of prosecutions in the Spring.



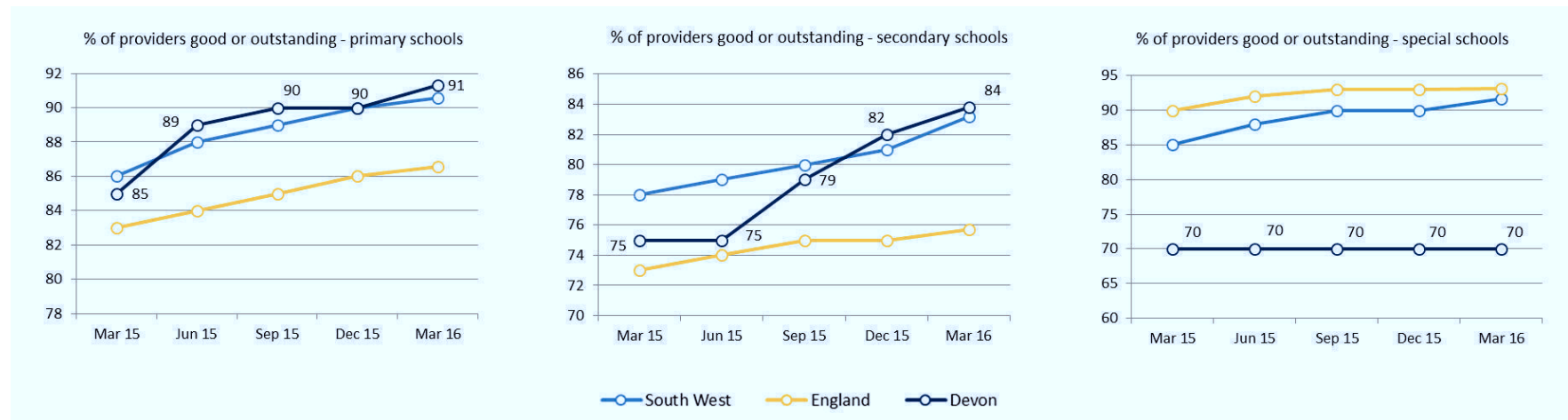
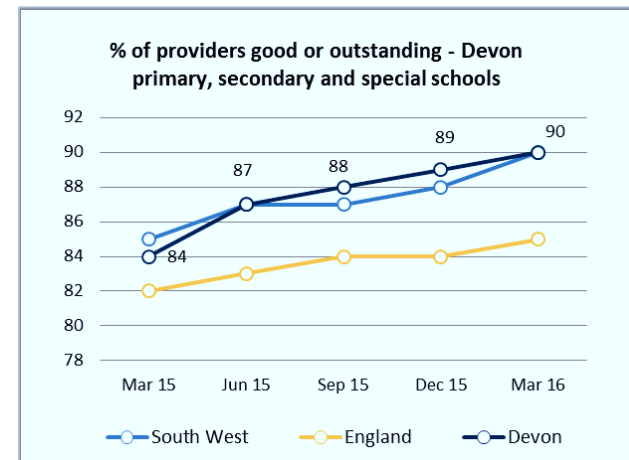
4 Quality Ofsted Outcomes

Devon Primary, Secondary and Special Schools

The overall percentage of Devon Primary, Secondary and Special Schools, judged by Ofsted as Good or Outstanding, has increased over the last five quarters. Devon has consistently been performing better than the national picture, with 90% of Devon schools currently good or outstanding compared to the national figure of 85% of schools.

Data source: Monthly Management Information: Ofsted's school inspections outcomes, Management Information – Schools – 31 March 2016.

Devon Secondary schools have in particular improved their performance with 84% of secondary schools now at good or outstanding, compared to 75% for the same period last year. There has been no change to Devon Maintained Special Schools, due to the low number of schools (10).



Data Source: DfE Monthly Management Information: Ofsted School Inspection Outcomes

4 Quality Ofsted Outcomes

Devon Other Special Schools

50% of Devon independent schools are judged to be good or outstanding (5 out of 10 schools) compared to 75.5% nationally. 67% of non maintained special schools are good or outstanding in Devon (2 out of 3 schools), compared to 83.3% nationally.

All three of the Post 16 Specialist Colleges inspected have been judged as good and Devon performance is higher than the national figure (83.6%). Two Post 16 Specialist Colleges have not yet been subjected to a full inspection and are therefore not included in these performance figures.

Definitions;

An independent school not maintained, approved under Education Act as suitable for admission of children with EHC Plans up to age 19.

Non Maintained Special School is approved by Secretary of State as non profit making basis and non maintained by LA.

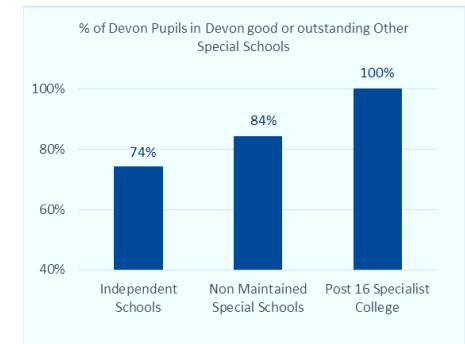
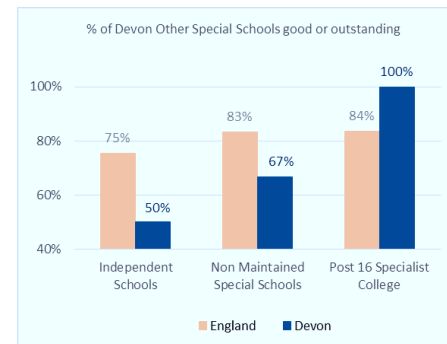
A specialist post 16 institution approved by Secretary of State to admit 16 to 25 year olds

Devon Early Years Provision

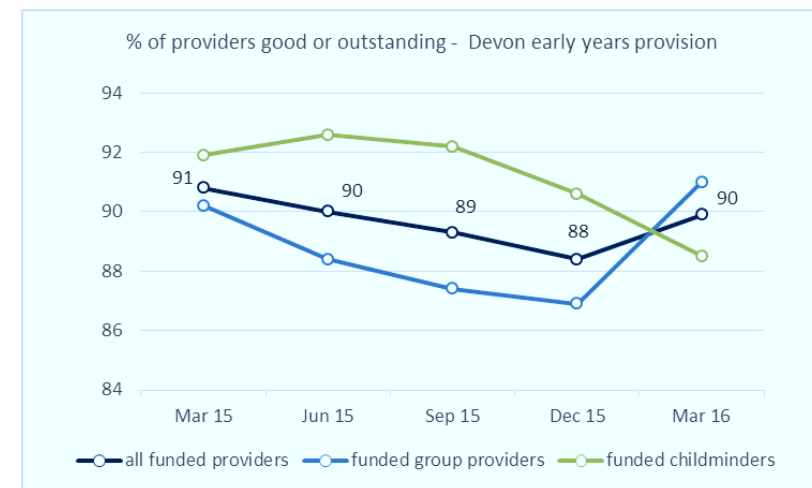
Local information indicates that the performance of all funded early years providers is improving (90% are judged as good or outstanding, compared to 88% in the last quarter).

Within early years provision, the performance of funded group providers (4 or more members of staff, usually run from non-domestic buildings) has improved (91% compared to 87% in the last quarter).

There is a downward trend in the percentage of funded childminders judged as good or outstanding (childminders usually work on their own or with an assistant in their own home and so look after fewer children). 88.5% have been judged as good or outstanding, compared to 91% in the previous quarter.



Data Source: Ofsted Published Reports, April 2016



Data Source: Early Years and Childcare Services, Devon County Council, April 2016

4 Quality Ofsted Outcomes

Devon Pupils

Local information¹ indicates that 87% (83,761) of Devon pupils in primary, secondary and special schools are attending schools that have been judged as Good or Outstanding. This is higher than the national figure of 83%² and is in line with regional figure of 88%².

Ofsted's Management Information Report² (for the period to 31st March 2016) indicates that 90.5% of Devon pupils are attending schools that have been judged as Good or Outstanding. This is also better than national and regional figures (83% and 88%)².

¹ based on Spring 2016 pupil cohort and Ofsted published school reports as at 30 Apr 2016.

² Ofsted's Management Information – Schools – 31 March 2016 report (uses Spring 2015 pupil cohort and covers inspections at 31 March 2016).

Devon Disadvantaged Children

Nearly 85% (16,999) of disadvantaged children in Devon are attending Good or Outstanding schools. These are pupils who fall within the RAISE online disadvantaged groups of Free School Meal children, children currently in care and children adopted from care and the DfE's service children classification.

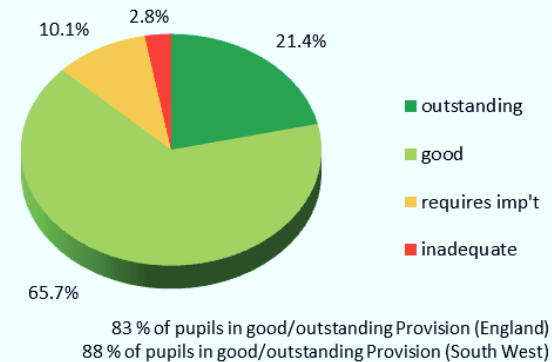
Data source: DfE Pupil Premium July 2015, Ofsted school reports to 30 Apr 2016

Devon SEN Pupils

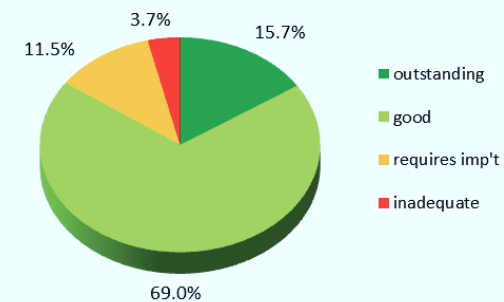
81.5% (2,382) of pupils with statements of special educational needs or education, health and care plans are attending Good or Outstanding Schools.

Data source: Spring Census 2016, Ofsted school reports as at 30 Apr 2016

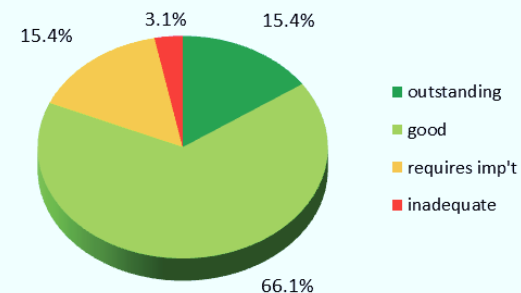
Devon Pupil Population



Disadvantaged Children



Pupils with Statements or EHCPs



Appendix: Overall Performance (National Quartiles)

Appendix: Overall Performance (National Quartiles)

Figures in table show Devon (National, Regional)

LAIT as at 9/05/16

Purple indicates FSM, Yellow Children in Care and Taupe SEN with a Statement

	1st Quartile	2nd Quartile	3rd Quartile	4th Quartile	no ranking
Early years goals	35.5 (34.3, 34.9)				
Early years gaps	26.3 (32.1, 28.1)				
Foundation Stage GLD	71.6 (66.3, 67.2)				
Foundation Stage GLD FSM		53.0 (51.0, 49.0)			
Phonics Year 1	80.0 (77.0, 77.0)				
Phonics Year 1 FSM		67.0 (65.0, 62.0)			
Key Stage 1 Reading		92.0 (90.0, 91.0)			
Key Stage 1 Writing	90.0 (88.0, 88.0)				
Key Stage 1 Maths		94.0 (93.0, 93.0)			
Key Stage 1 Speaking & Listening		92.0 (90.0, 91.0)			
Key Stage 1 Science	94.0 (91.0, 92.0)				
Key Stage 2 L4+ English		91.0 (89.0, 90.0)			
Key Stage 2 L4+ Reading		91.0 (89.0, 90.0)			
Key Stage 2 L4+ Writing		89.0 (87.0, 87.0)			
Key Stage 2 L4+ GPS			80.0 (80.0, 80.0)		
Key Stage 2 L4+ Maths			88.0 (87.0, 87.0)		
Key Stage 2 L4+ Science		91.0 (89.0, 90.0)			
Key Stage 2 L4+ RWM		82.0 (80.0, 80.0)			
Key Stage 2 L4+ RWM FSM		67.0 (66.0, 62.0)			
Key Stage 2 L4+ RWM CiC			52(52,49)		
Key Stage 2 L4+ RWM SEN with Statement	21 (16,17)				
Key Stage 2 L5+ English	47.0 (43.0, 44.0)				
Key Stage 2 L5+ Maths		44.0 (42.0, 41.0)			
Key Stage 2 Reading Exp Progress (2 Lvl)		93.0 (91.0, 91.0)			
Key Stage 2 Writing Exp Progress (2 Lvl)		96.0 (94.0, 94.0)			
Key Stage 2 Maths Exp Progress (2 Lvl)		91.0 (90.0, 89.0)			
KS4 5+ A-C* (Eng, Mat)		58.1 (53.8, 58.0)			
KS4 5+ A-C* (Eng, Mat) FSM		33.3 (33.3, 29.5)			
KS4 5+ A-C* (Eng, Mat) CiC			14.1(13.8,14.3)		
KS4 5+ A-C* (Eng, Mat) SEN with Statement	46.3 (34.7,36.1)				
KS4 5+ A-G* (Eng, Mat)		92.6 (85.7, 92.3)			
Capped Point Scores		317.7 (306.5, 315.6)			
EBACC			23.6 (22.90, 23.5)		
Expected Progress English		72.5 (71.1, 71.9)			
Expected Progress Maths		68.1 (66.9, 68.2)			
A Level 3+ A grades		9.4 (11.7, 10.0)			
% of students achieving AAB or better		15.6 (19.2, 17.1)			
2014 (latest data)					
Absence in primary schools	3.6 (3.9, 3.9)				
Absence in secondary schools		5.1 (5.2, 5.4)			
Permanent Exclusions			0.08 (0.06, 0.07)		
Fixed Term Exclusions		3.0 (3.5, 3.5)			
Permanent Exclusions Primary (Nos)					0.02 (0.02, 0.02)
Fixed Term Exclusions Primary				1.2 (1.0, 1.3)	
Permanent Exclusions Secondary		0.15 (0.13, 0.12)			
Fixed Term Exclusions Secondary		5.2 (6.6, 5.9)			

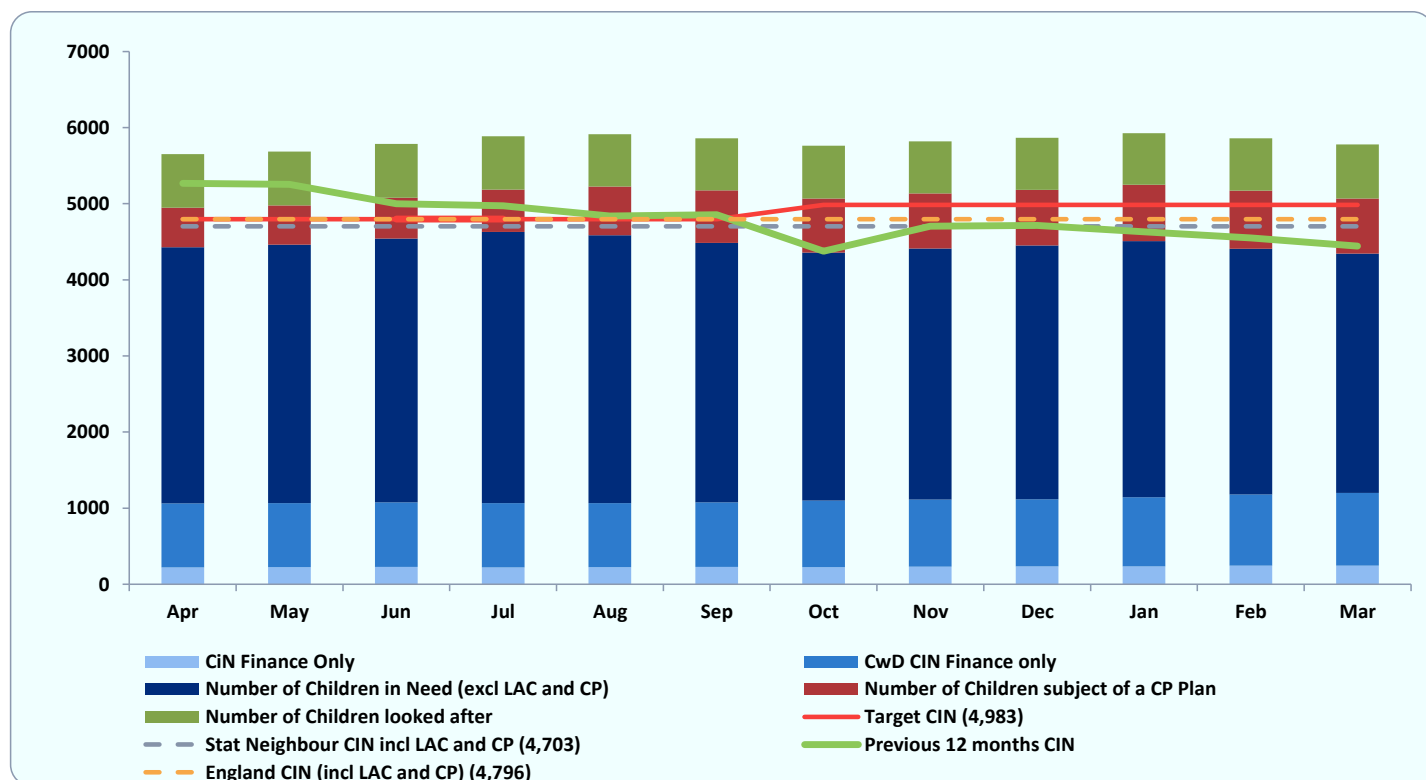
Devon Children’s Social Work Quality Assurance Framework

Report of: March 2016

1.0 Activity and Performance Information

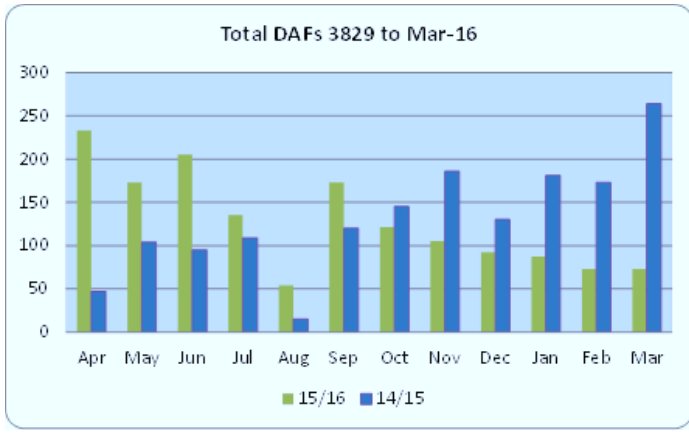
Children and Young People Population profile for Devon – 2014 Mid-Year Estimates						Source: Office of National Statistics
Population per age band						
	0	1-4	5-9	10-15	16-17	18-25
England	664,183	2,766,774	3,272,365	3,600,234	1,288,145	5,661,728
Devon	7,208	31,606	39,579	46,576	17,182	72,374
Age Band as a Percentage of Total Population						
England	1.2% ↓	5.1% ⇔	6.0% ↑	6.6% ↓	2.4% ⇔	10.4% ↓
Devon	0.9% ↓	4.1% ⇔	5.2% ↑	6.1% ↓	2.2% ↓	9.5% ↑

1) Children’s Social Work Total Caseload Profile



The Total CIN includes LAC 712, CP 724 and 1,201 Finance only (246 and 955 CwD Finance only) and shows Devon CIN as **5,779 in March** which is **above** the projection of **4,703 for Devon** when the rate /10000 for our Statistical Neighbours (330.7) is applied to the population of 0-17yrs in Devon.

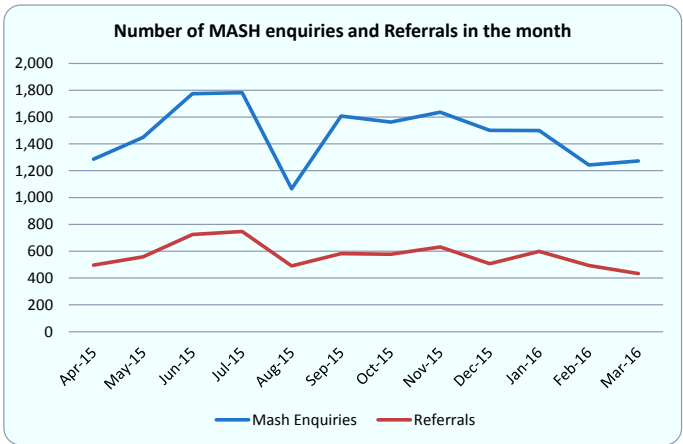
2) Number of DAF1s with start date



No.DAFs	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
15/16	233	173	205	135	54	173	121	105	92	87	73	73	1524
14/15	47	104	95	109	15	120	145	186	130	181	173	264	1569

The number of DAF's recorded in Holistix for 15/16 is 1,524 which is slightly less by 45 compared to 14/15 1,569
The number of new ones each month is reducing. The amount of work referred to and held within CSC is increasing.

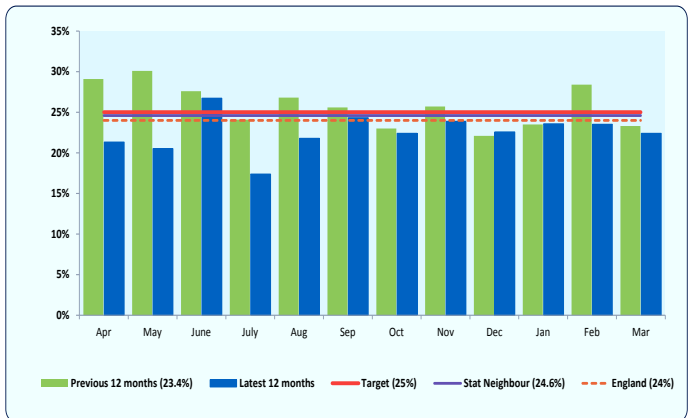
3) Number of MASH Enquiries and Referrals in the month



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Mash Enquiries	1,286	1,448	1,774	1,781	1,065	1,608	1,563	1,636	1,501	1,500	1,243	1,272
Referrals	496	558	725	747	491	582	578	631	507	598	494	433

MASH enquiries increased slightly by 29 in Mar-16 to 1,272 from Feb-16 1,243.
Referrals decreased by 61 to 433 from 494 in Feb-16.
However data after referral indicates that thresholds are not being applied.

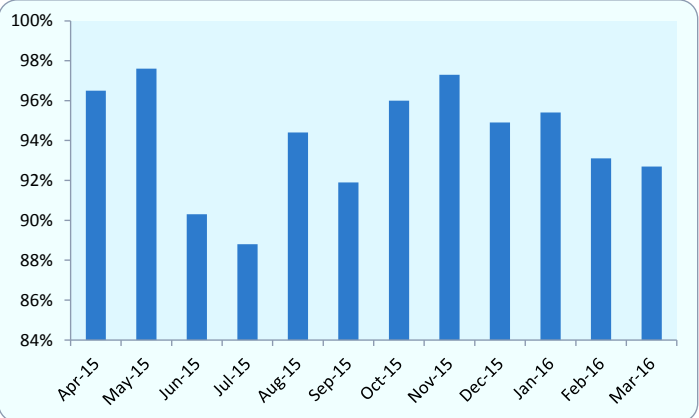
4) Percentage of social care referrals that are re-referrals within 12



Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
25.1%	21.3%	20.5%	26.7%	17.4%	21.8%	24.3%	22.4%	23.9%	22.6%	23.6%	23.5%	22.4%

Repeat referrals reduced in Mar-16 to 22.4% from 23.5% in Feb-16
Re-referrals remain below benchmarking. This is positive.

5) % of Referrals with a Single Assessment

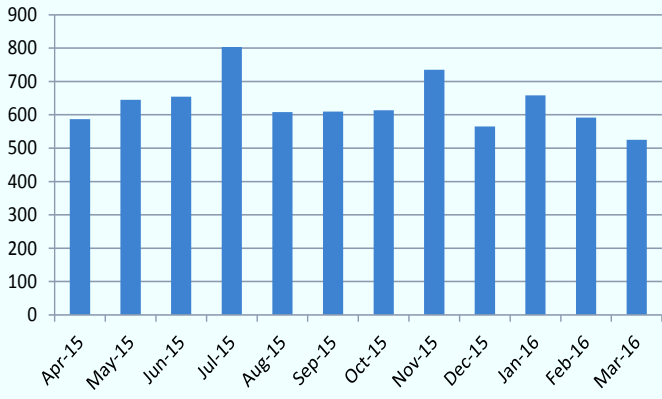


Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
96.5%	97.6%	90.3%	88.8%	94.4%	91.9%	96.0%	97.3%	94.9%	95.4%	93.1%	92.7%

Referrals resulting in an outcome of SA, continued to decrease in Mar-16 to 92.7% from 93.1% in Feb-16. We need to understand this more fully – are thresholds being better understood or is too much being allowed into the system? This data can only be understood when considered with (6) (7) and (8).

6) Number of Single Assessments Starting

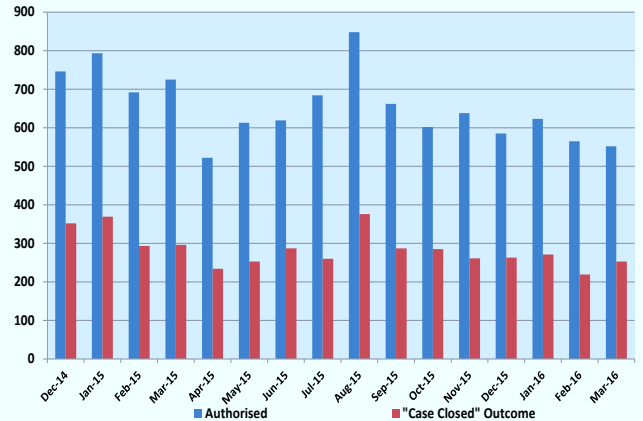
No. of Single Assessments Starting Apr-15 to Mar-16



Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD 15/16
588	645	654	803	610	617	735	566	668	599	428	7,521	

7) Cases closed at end of Single Assessment

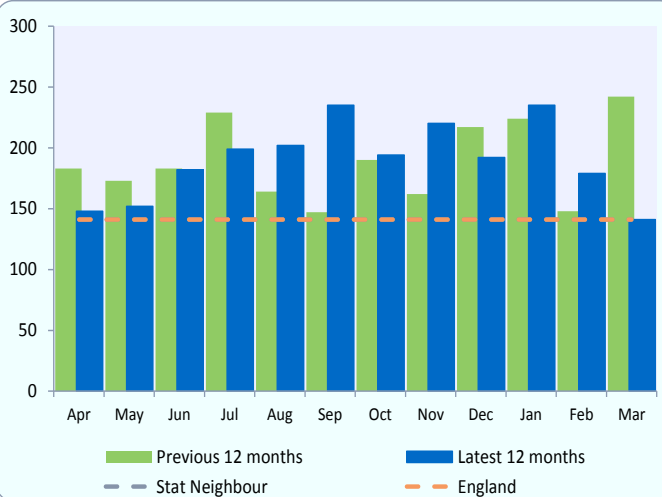
Single Assessments Authorised with "Case Closed" Outcome



Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
44.8%	41.3%	46.4%	38.0%	44.3%	43.4%	47.3%	40.9%	45.0%	43.5%	38.8%	45.8%

High proportions 40% + are closed following assessment. This indicates that thresholds are not being applied –families are not receiving EH services.

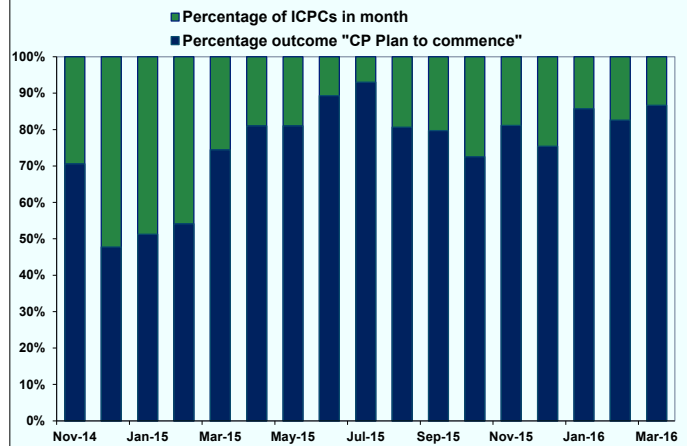
8) Number of Section 47 Enquiries



Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
148	152	182	199	202	235	194	220	192	235	179	141

The number of S47's continued to decrease by 38 in Mar-16 in line with benchmarking.

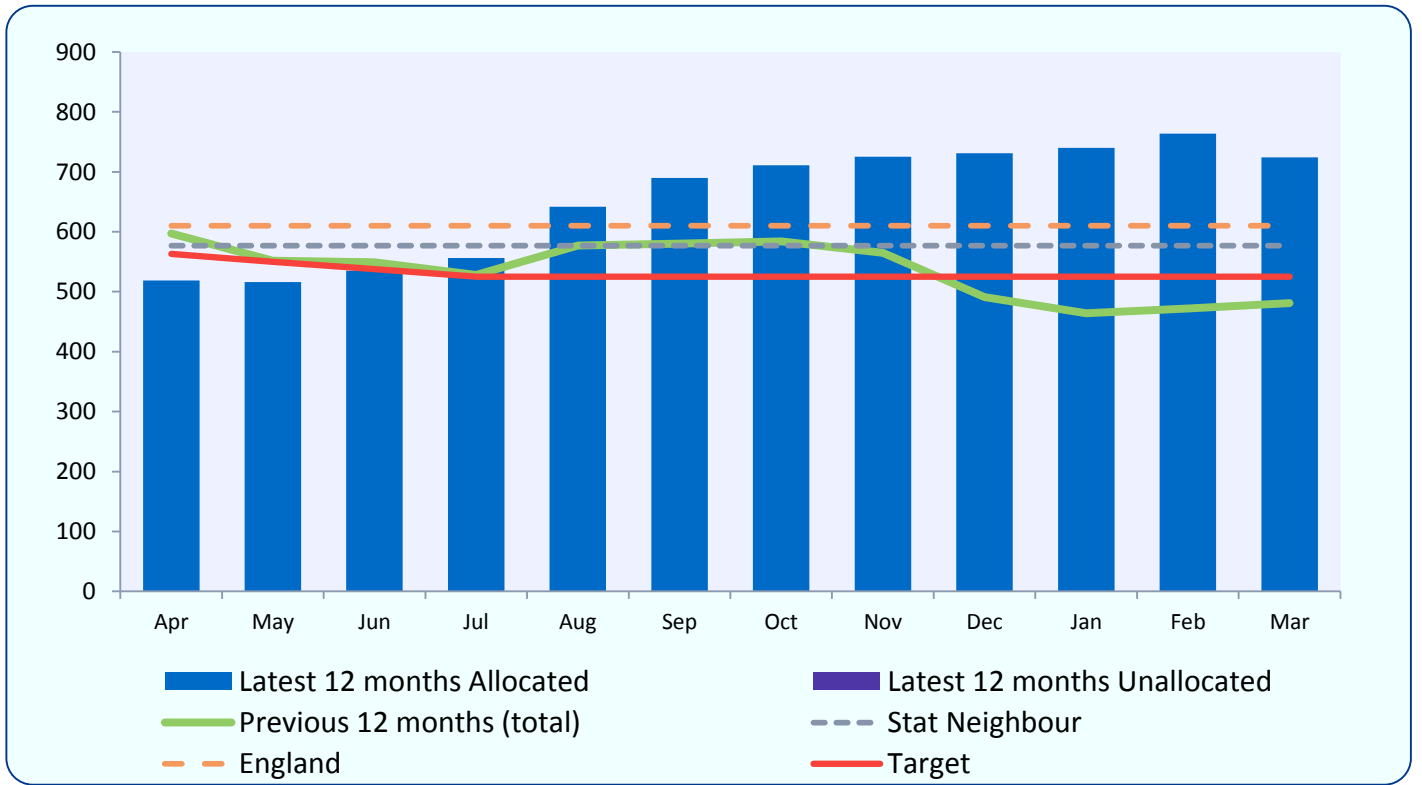
9) Number of ICPC resulting in Child Protection Plans to commence



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
No. ICPC held in month	100	58	75	86	119	143	102	122	110	112	92	75
No. ICPC outcome CPP to commence	81	47	67	80	96	114	74	99	83	96	76	65
Percentage "CP Plan to commence"	81.0%	81.0%	89.3%	93.0%	80.7%	79.7%	72.5%	81.1%	75.5%	85.7%	82.6%	86.7%

The number of ICPC's for children (including siblings) continued to decrease by 17 in Mar (75) from Feb (92) and the rate of outcomes CPP to commence increased by 4% (Mar 86.4% from Feb 82.6%) Requires further exploration in MASH, perhaps too many referrals are being treated as safeguarding as opposed to CIN. The rate of CP Plans jumped from March 15 and continued at high level throughout the year. If this is read alongside chart 10 there is evidence that 30% of plans ended this year were in place for 3 months or less. This could mean the plan was inappropriate.

10) Number of Children Subject to a Child Protection Plan



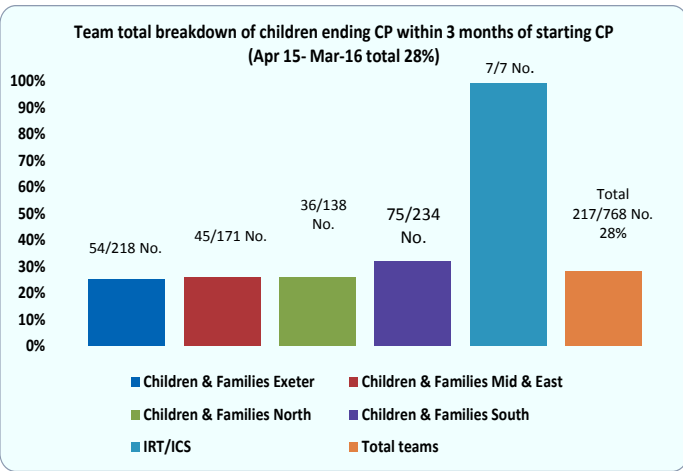
Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
525	491	472	481	519	516	535	556	642	690	711	725	731	740	764	724

The number of CP plans decreased by 40 children in Mar-16 (724) compared to Feb-16 (764). This is at a high level. Work is underway to understand better. Risk maybe being identified or maybe being exaggerated, (risk averse practice). If this was reduced by 25% our figures would be in line statistical neighbours.

11. Team breakdown of children ending CP within 3 months of starting CP (April 2015 to March 2016 total 28%).

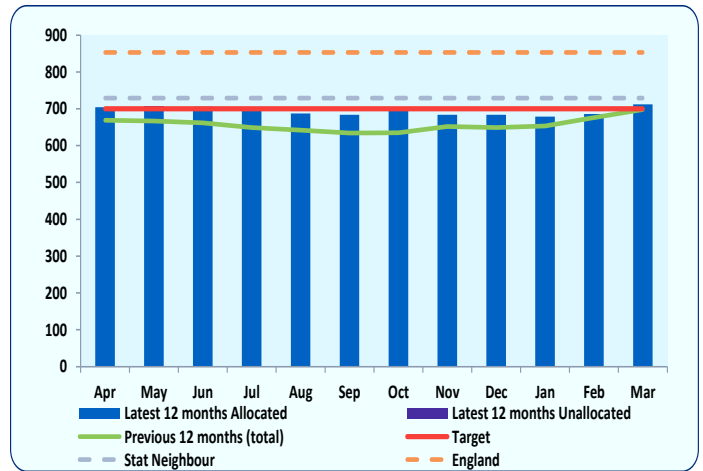
Team	Dec 2015				Jan 2016				Feb 2016				Mar 2016				Grand Total full year 15/16			
	Ended 0-3 months	Ended 4+ months	Total Ends	% 0-3 months	Ended 0-3 months	Ended 4+ months	Total Ends	% 0-3 months	Ended 0-3 months	Ended 4+ months	Total Ends	% 0-3 months	Ended 0-3 months	Ended 4+ months	Total Ends	% 0-3 months	Ended 0-3 months	Ended 4+ months	Total Ends	% 0-3 months
CHILDREN & FAMILIES EXETER 1		6	6	0%		4	4	0%	2	7	9	22%	5	6	11	45%	18	48	66	27%
CHILDREN & FAMILIES EXETER 2	2	4	6	33%	1	5	6	17%	1	1	2	50%	2	4	6	33%	12	28	40	30%
CHILDREN & FAMILIES EXETER 3	1	3	4	25%		3	3	0%		4	4	0%	4	3	7	57%	9	33	42	21%
CHILDREN & FAMILIES EXETER 4		8	8	0%	3	2	5	60%		1	1	0%	1	15	16	6%	10	39	49	20%
CHILDREN & FAMILIES EXETER 5																	5	16	21	24%
TOTAL CHILDREN & FAMILIES EXETER	3	21	24	13%	4	14	18	22%	3	13	16	19%	12	28	40	30%	54	164	218	25%
CHILDREN & FAMILIES MID & EAST 1	4	5	9	44%	1	2	3	33%		3	3	0%		6	6	0%	11	41	52	21%
CHILDREN & FAMILIES MID & EAST 2													2	4	6	33%	6	13	19	32%
CHILDREN & FAMILIES MID & EAST 3		5	5	0%	1	3	4	25%		2	2	0%					2	24	26	8%
CHILDREN & FAMILIES MID & EAST 4		1	1	0%		1	1	0%					1	6	7	14%	10	15	25	40%
CHILDREN & FAMILIES MID & EAST 5		1	1	0%	3	6	9	33%	2	6	8	25%					16	33	49	33%
TOTAL CHILDREN & FAMILIES MID & EAST	4	12	16	25%	5	12	17	29%	2	11	13	15%	3	16	19	16%	45	126	171	26%
CHILDREN & FAMILIES NORTH 1		3	3	0%		2	2	0%	1		1	100%					4	14	18	22%
CHILDREN & FAMILIES NORTH 2						3	3	0%	3	3	6	50%		8	8	0%	12	24	36	33%
CHILDREN & FAMILIES NORTH 3		9	9	0%		5	5	0%	4	5	9	44%	2	8	10	20%	12	37	49	24%
CHILDREN & FAMILIES NORTH 4		3	3	0%					3		3	100%		2	2	0%	8	27	35	23%
TOTAL CHILDREN & FAMILIES NORTH		15	15	0%		10	10	0%	11	8	19	58%	2	18	20	10%	36	102	138	26%
CHILDREN & FAMILIES SOUTH 1					1	7	8	13%						6	6	0%	7	25	32	22%
CHILDREN & FAMILIES SOUTH 2	1		1	100%	9	6	15	60%	2	5	7	29%		2	2	0%	15	41	56	27%
CHILDREN & FAMILIES SOUTH 3	3	4	7	43%	3		3	100%									12	29	41	29%
CHILDREN & FAMILIES SOUTH 4		5	5	0%	6	2	8	75%	2		2	100%	1	3	4	25%	14	29	43	33%
CHILDREN & FAMILIES SOUTH 5	4	4	8	50%	2	3	5	40%		4	4	0%	1	12	13	8%	27	35	62	44%
TOTAL CHILDREN & FAMILIES SOUTH	8	13	21	38%	21	18	39	54%	4	9	13	31%	2	23	25	8%	75	159	234	32%
ICS EXETER	1		1	100%													1		1	100%
ICS NORTH DEVON 2																	1		1	100%
ICS SOUTH AND WEST DEVON 2																	1		1	100%
INITIAL RESPONSE MID & EAST																	2		2	100%
INITIAL RESPONSE SOUTH																	2		2	100%
TOTAL AD-HOC TEAMS	1		1	100%													7		7	100%
GRAND TOTALS	16	61	77	21%	30	54	84	36%	20	41	61	33%	19	85	104	18%	217	551	768	28%

12) Children Ending CP within 3 months of starting CP



This chart relates to table 11 – IRT / CwD have very low numbers (7) – all of which lasted 3 months. 28% of CPP’s ended within 3 months during 15/16.

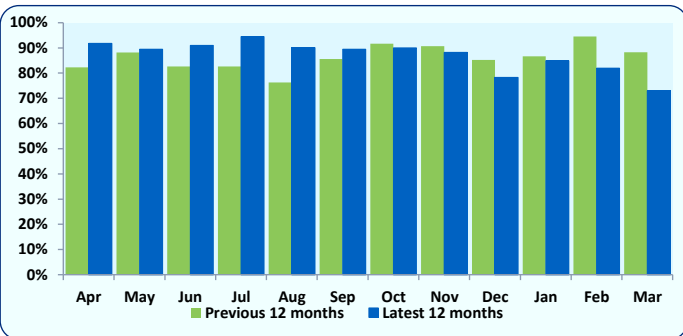
13) Number of Children in Care



Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
700	704	707	706	702	687	684	694	684	684	679	686	712

CiC has increased slightly by 26 in Mar-16 to 712 from 686 in Feb-16.

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



Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
100%	91.8%	89.5%	91.0%	94.5%	90.1%	89.5%	90.0%	88.2%	78.3%	84.9%	82.0%	73.0%

A decrease of 9% in visits Mar-16 (73%) from Feb-16 (82%) but overall the trend continues to show an improvement compared to last year. Some data entry lag. Weekly information is in place to chase and plan work.

15) Placement Moves by Area

	3+ Placements		
	Num	Denom	Outturn
Exeter	23	173	13.3%
North Devon	15	147	10.2%
South & West Devon	35	225	15.6%
East & Mid Devon	21	154	13.6%
Other	3	11	27.3%
Total	97	710	13.7%

We have a high number of placement moves. More detailed analysis shows that this relates mainly to 15,16,17 year olds. The % of 3+ placement moves last year was at 15% there has been some improvement this year.

16) LAC 3+ Placement Information

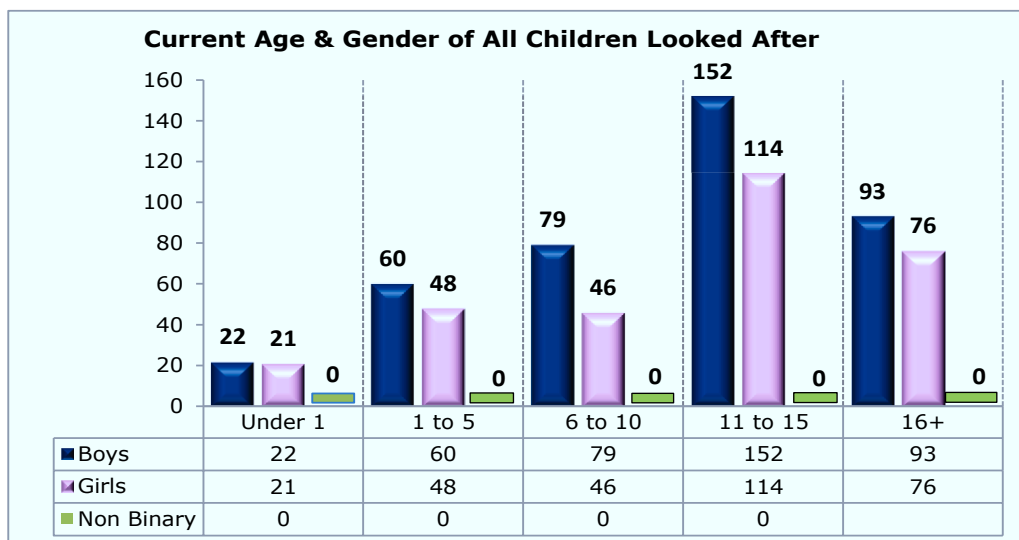
% of Children with 3+ Placements in financial year to date

2014/15	2015/16
15.0%	13.7%

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

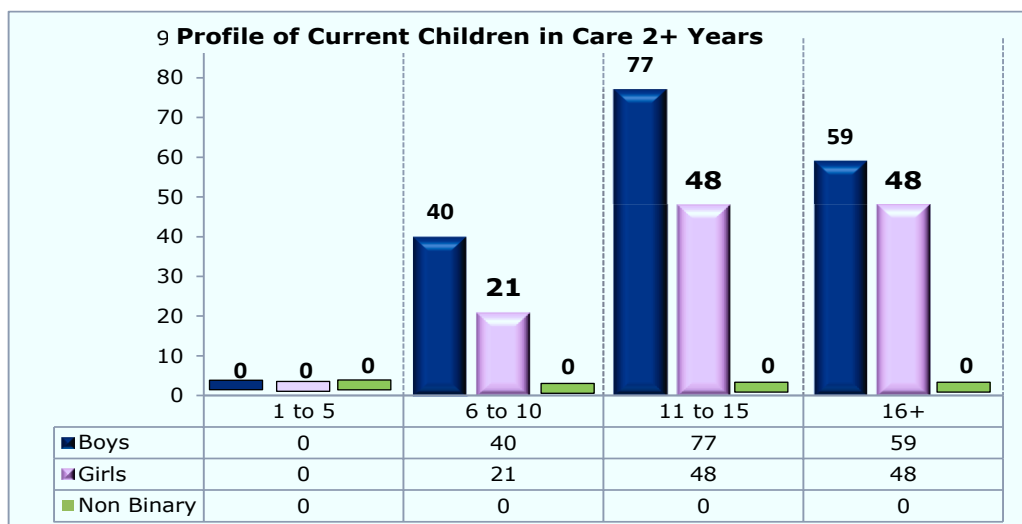
17)

The Average Age of a Child in Care is : Boys 11.2 Years, Girls 11.3 Years



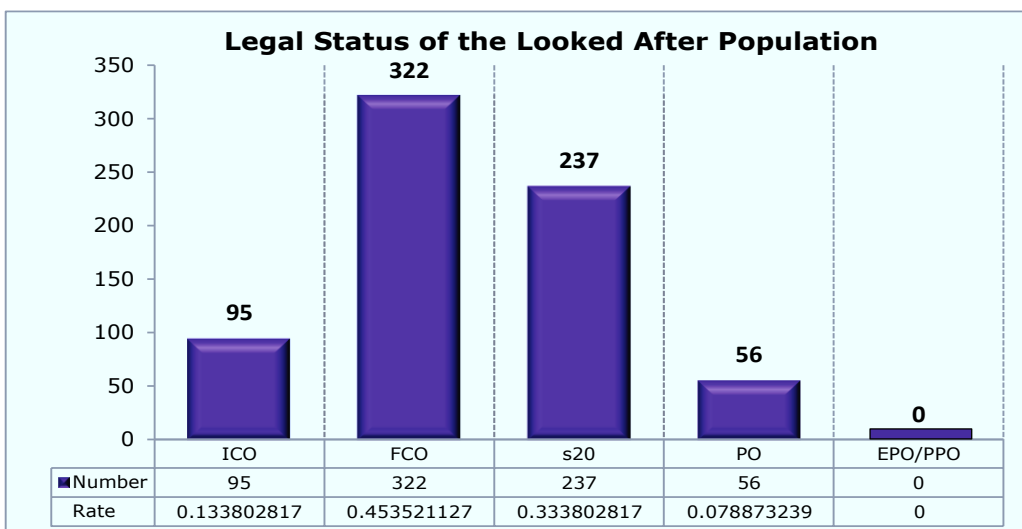
18)

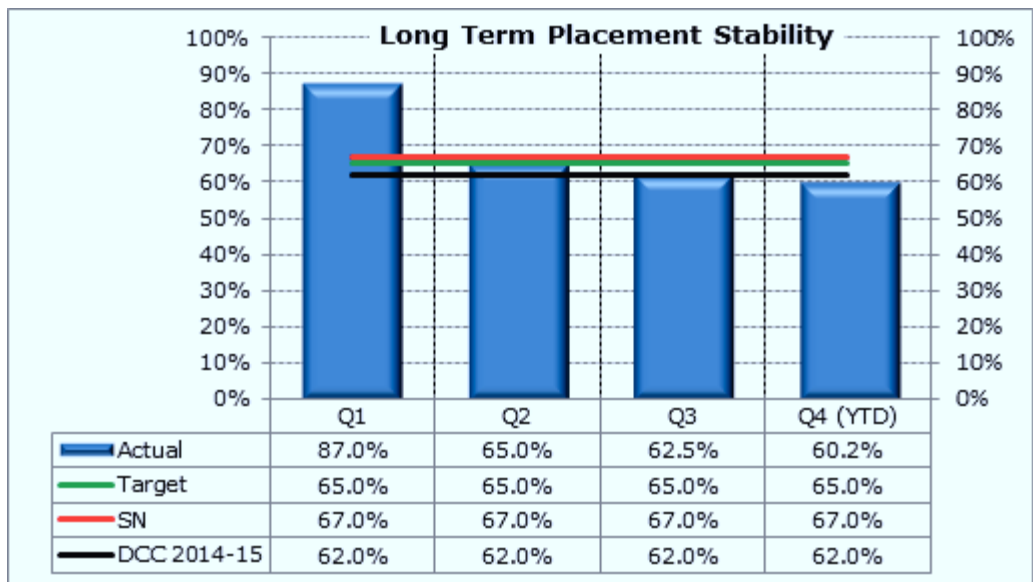
The Longest Current Period of Care of Any Child is : 15.9 Years



19)

The Rate of LAC Under Section 20 Nationally in 2013-14 was 27.9%

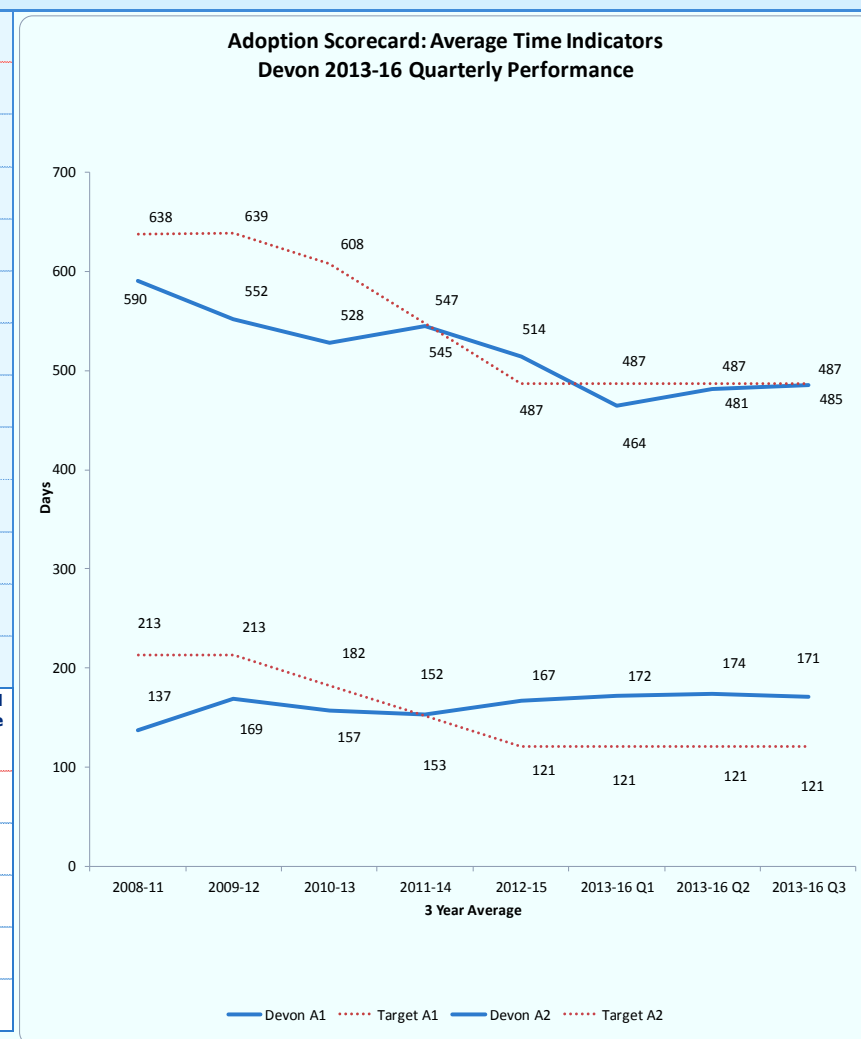




21). Adoption Scorecard

**DEVON COUNTY COUNCIL
ADOPTION SCORECARD
PERFORMANCE ON A PAGE (2013-16 to Quarter 3) December 2015**

Devon County's Adoption Population	2015-16	Percentage	
Number of Children adopted	28	100%	
Aged 5 and Over	6	21.4%	
Aged Under 5	22	78.6%	
No. of sibling groups	-	-	
No. of children in sibling groups	-	-	
Number of children with a decision to be placed for Adoption	58	-	
Number of children with a placement order	40	69.0%	
Number of children placed together in sibling group	-		
Number of children matched to adopter	32	80.0%	
Number of children matched & placed with adopter	8	20.0%	
Number of children whose decision to be placed for adoption has been rescinded	13		
Number of children ending care due to Special Guardianship order	44	-	
Children Looked After and Adoption Performance measures	DEVON (2013-16 to Q3)	SN average (2012-15)	England average (2012-15)
Adoption scorecard A1: time between child entering care and placement for adoption	485 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)	66%	n/a	47%
Adoption 1: Percentage of looked after children who ceased to be looked after who were adopted	12%	16%	14%
Adoption 2: Percentage of looked after children who ceased to be looked after because of special guardianship order	11%	10%	10%



*Data source: ALB Adoption Survey, CareFirst and Adoption Database

Children's Social Care Workforce Profile

22) 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	5.3	135	135	100.0%	25.5
	Mid & East	IRCM1	Kevin Kenna	8.8	179	179	100.0%	20.3
	North	IRCN1	Geoff Haworth	6.9	250	242	96.8%	36.3
	South	IRCS1	Jean Beynon	6.4	241	240	99.6%	37.7
Initial Response Total				27.4	805	796	98.9%	29.4
Children & Families	Exeter	CFCX1	Anastasia Wyman (Temporary)	6.6	178	177	99.4%	27.0
		CFCX2	Phil Stagg	5.8	159	159	100.0%	27.4
		CFCX3	Aiden Mitchelmore	5.8	158	158	100.0%	27.2
		CFCX4	Helen Neighbour	7.2	155	155	100.0%	21.5
Children and Families - Exeter Total				25.4	650	649	99.8%	25.6
Children & Families	Mid & East	CFCM1	Richard Ashdown	6.2	156	152	97.4%	25.2
		CFCM2	Helen Patten	6.8	151	151	100.0%	22.2
		CFCM3	Emily Hextall	4.2	111	111	100.0%	26.4
		CFCM4	Corrina Bryant	5.6	139	139	100.0%	24.8
Children and Families - Mid/East Total				22.8	557	553	99.3%	24.4
Children & Families	North	CFCN1	Roger Walter	3.7	62	62	100.0%	16.7
		CFCN2	Paul Sains	4.6	138	138	100.0%	30.0
		CFCN3	Fran Hughes	5.6	117	117	100.0%	20.9
		CFCN4	Heather Cooper	4.6	130	130	100.0%	28.3
Children and Families - North Total				18.5	447	447	100.0%	24.1
Children & Families	South	CFCS1	Lisa Jackson	6.9	167	167	100.0%	24.3
		CFCS2	Karen Thompson	8.0	153	153	100.0%	19.1
		CFCS4	Jacqueline Fox	8.5	189	189	100.0%	22.2
		CFCS5	Jane Anstis	6.4	204	203	99.5%	31.9
Children and Families - South Total				29.8	713	712	99.9%	23.9
Permanency & Transition	Exeter	PTCX1	Juliet Jones	12.4	271	271	100.0%	21.9
	Mid & East	PTCM1	Naomi Pollard	10.0	142	141	99.3%	14.2
	North	PTCN1	Giles Bashford	8.6	181	177	97.8%	21.0
	South	PTCS1	Nikki Evans	9.1	226	226	100.0%	24.7
Permanency and Transition Total				40.2	820	815	99.4%	20.4
Private Fostering	PFC1	Elaine Newton	3.7	45	45	100.0%	12.2	
Total (Excluding FOC Cases)				167.7	4037	4017	99.5%	24.1
Finance Only Cases	FOC01				246			
ICS Finance Only Cases	ICSFREME, ICSFRN & ICSFRS				955			
Total (Including FOC Cases)					5238			

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

Minus staff shown as on long term sick leave or maternity and their post not being covered by an agency worker.

*In 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

The figure 5,238 excludes ICS/CwD CIN

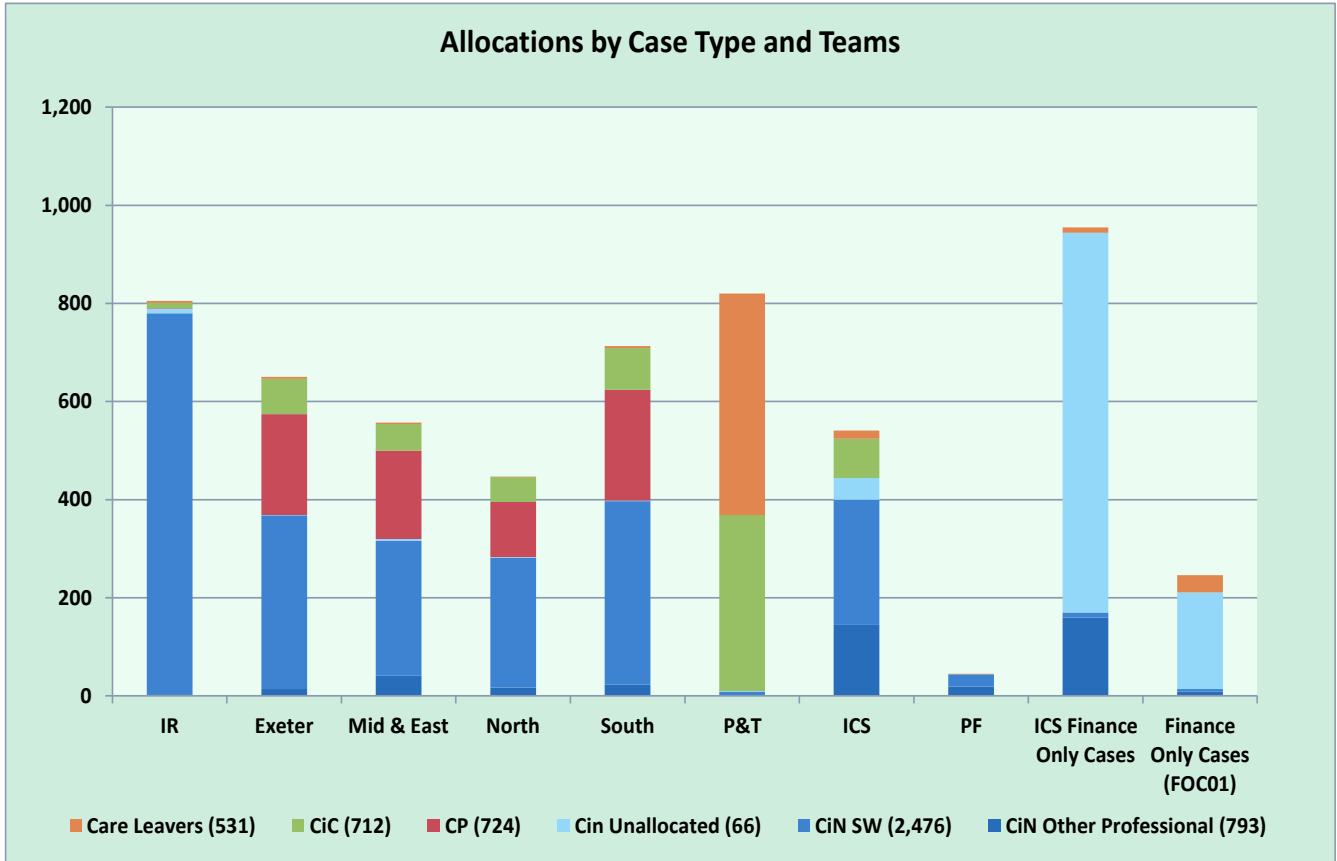
The average caseload is at 24.1

There is wide variation e.g. (14.2 compared with 24.7 in P&T), (16.7 compared with 31.9 in Children & Families due to the teams being in the process of reallocating cases) and (20.3 compared with 37.7 in IR).

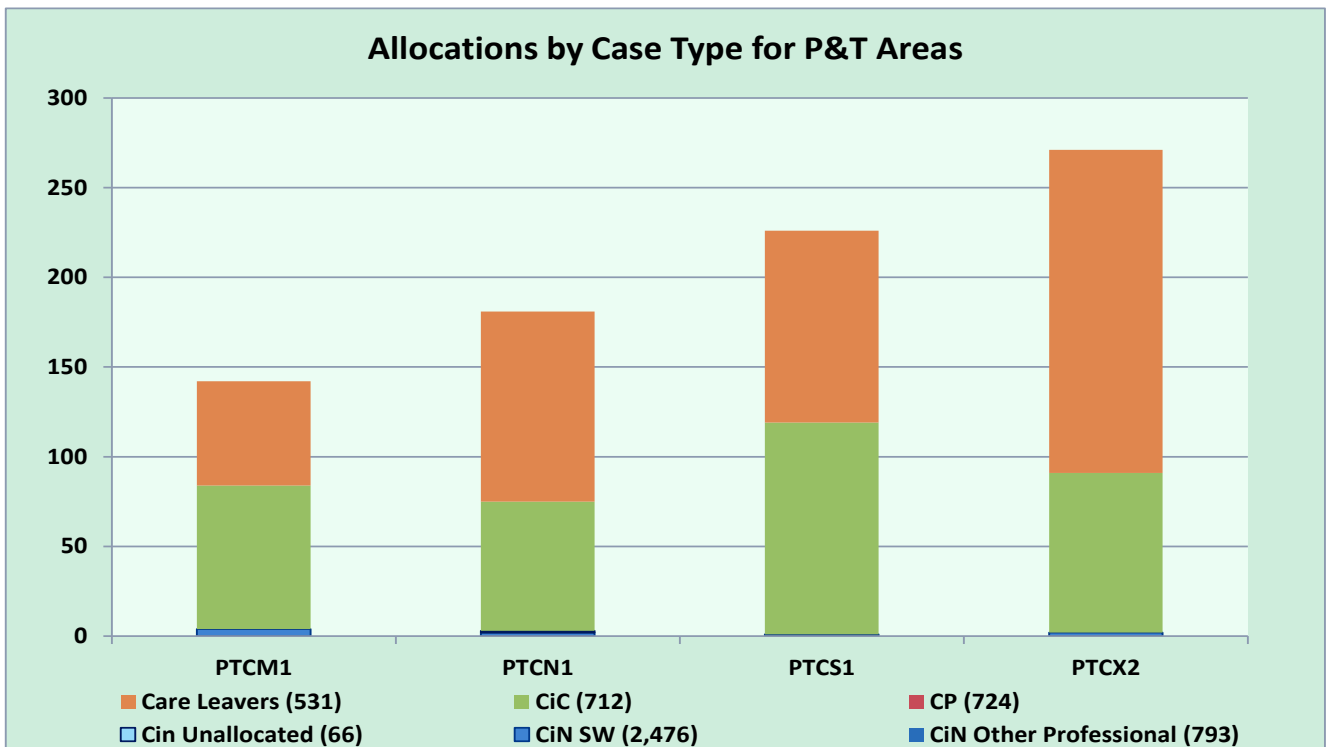
There is also wide discrepancy in team sizes. Work is underway to address this and ensure equity.

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

23.



24.



3. Internal Case Audits

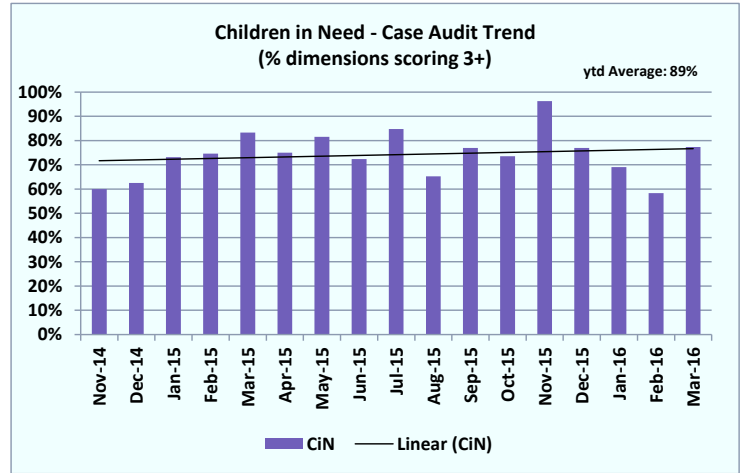
- The overarching aim of the audits is to improve the quality of practice and outcomes for children and young people. The audit considers the quality of the information and recording on the young person’s file, the arrangements for the audit include discussion with the Social Worker, the quality of the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

CASE AUDITS: CHILDREN IN NEED

Of the **36** internal audits completed during March 2016, **8** relate to Children in Need.

% judged as 'some', 'many' or 'all standards met in full or exceeded'		
Audit Dimension	Mar. 2016	
	No's	%
1a: Management scrutiny/oversight	5	63%
2: Experience of child/young person	7	88%
3: Practitioner contact	6	75%
4: Assessment & needs analysis	6	75%
5: Planning for children	6	75%
6: Recording and report writing	8	100%
Number of audit dimensions scored 53		
Number of audits for CiN cases 8		
Overall % judged 'Acceptable' or better 77%		

CiN case audits completed since April 14 show a gradually improving trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



3+ scores up for all standards compared to February 16. Overall % 3+ scores up **19%** compared to February 16.

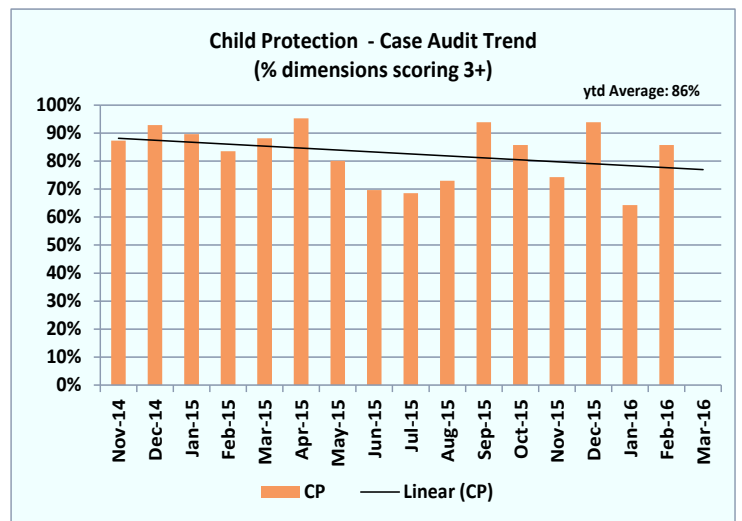
Year to date % of 3+ scores is **89%**. March is **12%** below the overall year to date for 3+ scores.

CASE AUDITS: CHILD PROTECTION

Of the **36** internal case audits completed during March 2016, **0** relate to Child Protection cases.

% judged as 'some', 'many' or 'all standards met in full or exceeded'		
Audit Dimension	Feb. 2016	
	No's	%
1a: Management scrutiny/oversight	3	75%
1b: Independent Scrutiny	4	100%
2: Experience of child/young person	4	100%
3: Practitioner contact	3	75%
4: Assessment & needs analysis	3	75%
5: Planning for children	3	75%
6: Recording and report writing	4	100%
Number of audit dimensions scored 28		
Number of audits for CP cases 4		
Overall % judged 'Acceptable' or better 85.7%		

CP case audits completed since April 14 show an improving trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



3+ scores down for 1a, 3, 4 and 5 compared to January 16.

Year to date % of 3+ scores is **86%**. February is comparable with the overall year to date for 3+ scores.

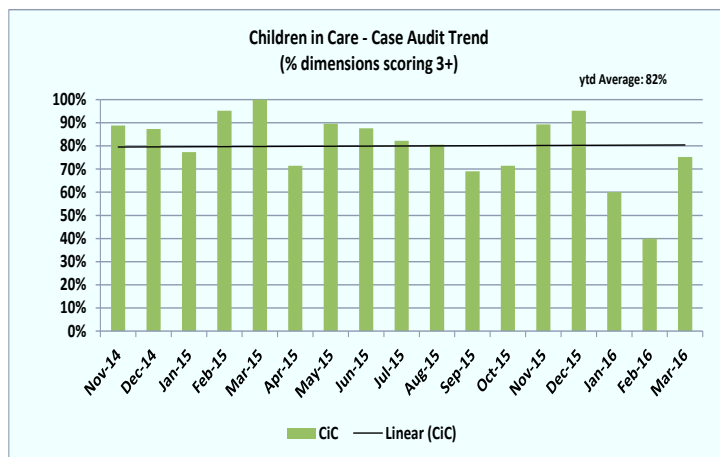
CASE AUDITS: CHILDREN IN CARE

Of the **36** internal case audits completed during March 2016, **18** relates to a Child in Care.

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

Audit Dimension	Mar. 2016	
	No's	%
1a: Management scrutiny/oversight	12	67%
1b: Independent Scrutiny	10	56%
2: Experience of child/young person	15	83%
3: Practitioner contact	14	78%
4: Assessment & needs analysis	13	72%
5: Planning for children	12	67%
6: Recording and report writing	15	83%
Number of audit dimensions scored	121	
Number of audits for CiC cases	18	
Overall % judged 'Acceptable' or better	75%	

CiC case audits completed since April 14 show an improving trend in terms of the % of audit dimensions scoring 3+ (acceptable or better).



Standards 1b, 2, 3, 4, and 6, 3+ scores are above February 16.

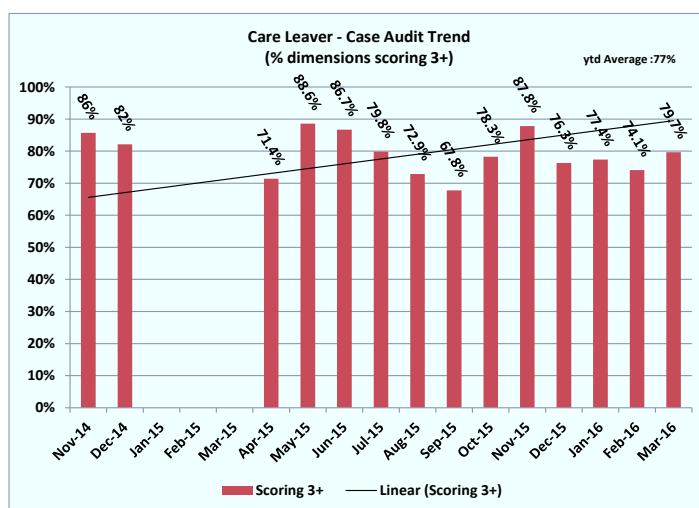
Year to date % of 3+ scores is **82%**.
March is **7% below** the overall year to date for 3+ scores.

Care Leavers

Of the **36** internal case audits completed during March 2016, **9** have a status of Leaving Care.

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

Audit Dimension	Mar. 2016	
	No's	%
1a: Management scrutiny/oversight	6	67%
1b: Independent Scrutiny	2	22%
2: Experience of child/young person	7	78%
3: Practitioner contact	8	89%
4: Assessment & needs analysis	8	89%
5: Planning for children	8	89%
6: Recording and report writing	8	89%
Number of audit dimensions scored	59	
Number of audits for Care Leavers	47	
Overall % judged 'Acceptable' or better	79%	



Standards 1b 3+ scores below February 16.

March is **2% above** the % of 3+ scores for the year (**77%**).

4.0 Qualitative Feedback – The Independent Reviewing Unit and the Involvement Team

**** INDEPENDENT REVIEW UNIT ** CHILD PROTECTION MEETING ATTENDANCE**

There were **32 Initial Child Protection Conferences** including siblings, **50 Core Group meetings** and **181 Child Protection Reviews** in March.

Overall attendance rates by meeting type (attendees as % of invites)	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15	Sep-15	Aug-15	Jul-15	Jun-15	May-15	Apr-15
Initial Child Protection Conferences	47%	53%	51%	49%	47%	49%	42%	43%	53%	67%	64%	69%
Health Professionals	30%	29%	34%	30%	22%	25%	16%					
Core Groups	78%	81%	72%	74%	84%	73%	69%	75%	70%	83%	78%	72%
Health Professionals	42%	54%	54%	49%	57%	54%	41%					
Child Protection Reviews	62%	71%	74%	67%	75%	74%	68%	68%	70%	61%	61%	62%
Health Professionals	63%	74%	69%	71%	79%	59%	69%					

Parent / Carer Feedback Forms: (The full Involvement report for March 2016 is available on the QAF webpages).

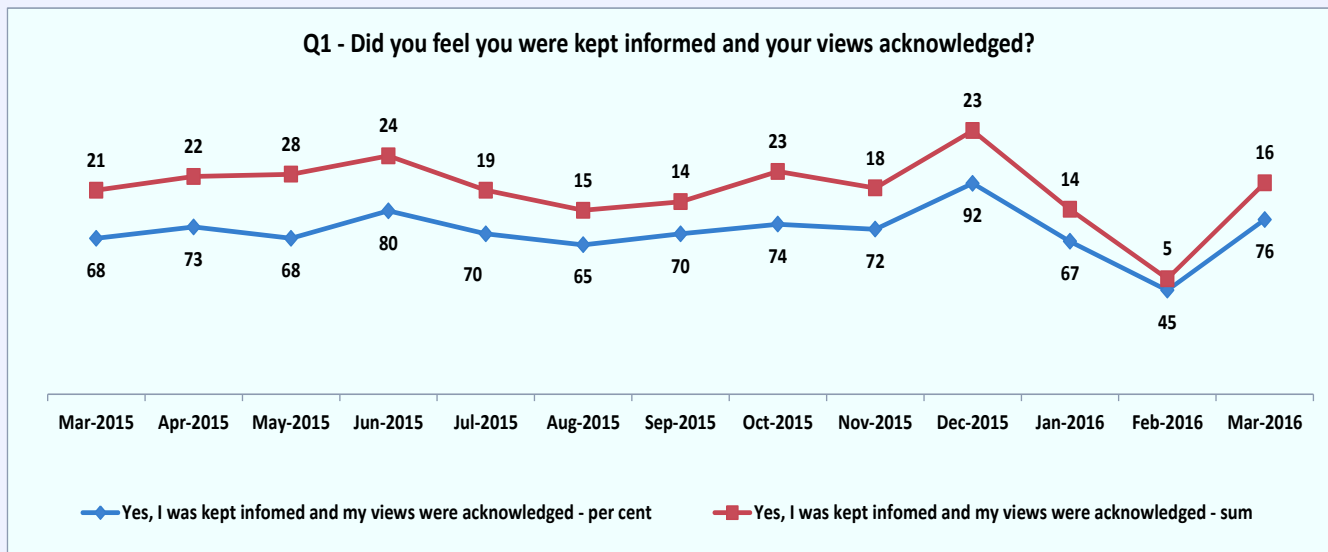
- 21 feedback forms for 33 individual children and young people were received in March 2016 which is 10 forms more than February.
- The feedback covers 17 individual Social Workers.

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

- 82% of respondents in March, report positive feedback against all four involvement indicators compared to 64% for February.
- 8 respondents reported positive feedback with parents/carers reporting they were very appreciative of the support they received.

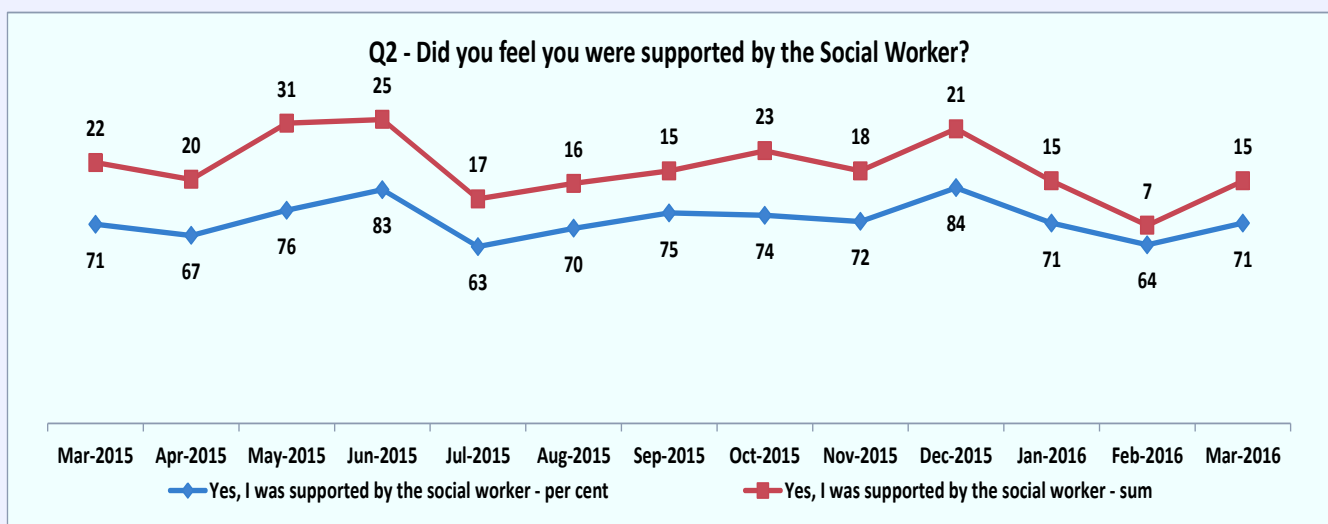
Q1 - Did you feel you were kept informed and your views acknowledged?

- 16 (76%) of respondents reported they were kept informed and their views acknowledged, an upturn of 31% compared to February (46%).
- All respondents completed this indicator.



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

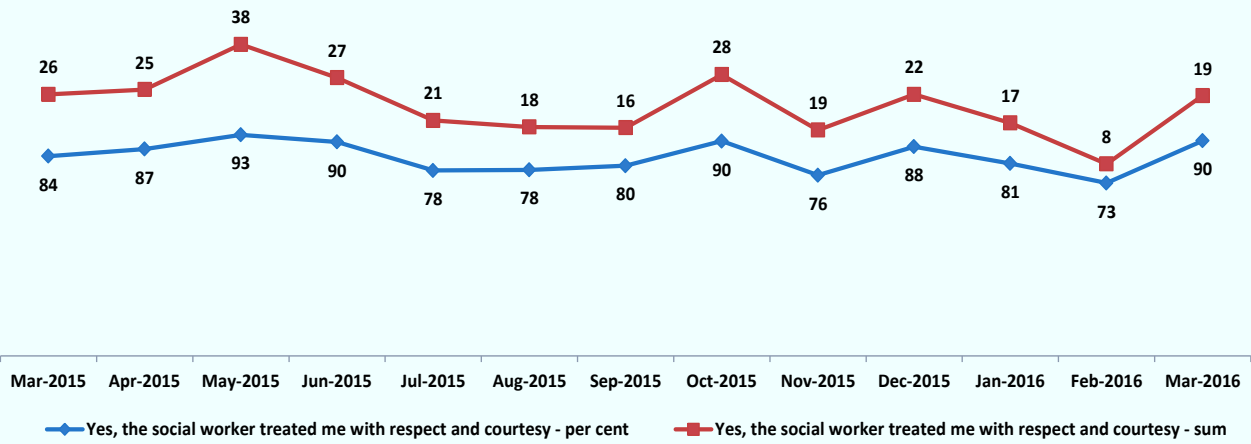
- 15 (71%) of respondents reported that they felt supported by their social worker, an upturn of 7% compared to February (64%).
- All respondents completed this indicator.



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

- 19 (90%) of respondents reported they felt their social worker treated them with respect and courtesy, an upturn of 17% compared to February (73%).
- All respondents completed this indicator.

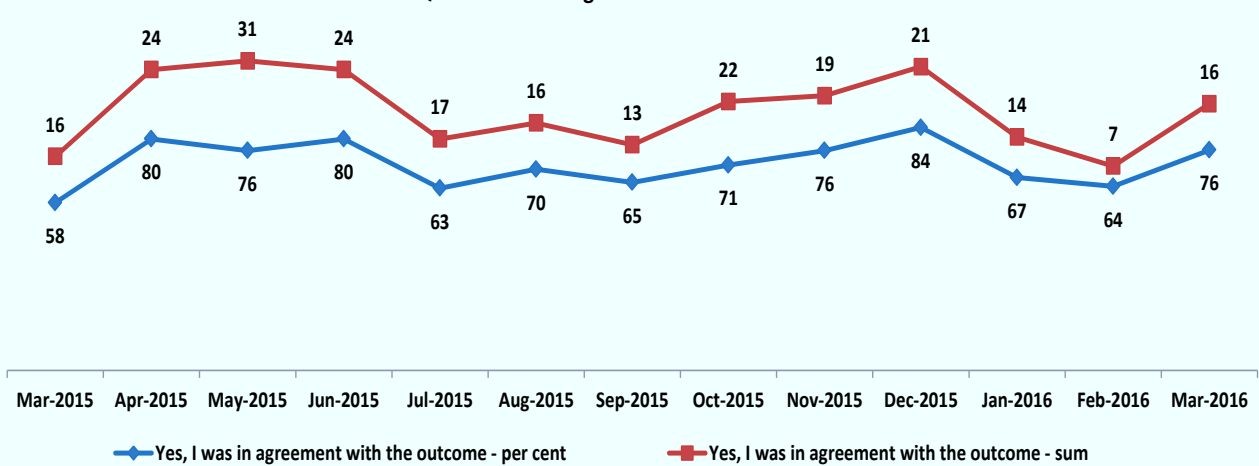
Q3 - Did the Social Worker treat you with respect and courtesy?



Q4. Were you in agreement with the outcome?

- 16 (76%) of respondents reported they agreed with the outcome. An upturn of 12% compared to February (64%).
- 3 respondents did not complete this indicator.

Q4 - Yes I was in agreement with the outcome



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

“Key Themes”

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

Recommendations:

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

What Parents & Carers said

“SW was brilliant explaining what was going to happen going forwards. I thought the SW had a wealth of knowledge, understanding and tact”.

“SW is very helpful and cared a lot about the outcome. A credit to the service”

“We feel we have received help and are very happy with the end result”.

“SW wasn't able to see us at the time of the issues”
“Took a long time to be contacted”

“Promises did not happen and unaware of the Outcome”.

18 of 21 respondents provided comment.

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

108 IRU monitoring reports for Children in Care received for March.

Changes of Social Worker since last CiC Review

Of the 108 monitoring forms returned in March, 93 recorded data on changes in social worker.
Of these, 32.3% show the child/young person having 1 or more changes of social worker since the last CiC review
(a total of 30 children in March (Feb 25, Jan 32, Dec, 37 in Nov, 32 in Oct & Sept),
of these 30 children with a change of SW, 25 had 1 change and 5 had 2 changes since their last review.

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

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

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
% of QA forms completed in the month that indicate 1 or more changes in Social Worker since the last CiC review	19.9%	20.7%	18.3%	12.6%	22.2%	21.5%	24.4%	23.4%	18.6%	32.3%	21.4%	32.3%

The Child and Young Person's Journey

Doing the right thing at the right time

PROPORTIONAL AND GRADUATED RESPONSE:
IDENTIFY, ASSESS, PLAN, DO, REVIEW

UNIVERSAL OFFER

including: Schools, Health Visitors, Children's Centres, GPs and Youth Groups

SINGLE AGENCY EARLY HELP OFFER

- Needs met by a single organisation, with targeted intervention e.g. SEN Support
- Use own agency's assessment/planning tools & recording systems
- Review according to agency policy

Child/Young Person at risk

Multi agency support no longer required, step down to single agency/ Universal

MULTI AGENCY EARLY HELP OFFER

- Needs met by coordinating multiple services
- Obtain [Family consent](#) to share information
- Information entered and shared on Holistix
- [Lead Professional](#) required
- Team Around the Child (TAC) meetings held

Needs can't be met; further services need to be involved

Child/Young Person at risk

You may make need to make referrals to specialist services (who may operate thresholds) e.g. ICS, CAMHS, Education Welfare, Drug & Alcohol services, Domestic Violence services, Young Carers

Statutory intervention no longer required, step down to coordinated support

STATUTORY RESPONSE

- [MASH Enquiry](#)
- Children's Social Work Assessment
- Education, Health & Care Assessment (SEND)
- Statutory plans in place e.g. Child Protection plan, Personal Education Plan – All Plans should complement and reference existence of others

Insufficient progress made; consider whether statutory intervention is appropriate

CONTACT [MASH DIRECTLY](#) IF CHILD/YOUNG PERSON AT RISK OF SIGNIFICANT HARM

Level 1

Level 2

Level 3

Level 4

INDICATIVE THRESHOLD OF NEED & INTERVENTION

DEVON SAFEGUARDING CHILDREN BOARD

Report to Executive Meeting

Section 1 - General

Date of Executive Meeting	15 th June 2016
Title of Report/Agenda Item	Early Help in Devon
Author/Presenter	Jo Olsson

Section 2 – Report Detail

Report is for:

Decision by DSCB Endorsement by DSCB Discussion Information

Is this confidential? Yes No

(if no, the papers could be distributed to non-members of Devon Safeguarding Children Board and published on the Devon Safeguarding Children Board website)

Are there any communication and/or media implications? Yes No

If yes, please state below:

Should the report be disseminated further? Yes No

If yes, please select options:

through the DSCB website
 through the DSCB e-briefing
 other - please state below

Summary of Report:

Section 3 – Improving the lives of children, young people and their families

Briefly describe the differences this report will make to children and young peoples' lives.

The report will contribute to ensuring children receive a timely and proportionate response to their needs.

The report will contribute to ensuring that only children who may require a statutory

service are brought into Children's Social Care, thereby avoiding the damage that is caused to children and families by inappropriate statutory intervention.

<http://gu.com/p/4tct8/sbl>

Report Template (font Arial and size 11)

Report Name

Please note that one of your recommendations should reflect the positive difference that this report will make for children, young people and their families.

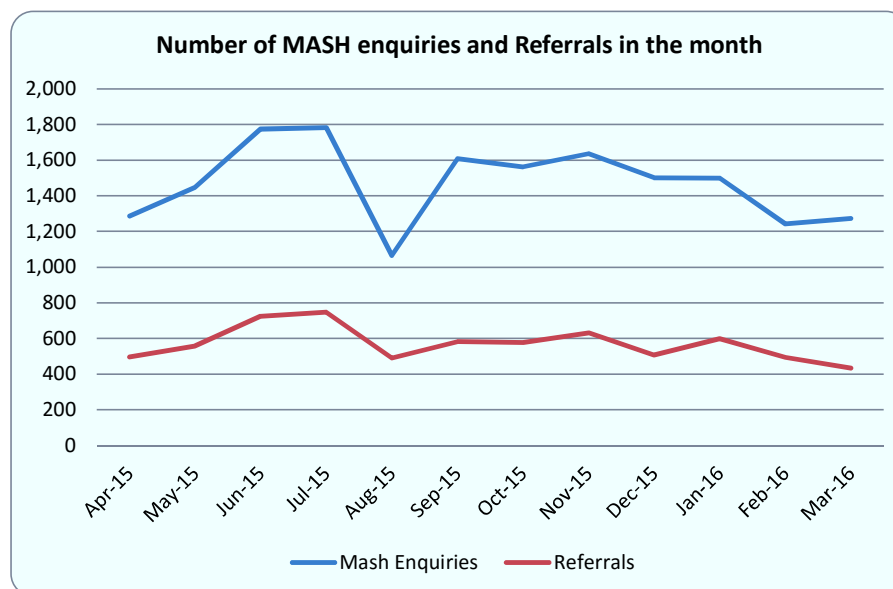
	Recommendations (add detailed actions to the template below)	Action Owner	Deadline	Review Date
1				
2				
3				

1. Early Help in Devon

1.1 What does the data tell us?

The 15/16 data held by the Council has just been finalised. The MASH data shows a reasonably well matched pattern of MASH enquiries and accepted referrals, (see fig 1). However the conversion rate from enquiry to referral is extremely low. In August 15, it was at its highest at 46% and at its lowest in December 15 and March 16 at 34%.

Number of MASH Enquiries and Referrals in the month

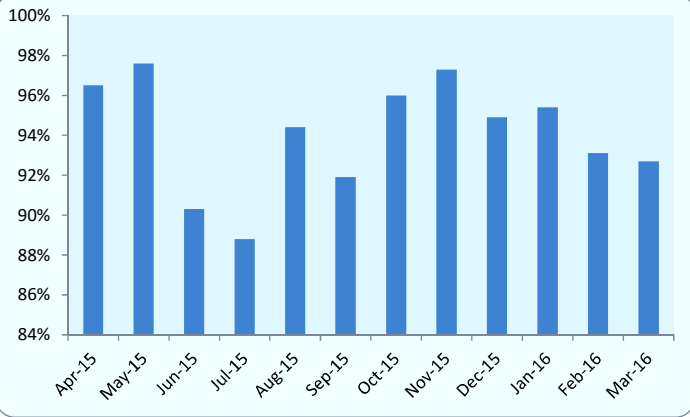


	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Mash Enquiries	1,286	1,448	1,774	1,781	1,065	1,608	1,563	1,636	1,501	1,500	1,243	1,272
Referrals	496	558	725	747	491	582	578	631	507	598	494	433

What this means is that between 54% and 66% of enquiries involve a significant amount of administrative and professional activity but threshold for social care intervention is not reached. This conversion rate would be more likely in a single point of contact service. We should be aiming for a conversion rate in the region of 80%, which would capture higher need Early Help cases and cases requiring statutory intervention.

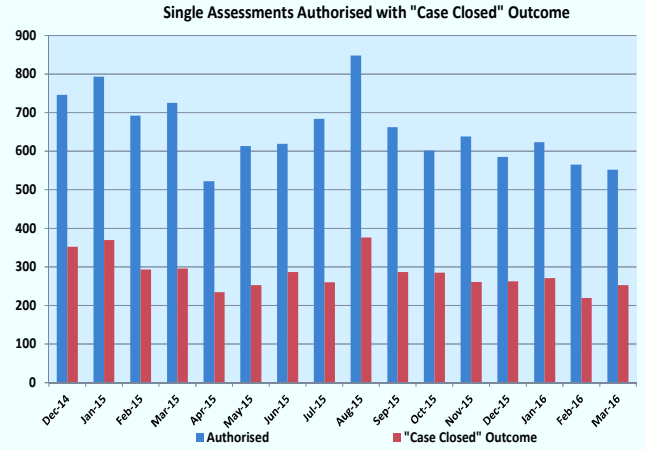
On average, more than 90% of referrals lead to an assessment by social care. This conversion rate should be high as enquiries shouldn't be accepted as referrals unless they are likely to require statutory intervention. However, following assessment, 40% of cases are closed (see fig 2). What this means is that we are assessing about 20% (circa 150/200 per month) more families than we should be. Again, we should be aiming for a conversion rate from assessment to social care intervention in the region of 80%. For some families, the assessment in itself will generate the required change, which means social care intervention will no longer be required but for many it will be a case of, 'wrong service, wrong time' and this is harmful for families.

% of Referrals with a Single Assessment



Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
96.5%	97.6%	90.3%	88.8%	94.4%	91.9%	96.0%	97.3%	94.9%	95.4%	93.1%	92.7%

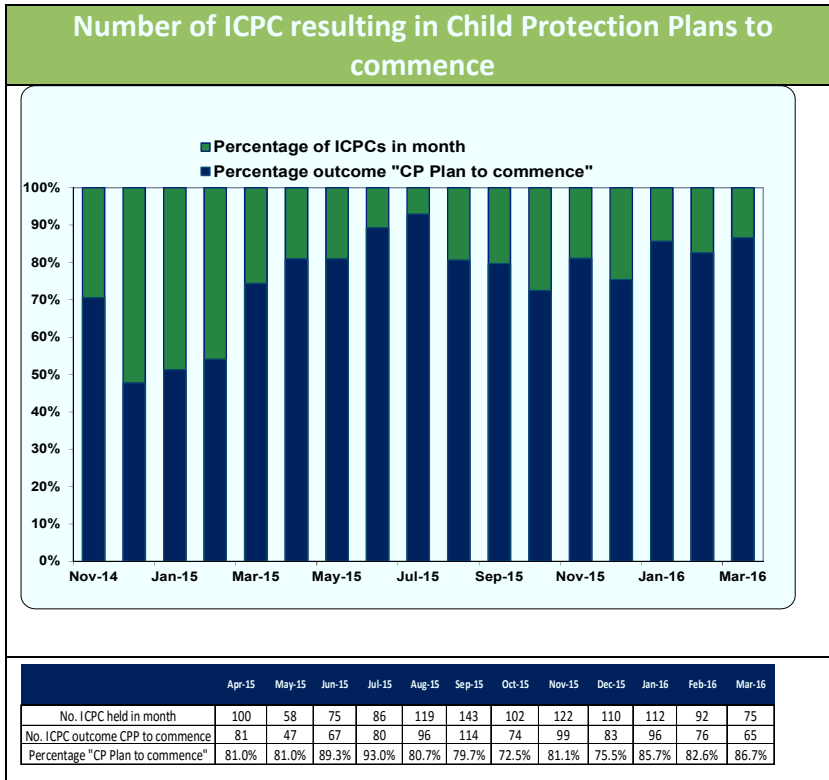
Cases closed at end of Single Assessment



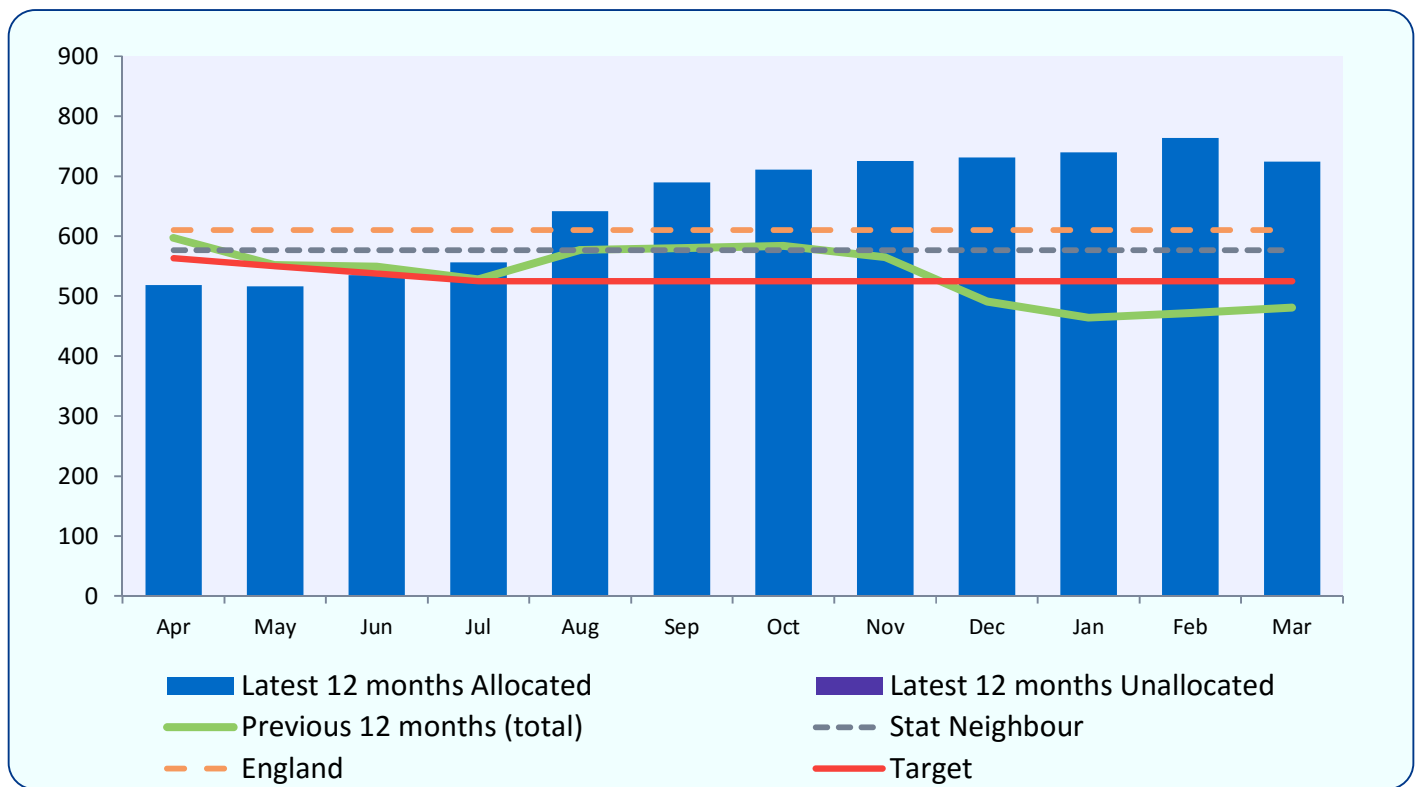
Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
44.8%	41.3%	46.4%	38.0%	44.3%	43.4%	47.3%	40.9%	45.0%	43.5%	38.8%	45.8%

The rate of Initial Child Protection Conferences increased significantly in March 2015 and continued at a high level throughout the year, above our statistical neighbours and national level.

However 30% of plans that were made in 15/16 were ended within three months (see fig 3). While some of these will be plans for children who have moved into Devon on a plan and at our transfer-in conference we decide to de-plan, others will have been inappropriately made subject of a plan by our initial child protection conference.



Number of Children Subject to a Child Protection Plan



Target	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
525	491	472	481	519	516	535	556	642	690	711	725	731	740	764	724

Taken together the data paints a very compelling picture of a whole system that is inappropriately escalating children into statutory services and then escalating them within social care.

1.2 What else do we know?

We know that the DAF is not an enabler of early help for children and families. We are developing Early Help tools for assessment, planning and intervention. These are designed to support appropriate risk management by Early Help practitioners rather than to act as referral forms or to create a hoop to jump through before accessing a social care service.

For a period, colleagues were encouraged to 'MASH-it'; this was a response to being judged inadequate with concerns raised about Early Help. This may have been a reasonable position at the time; it is not so, now.

Early Help is often mistakenly understood to be about Early Help Services and while there are a suite of services designed to meet higher level Early Help need, Early Help is better understood as a system.

The Early Help system is made up of services users, community resources, universal service providers and targeted services, working together to enable families to manage their own dilemmas and solve their own problems, making whatever changes are necessary to secure the well-being of their children enabling appropriate risk management in the community and a proportionate response to risk and need

The Alliance executive has endorsed, The Child and Young Person's Journey, attached here as an appendix (appendix 1). It appears that there is substantial single agency Early Help and evidence of over-involvement by statutory services, but the middle part of the journey, the multi-agency early help offer, involving lead professionals coordinating team around the child or family, is grossly under-developed. There are of course areas of good practice and some excellent examples of outstanding practice, but these are the exception

Unnecessary statutory intervention is not neutral and neither is erring on the side of caution if it means families are drawn into a system that they do not need to be in.

<http://gu.com/p/4tct8/sbl>

Caseloads in Children's Social Care are too high to provide a consistently 'good' service. At the time of writing they are at about 25. I am attaching for information the weekly caseload monitoring report requested by the Lead Member, Councillor James McInnes (appendix 2). Our ambition is to bring caseloads below 20 by September 2016, below 18 by March 17 and in line with 'good' Local Authorities by September 2017. It is relatively straightforward to make the first decrease, and this can be done on a single agency basis.

To ensure, on a sustained basis, that statutory social work is reserved for those families who need this level of intervention, in the context of an embedded high level interventionist culture, is a much more complex proposition and requires whole system transformational change.

2. The role of the Alliance and the DSCB

- 2.1 The Alliance owns the responsibility for the transformational change proposed above. Work on this is already underway but is at a very early stage. The Alliance is responsible for ensuring that the conditions to achieve 'good' safeguarding services in the statutory service and in early help are either in place or in development and that the impact of these conditions is translating into a consistent standard of good practice across the whole system for children.

The DSCB takes a lead on ensuring that the journey of the child is effective and appropriate to the levels of risk they face. This means assuring ourselves that the right child is in the right part of the system at the right time receiving the right service. At times this will require a confidence that those most at risk are quickly passed to that part of the system best designed to meet their needs. In many more instances, it means an assurance that children and their families are able to be supported with the least statutory intervention.

The report highlights one of the core responsibilities of the DSCB which is about setting the culture of and approach to levels of risk management in the area. Risk aversion is as concerning as risk taking and the Board is charged with overseeing how the approach to risk is carried out in the County. It is common for areas deemed inadequate to adopt a very risk adverse approach but as Devon moves forward it is going to require something more nuanced and sophisticated if its services are to both manage demand and to respond effectively to the most vulnerable.

3 Conclusion and Recommendations

- 3.1 This initial report identifying for the Executive the shared challenge we face is purposefully high level. The Executive may want to see a more detailed analysis of patterns of enquiries, conversion rates and so on, including the prevalence of multi-agency early help offers, lead professional role and team around the child activity. On current data, Devon looks like an outlier in terms of its rapid escalation into statutory service and low engagement with responding to the needs of often complex and challenging families with a sophisticated and well embedded early Help offer.
- 3.2 Children's Services, with the support of the DSCB, is already taking steps to strengthen practice to prevent inappropriate escalation of cases from MASH to initial Child Protection Conference and to tighten the decision to make children subject of a plan. We are reviewing with a view to changing the internal processes in MASH to build a stronger culture of shared conversations on risk.

It is clear from my conversations with partners that there is a shared commitment to 'right service, right time' and some partners are taking active steps to test the thresholds of their decision making on MASH enquiries.

I recommend that each partner reports back to the Executive on the take up of the multi-agency early help offer by their agency and the target they have set for 16/17 to increase take up in their agency. The DSCB can monitor impact by further data reports at the end of the second and third quarters.



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“REPORT NAME” RECOMMENDATION ACTION PLAN

Rec No.	Implementation Actions	Time scales to complete	Person Responsible	Outcome when recommendation completed	Review progress of action (date)
1					
2					
3					

Average Cases per FTE by Team

					27/05/2016	20/05/2016	13/05/2016	06/05/2016	
Service Area	Team Name	Practice Manager	Current FTEs - Caseload Adjustment*	Total Open Cases	Ave. No. of Cases per Current FTE Total	Ave. No. of Cases per Current FTE Total	Ave. No. of Cases per Current FTE Total	Ave. No. of Cases per Current FTE Total	
Initial Response	Exeter	IRCX1	Juanita Scallan	5.7	135	23.7	23.4	25.2	25.5
	Mid & East	IRCM1	Kevin Kenna	8.8	195	22.2	22.2	22.2	20.3
	North	IRCN1	Roger Walter	6.9	180	26.2	25.1	25.1	36.3
	South	IRCS1	Jean Beynon	7.4	273	36.9	38.6	44.7	37.7
Initial Response Total				28.8	783	27.2	27.4	28.8	29.4
Children & Families	Exeter	CFCX1	Anastasia Wyman (Temporary)	6.0	168	28.0	26.8	23.8	27.0
		CFCX2	Phil Stagg	6.2	157	25.3	25.2	29.1	27.4
		CFCX3	Aiden Mitchelmore	5.8	150	25.9	25.9	27.4	27.2
		CFCX4	Helen Neighbour	7.2	145	20.1	20.1	20.1	21.5
Children and Families - Exeter Total				25.2	620	24.6	24.3	24.8	25.6
Children & Families	Mid & East	CFCM1	Richard Ashdown	6.2	137	22.1	23.9	24.4	25.2
		CFCM2	Helen Patten	5.8	144	24.8	25.5	20.7	22.2
		CFCM3	Emily Hextall	5.6	115	20.5	21.3	27.9	26.4
		CFCM4	Corrina Bryant	5.6	132	23.6	23.8	25.4	24.8
Children and Families - Mid/East Total				23.2	528	22.8	23.6	24.2	24.4
Children & Families	North	CFCN2	Paul Sains	5.8	170	29.3	28.3	24.4	24.1
		CFCN3	Fran Hughes	5.5	146	26.5	24.8		
		CFCN4	Heather Cooper	6.6	127	19.2	20.3		
Children and Families - North Total				17.9	443	24.7	24.3	24.4	24.1
Children & Families	South	CFCS1	Lisa Jackson	5.9	165	28.0	25.7	23.5	23.9
		CFCS2	Herdaypal Johal	7.0	170	24.3			
		CFCS3	Jane Anstis	7.5	196	26.1			
		CFCS4	Jacqueline Fox	6.4	172	26.9			
Children and Families - South Total				26.8	703	26.2	25.7	23.5	23.9
Permanency & Transition	Exeter	PTCX1	Juliet Jones	12.4	256	20.6	20.8	11.8	21.9
	Mid & East	PTCM1	Naomi Pollard	9.6	162	16.8	16.6	19.9	14.2
	North	PTCN1	Giles Bashford	9.6	184	19.2	19.2	20.5	21.0
	South	PTCS1	Karen Thompson	10.1	220	21.8	21.8	32.1	24.7
Permanency and Transition Total				41.7	822	19.7	19.7	20.3	20.4
Integrated Children's Services	ICS East Mid	ICCEMID	Brian Copp	3.3	109	33.1	33.1	25.4	No Data for this item
	ICS Exeter	ICCEXETR	Martin Quaintance	7.4	133	18.0	18.1	18.1	
	ICS Exeter 2	ICCIAEME	Martin Quaintance / Brian Copp	1.0	3	3.0	3.0	3.0	
	ICS North 1	ICCNORTH	Marianne Jackson	1.6	60	37.5	40.6	40.6	
	ICS North 2	ICCNRTH2	-	4.6	43	9.3	10.0	10.0	
	ICS South 1	ICCSWEST	Derek Godden	2.8	72	25.7	25.7	18.9	
	ICS South 2	ICCSWST2	Kathy Kirkman	5.6	96	17.1	17.3	16.2	
Integrated Children's Services Total				26.3	516	19.6	20.0	18.3	
Private Fostering	PFC1	Elaine Newton	3.7	36	9.8	11.4	11.4	12.2	
Total (Excluding FOC Cases)				193.6	3935	20.3	20.3	20.2	24.1
Finance Only Cases (FOC)	FOC01				245				
ICS Finance Only Cases	ICSFREME, ICSFRN & ICSFRS				968				
Total (Including FOC Cases)					5148				

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, ASYE's 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 caseholding.

In the team Private Fostering the Team Manager is included and is said to be caseholding.

**PEOPLE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 1 JUNE 2016)**

APPENDIX D

KEY:

Mitigating Controls:	Over due review	Red	Amber	Green	Completed
Risks:	Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
TG11: Market capacity adult social care		Without mitigating action there is risk that: <i>the supply of personal care of the right quality is currently stretched in some parts of Devon increasing the risk that we cannot maintain all people who require it safely in their own homes, achieve safe discharge from hospital and with potential to increase admissions to residential and nursing care. Additionally the CCG's planned closure of community hospitals presents a further market capacity risk with regard to intermediate care.</i>	Risk Owner:	Tim Golby
Inherent Risk:	30		Accountable Officer:	Jennie Stephens
Current Risk:	24			
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):	
Green	a) Reprourement of personal care via new framework: contracts awarded in March, transition to new arrangements in June.	↑	Bids for Framework Contracts currently being evaluated. On-going work with providers to secure immediate supply with regular monitoring of position. Above inflationary award issued for current year. Launching a promotional campaign with providers to encourage workforce recruitment and retention across the sector.	
Amber	b) Refresh of Adult Social Care Market Position Statement	↔		
Green	c) Provider Engagement Network	↔		
Amber	d) Performance monitoring of call off against the framework agreement	↔		
Amber	e) Work with providers to address capacity shortfall	↔		
Amber	f) Investigations of new solutions/new way of working	↔		
Green	g) Weekly SITREPS and escalation	↔		
Amber	h) Provider of last resort option	↔		

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
TG15: Reduction in funding affects service		Without mitigating actions there is risk that: <i>potential loss of funding affecting DCC service delivery in the event of changes made in the Comprehensive Spending Review and subsequent Local Government Settlement given inflationary pressures in market and demographic growth. Also, potential judicial risk, e.g. current Supreme court case on separating costs of nursing care from costs of care.</i>	Risk Owner:	Tim Golby
Inherent Risk:	30		Accountable Officer:	Jennie Stephens
Current Risk:	30			
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):	
Green	a) Options on 2% precept	↔	The current risk remains assessed at 30 (VERY HIGH) as a result of the on-going financial pressures being experienced by NEW CCG. Announcement of Success Regime and national focus on Devon is still being worked through and remains a very high risk to the Local Authority. Funding pressures being experienced across other areas of People's services, including Children's Social Care and Education.	
Amber	b) Increase in BCF funding	↔		

**PEOPLE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 1 JUNE 2016)**

APPENDIX D

KEY:

Mitigating Controls:	Over due review	Red	Amber	Green	Completed
Risks:	Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
TG23: Workforce		Without mitigating actions there is risk that: <i>lack of Organisational Development Plan for the Authority, which should include succession planning for Leaders and Managers could lead to future skills shortages across key areas of the business, for example, Social Workers, Head teachers, Teachers and Health Workers. This needs to include contracted services for care where significant workforce recruitment and retention issues exist. Failure to address may result in market failure and statutory non-compliance with Care Act duties.</i>	Risk Owner:	Tim Golby/Keri Storey/Sue Clarke/Jo Olsen
Inherent Risk:	30		Accountable Officer:	Jennie Stephens
Current Risk:	30			
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):	
Green	a) Test of Assurance	↔	Key shortages in important and risky workforce areas, including children's and adult social workers, commissioning skills and workforce supply issues with key providers of care. Risk broadened to include contracted services for care where significant workforce recruitment and retention issues exist (educational psychologists within Education). Proactive engagement with NHS providers and the independent sector to address workforce issues, including promoting care campaign. Failure to address may result in market failure and statutory non-compliance with Care Act duties.	
Green	b) Succession Planning and Grading Review (Adult SW)	↔		
Amber	c) Workforce Development, including potential impact of devolution ask	↔		
Green	d) Social Work Bursaries	↔		
Amber	e) Promoting care campaign launched with NHS provider and independent sector	↑		
Amber	f) Provider Engagement Network conversations and workshops	↑		
Amber	g) Multi-agency workforce discussions with NHS providers.	↑		
Amber	h) HR data and dashboards under development (not sufficiently robust)	↔		
Amber	i) Workforce Development Board (Health and Care)	↔		

Risk Code and Status:		Scope of Risk:	Current position/actions taken/accountable officer:	
TG29: Budget Management		Without mitigating actions there is risk that <i>a broader corporate overview of timing, impact or scope of service or policy changes gives rise to review or reconsideration of proposals</i>	Risk Owner:	Tim Golby/Keri Storey/Sue Clarke/Jo Olsen
Inherent Risk:	25		Accountable Officer:	Jennie Stephens
Current Risk:	20			
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):	
Amber	a) Thoroughness of consultation of proposals	↔		
Amber	b) Thorough risk assessment of plans and policy changes	↔		

**PEOPLE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 1 JUNE 2016)**

APPENDIX D

KEY:

Mitigating Controls:	Over due review	Red	Amber	Green	Completed
Risks:	Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and Status:	Scope of Risk:	Current position/actions taken/accountable officer:	
KS19: Continuing Health Care	Without mitigating actions there is risk that: <i>significant delays in assessments and determinations of CHC eligibility leading to operational inefficiencies, possible clinical risk if people with primary care needs are not being appropriately case managed by NHS professionals; and financial risk to the Council as well as impact on individuals and families</i>	Risk Owner: Keri Storey	
Inherent Risk: 30		Accountable Officer: Jennie Stephens	
Current Risk: 20			
Mitigating controls (including RAG rating):	Direction of Travel:	Additional comments (if appropriate):	
Amber	a) Issues escalated to NEW Devon CCG and some actions agreed which may mitigate	↑	This is a key area of work for the NEW Devon Success Regime. Adult social care exploring opportunities to be part of this work including discussions about new models of care for discharge which focus on supporting people back home, and consideration of joint commissioning arrangements to enable co-ordinated discussions with care market
Amber	b) Formal disputes being raised and Disputes Protocol redrafted but not yet signed off	↔	
Amber	c) Additional training needs for leadership team and managers being identified and planned for 2016	↔	
Amber	d) Agreement reached to move the NHS Learning Disabilities nurses back to NHS management to simplified the accountabilities for case management and assessment	↑	

Risk Code and Status:	Scope of Risk:	Agreed	
JO13: Care Leavers in Education, Employment	Without mitigating actions there is risk that: <i>failure to join up approach across People leads to continuing high numbers of Care Leavers not in education, employment and training (NEET)</i>	Risk Owner: Jo Olsen	
Inherent Risk: 30		Accountable Officer: Jennie Stephens	
Current Risk: 25			
Mitigating controls (including RAG rating):	Direction of Travel:	Additional comments (if appropriate):	
Amber	a) To ensure regular reporting and sharing of data on Care Leavers with appropriate partners	↔	Management Information now becoming available and shows variable performance which is being addressed. Improved ICT reporting needed for accuracy around Care Leavers lists. Virtual School extended to Care Leavers. Care Leaver apprentices within Council.
Amber	b) To ensure the offer from Careers SW is sufficiently bespoke to the needs of this group of young people	↔	
Amber	c) To develop the use of the POPP to support Care Leavers	↔	
Amber	d) To work with the the business to develop the apprentice and internship provision	↔	

Risk Code and Status:	Scope of Risk:	Current position/actions taken/accountable officer:	
JO15: Attainment of Looked After Children	Without mitigating actions there is risk that: <i>Lack of stability of care or school placements has a significant impact on educational outcomes.</i>	Risk Owner: Jo Olsen	
Inherent Risk: 30		Accountable Officer: Jennie Stephens	
Current Risk: 20			
Mitigating controls (including RAG rating):	Direction of Travel:	Additional comments (if appropriate):	
Amber	a) Join up activity across Heads of Services and Babcock LDP	↔	High levels of activity which is reflected in much improved exam results. Greater focus by Virtual School and partners showing impact.
Amber	b) Re-focus of Babcock LDP	↑	
Amber	c) Data analysis	↑	
Amber	d) Virtual School	↑	
Amber	e) Personal Education Plan (PEP) impact	↑	
Amber	f) Stability of education and care placements	↔	
Amber	g) Effectiveness of Inclusion work and challenge to schools	↔	
Amber	h) Forward Planning	↔	

**PEOPLE RISKS INCLUDED ON THE CORPORATE RISK REGISTER
(AS AT 1 JUNE 2016)**

APPENDIX D

KEY:

Mitigating Controls:	Over due review	Red	Amber	Green	Completed
Risks:	Review over due 0+ (Red)	Very High 21+ (Purple)	High 13+ (Red)	Medium 10+ (Amber)	Low 1+ (Yellow)

Risk Code and Status:	Scope of Risk:		Current position/actions taken/accountable officer:		
JO23: Children's Services Budget Pressures and Allocation	Without mitigating actions there is risk that: <i>the impact across People's services of budget pressures and allocation issues within children's services. Significant overspends are currently being forecast within Education transport and a range of social care budgets could threaten overall financial stability and impact on core service delivery.</i>		Risk Owner:	Jo Olsen/Sue Clarke	
Inherent Risk:	30		Accountable Officer:	Jennie Stephens	
Current Risk:	30				
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):		
Amber	a) Regular financial performance reporting to CLT	↔	Significant overspends are currently being forecast within Education transport and a range of children's social care budgets, which threaten the overall financial stability of People's Services.		
Amber	b) Weekly children's social care management meetings focussing on budget pressures	↔			
Amber	c) Focus for LTP discussions	↔			
Amber	d) Scrutiny reporting	↔			
Amber	e) Task Group led by Leader of the Council	↑			

Risk Code and Status:	Scope of Risk:		Current position/actions taken/accountable officer:		
SC1: School Transport	Without mitigating actions there is risk that: <i>Rising overspend on home to school transport is having a deleterious effect on Education and Learning's core budgets and initiatives that are currently absorbing the substantial overspend. Action to address overspend has had limited short term impact against rising costs due to increased expectations and the complexity of individual transport requested.</i>		Risk Owner:	Sue Clarke	
Inherent Risk:	30		Accountable Officer:	Jennie Stephens	
Current Risk:	30				
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):		
Amber	a) Management actions within Transport Coordination Service (TCS) involving route analysis and efficiency savings. Transfer of management of Education Transport Team to TCS.	↔	Continuing overspends on home to school transport are having deleterious effects on Education and Learning core budgets and initiatives, which are currently absorbing this substantial overspend.		
Amber	b) TCS monitoring and regular review across all areas of spend	↔			
Amber	c) Policy regularly reviewed and adjusted to reduce areas of discretionary spend	↔			
Amber	d) Actions identified through corporate transport project board	↔			

Risk Code and Status:	Scope of Risk:		Current position/actions taken/accountable officer:		
SC16: National Funding Formula and Implications of the White Paper	Without mitigating actions there is risk <i>Impact of consultation proposals to remove funding allocation for school improvement from September 2017. Potential time lag between changes in Local Authority roles and responsibilities and reduction in Education Support Grant. Corporate budget implications and potential impact on School Improvement support to maintained schools. The White Paper sets out the Governments intentions for universal academisation by 2022. Financial resources will be removed earlier than responsibilities bringing risks for maintained schools requiring support and removing DCC capacity. Significant costs to DCC to facilitate each academy conversio.</i>		Risk Owner:	Sue Clarke	
Inherent Risk:	25		Accountable Officer:	Jennie Stephens	
Current Risk:	25				
Mitigating controls (including RAG rating):		Direction of Travel:	Additional comments (if appropriate):		
Green	a) Awareness raised at CLT level	↔			
Green	b) Full Council debate on White Paper	↔			
Amber	c) Financial and Service Plans will be prepared once more details are available	↔			