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To: The Chair and Members of the  
Children's Scrutiny Committee

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

(See below)

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Your ref :  
Our ref :

Date : 1 June 2020  
Please ask for : Wendy Simpson 01392 384383

Email: [wendy.simpson@devon.gov.uk](mailto:wendy.simpson@devon.gov.uk)

## **CHILDREN'S SCRUTINY COMMITTEE**

Tuesday, 9th June, 2020

A meeting of the Children's Scrutiny Committee is to be held on the above date at 10.30 am. This will be a Virtual Meeting. For the joining instructions please contact the Clerk for further details on attendance and/or public participation. to consider the following matters.

P NORREY  
Chief Executive

### **A G E N D A**

#### **PART I - OPEN COMMITTEE**

- 1 Meeting Procedures - Briefing and Etiquette  
Democratic Services Officer to present.
- 2 Apologies
- 3 Minutes  
Minutes of the previous meeting held on 16 March 2020 (previously circulated).
- 4 Items Requiring Urgent Attention  
Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.
- 5 Public Participation  
Members of the public may make representations/presentations on any substantive matter listed in the published agenda for this meeting, as set out hereunder, relating to a specific matter or an examination of services or facilities provided or to be provided.

## **MATTERS FOR CONSIDERATION OR REVIEW**

- 6 OFSTED Implementation Plan (Pages 1 - 40)  
Presentations attached.
- 7 COVID-19 Response (Pages 41 - 44)  
Report of Clinical Director, NHS Devon Local Maternity System (CS/20/07), attached.
- 8 Special Educational Needs & Disability (SEND) Transitions Task Group (Pages 45 - 58)  
Report of the Task Group, attached.
- 9 Children's Standing Overview Group (Pages 59 - 62)  
Notes of the meetings held on 20 April and 19 May 2020, attached (latter notes to follow.)

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

None

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

## Membership

Councillors R Hannaford (Chair), D Sellis, S Aves, F Biederman, J Brazil, C Channon, I Chubb, G Gribble, J Hawkins, L Hellyer, R Hosking, T Inch, A Saywell, M Squires, A Connett, P Sanders and C Mabin (Church of England Diocesan representative)

## Declaration of Interests

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

## Access to Information

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Wendy Simpson 01392 384383

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## Public Participation

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

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

Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's [Public Participation Scheme](#), indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make. The representation and the name of the person making the representation will be recorded in the minutes.

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

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Induction loop system available

## **Committee Terms of Reference**

1) To review the implementation of existing policies and to consider the scope for new policies for all aspects of the discharge of the Council's functions concerning the provision of personal services for children including social care, safeguarding and special needs services, schools and learning;

(2) To assess the effectiveness of decisions of the Cabinet in these areas of the Council's statutory activity;

(3) To relate scrutiny to the achievement of the Council's strategic priorities and objectives and of delivering best value in all its activities;

(4) To make reports and recommendations as appropriate arising from this area of overview and scrutiny.

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**NB**   Denotes bus stops

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## **First Aid**

Contact Main Reception (extension 2504) for a trained first aider.



# Improvement in the time of Covid

**UPDATE FOR Children's Scrutiny June 2020**

**Presented to DCFP Exec on 21/05/2020**

"She had never imagined that curiosity was one of the many faces of love"

## **A plan to apply the lessons learned from ILACS 2020 to the social work response to CV19**

National government has set clear priorities for local government, that are shared across Children's Services;

- **Maintain the care system**
- **Protect the most vulnerable**
- **Support the community.**

By doing these three things, we play our part to **protect the NHS and save lives.**

We have the additional challenge in Devon of achieving rapid improvement in some key areas of service, following our 2020 ILACS (Inspection of Local Authority Children's Services) inspection. The Department for Education (DfE) temporarily suspended its usual conventions in response to an inadequate judgement and has instead agreed three things with Devon County Council (DCC);

- DCC will publish an improvement plan that shows how, in its response to CV19, DCC will address the most immediate risks to children and young people identified in ILACS 2020.
- The Devon Children and Families Partnership Executive will act as a temporary Improvement Board, overseeing the partnership response to CV19 and providing check and challenge of the Improvement Plan.
- DCC will secure an independent expert, approved by DfE, to provide consultancy to the DCC Chief Officer.

### **Four Questions;**

**What support is needed to get through the crisis?**

**Who is best placed to provide that help?**



## Who am I most worried about and why?

### Do I need to do something different today, tomorrow, next week?

#### Highlights this reporting period;

##### Progress;

- Continued high rate of completion of risk assessments; 93.3% on open social work cases following initial contact with family.
- There has been an increase in the proportion of vulnerable children attending school to 36% of CPP, 21% CLA, 22% CIN allocated to SW.
- A high level of dip sampling of risk assessments by managers was sustained leading to moderation with managers and Independent Reviewing Officers. Themes this period included children where DV and AMH was an issue and CIN cases ragged 'green'.
- Agreed plans for all cases in the Public Law Outline are being closely tracked and monitored and any extensions to the 12 week timescale in individual cases are increasingly purposeful and appropriate. Delays in filing are being investigated.
- Improvements to the tracking and monitoring of data relating to PLO and care proceedings are progressing, including data sharing with CAF/CASS. Joint workforce development approaches are being planned.
- Following Locality Directors tracking of the completion of Permanence Plans, Permanence Planning Meetings will be completed in all relevant cases by the end of the month.
- A further two additional fostering households have been approved through the fast track approval process for carers already at stage 2.
- Residential children's homes continue to report good resilience and capacity.
- The QADG has commenced an approach to partnership quality assurance of practice for the current context.
- Incident Management Teams have been reviewed to ensure readiness for the next phase of response, including preparations for the reintegration of children into services.
- Business continuity arrangements remain robust with continued delivery of core statutory services.
- Recruitment is progressing well to agreed additional capacity.

##### Risks;

- Key management information reporting, including on the reviews of risk assessments, remains in development.

#### Priorities for the next period;

- Confirming arrangements for the shadow Improvement Board and development of the next stage improvement plan.

Actions	Lead	Month 1 – April				Month 2 – May				Month 3 – June					Month 4 – July				RAG	Performance indicator	Update
		06	13	20	27	04 (last updated)	11	18	25	01	08	15	22	29	06	13	20	27			
<b>1. Children and young people are kept safe</b>																					
<b>Context:</b> The Ofsted Inspection found that that assessment of risk and safety planning for care leavers was inadequate, and, for those children who experience neglect, not yet good. In the context of COVID-19 all children must be clearly risk assessed and prioritised in relation to: 1. Their specific vulnerabilities; 2. The plan for engagement with the family (including school/child care attendance); 3. How and when the children will be seen through this period; 4. How the assessment will be reviewed as the context for the child/family changes and workforce capacity is impacted.																					
<b>1.1 Immediate risk assessment and safety planning</b>																					
Complete risk assessments on all open cases in context of COVID-19 using agreed tool	SW/PA/FP/TMs																			93.3% RA completed	Complete – the outstanding risk assessments relate to new referrals where risk assessments will be completed following initial contact with the family.

200518 Devon (CV-19) Improvement Plan Update v2.3

Complete RAG rating on all children and young people and record using the 'vulnerability tracking tool' (VTT).	SW/PA/ FPs/ TMs			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	93.3% recorded using VTT	Complete - A high level of completion continues to be achieved on open SW held cases.
Complete updated safety plans for all children and young people in line with risk assessment/RAG rating	SWs/PA TMs			█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	Dip sampling includes a review of the safety plan is appropriate	The completion of the risk assessment includes a consideration of the current safety plan, including a review of visiting frequency
<b>1.2 Effective oversight and review of plans for all children including specific arrangements for priority groups</b>																						
Issue practice guidance on reviewing risk assessments and updating VTT	DF	C	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█		Complete - Issued 09/04/20
<b>Review risk assessments and RAG ratings at required frequency and in line with changing information about the child and family and changing</b>																						

workforce capacity over time;																				
1. SW/PA/FP ensures that the risk assessment/RAG rating for each child is reviewed in light of any new information emerging about a child and their family and information regarding school attendance; <ul style="list-style-type: none"> <li>• RED – daily</li> <li>• AMBER – at least weekly</li> <li>• GREEN – at least monthly</li> </ul>	SWs/PA /FW																		% reviews reported as completed on time	Reviews of risk assessments have started. Practice expectations have been confirmed to and dip sampling is confirming that reviews are taking place.  A new VTT has been implemented to record and monitor reviews of risk assessments.  Management reporting is in final stages of development.
2. If there is a change to the risk assessment/RAG rating SW /PA/FW updates the RA and VTT and updates the safety plan.	SW/PA/ FW																		% VTTs updated each week	
3. <b>At least each weekly</b> TM checks that all children with a RED risk	TMs																		% reviews reported as	

<p>rating have been reviewed in line with any changing information about child and family and information regarding school attendance, <b>and that the risk assessment/VTT and safety plan are updated where risk levels have changed</b></p>																				<p>completed on time</p>	
<p>4. <b>At least every two weeks</b> TM checks that all children with an AMBER risk rating have been reviewed in line with any changing information about child and family and information regarding school attendance, <b>and that the risk assessment/VTT and safety plan are updated where risk levels have changed</b></p>	<p>TMs</p>																				

<p>5. <b>At least monthly</b> TM checks that all children with a GREEN risk rating have been reviewed in line with any changing information about child and family and information regarding school attendance <b>and</b> that the <b>risk assessment/VTT and safety plan updated where risk levels have changed.</b></p>	<p>TMs</p>																				
<p>6. <b>Each week</b> the AM confirms that risk assessments have been reviewed in light of changing information about a child and family and information regarding school attendance at least at agreed intervals and that the VTT is updated and safety plans</p>	<p>AMs</p>																			<p>% AMs confirming reviews all complete as expected</p>	<p>Managers confirm that reviews are being undertaken in accordance with expectations.</p> <p>Management reporting is in development which will replace this expectation.</p>

are updated accordingly.																			
7. Each week – SMT reviews the management information report (VTT)																			
Management reporting on completion of risk assessments is in place and reviewed by SMT twice weekly. Management reporting on reviews of risk assessments is in development. Management dip sampling confirms reviews are taking place.																			
<b>Specific additional oversight of Care Leavers</b>																			
Appoint interim SM Corporate Parenting	DF	C																	
Interim SM Corporate Parenting commences in post	DF					C													
Recruit to Permanent SM Corporate Parenting	DF																		
Complete																			
Complete - Vanessa Strang commenced FT on 04/05/2020																			
Not yet due to start																			

Scrutinise weekly reports of care leavers in unacceptable accommodation confirming actions needed in specific cases	DF/VL	C	C	C	C														6 Care Leavers in unacceptable accommodation	Weekly update provided and actions scrutinised in relation to this small group with very complex needs.
Take action to secure acceptable arrangements.	NC/VS	C	C	C	C															Actions are progressing appropriately in light of their complex needs and circumstances.
Redeploy 10 identified staff as PAs for Care Leavers to ensure manageable PA caseloads	DF/NC																		# additional PAs PA Caseload #s	Complete - YOT workers have been redeployed alongside some Corporate redeployees to offer support to care leavers alongside PAs.
Appoint interim additional AM for Corporate Parenting	NC																			Ofsted redeployee started w/b 27/04  Complete – Both vacant AM posts were appointed to at interviews on





young person will be contacted or visited.																						
Develop and implement improved Pathway Plan format, including consultation with young people.	VS																				Examples of good practice have been identified. Arrangements for engaging Care Leavers in the redesign are in place.	
Update Pathway Plans using the new format.	AMs																			% updated	This will commence once the PP template has been revised.	
Agree actions needed if plans are identified as I or RI	VS																				Not yet due to start	
Progress identified actions to improve quality of plans	AM and TMs																				% of completed actions  % of relevant Pathway Plans that are RI/I	Not yet due to start
Scrutinise weekly reports of children looked after in	DF/VL	C	C	6	C																3 CLA are in unregulated arrangements where	There has been a reduction this period, including

unregulated placements confirming actions needed in specific cases																				plan is not appropriate	following young people becoming more stable and unregulated 16+ provision being deemed appropriate. Also, one young person with complex health needs was moved to an appropriate regulated setting.
Take actions identified as required.	NC	C	C	C	C															% identified actions completed	All outstanding actions are being progressed.
Block book additional residential provision so that we have sufficient capacity if needed and children and young people will not be placed in unregulated settings inappropriately.	FF/NS																			8 additional residential beds currently available.	8 residential beds currently retained and in use or young people planned to move in.  5-11 additional beds in the pipeline.
Implement agreed process for establishing additional	FF																			# additional residential beds	Options paper in place. Buildings, providers and process scoped for

<p>emergency provision if needed</p>																									<p>emergency childrens home provision, lead times and resources including budget scoped. To be finalised for sign off by 29<sup>th</sup> May.</p>
<p>Implement 'fast track' recruitment of in-house foster carers to increase capacity, to include consideration of DCC staff with enhanced DBS to be carers.</p>	<p>NC</p>																					<p>4 h/holds now approved as new Covid temporary carers.</p> <p>1 placement made with one of those who was temporarily approved.</p>			<p>Foster carers continue to be approved through the agreed fast track process where appropriate.</p> <p>1 additional fast track case to be considered at the next Virtual Panel on 19/05/20.</p> <p>Additional support is being offered from the Placement Support Team to all new planned /emergency placements.</p>

Implement fast track exceptions process	NC																	# additional placements	Arrangement in place with HoS. No placements have been needed as yet.
<b>Specific additional oversight of children in PLO;</b>																			
Scrutinise weekly reports of all children in PLO for 12 weeks + confirming actions needed in specific cases.	SA			C	C													12 families (27 children) are currently in pre-proceedings >12 weeks	9 families (19 children) are awaiting a Court date to issue, this is being escalated. 2 families (6 children) are stepping down to CIN/CP. 2 families (2 children) are agreed for a purposeful extension of the PLO
Act as identified	TMs/AMs																		Tracking of above actions is in place by Improvement Lead
Agree model of countywide 'tracker' for PLO cases	J-ES/SA/AC																		Complete - Project team has been identified and a dataset agreed with Legal services.

Implement tracker fully populating with agreed dataset	AMs																					%	Meetings completed with teams to populate Tracker. A positive meeting was held with CAFCASS this period to agree sharing of relevant data.
Check impact/operation of tracker and adjust as necessary	J-ES/SA																					Not yet due to start	
Weekly tracker of all children in PLO reported to SMT to agree priority actions needed	J-ES/SA																				# weeks PLO operating in all relevant cases	Not yet due to start	
Take action in response to any drift and delay	J-ES/SA																				12 families (27 children) currently in PLO 12 weeks +	All cases on PLO tracker have valid reasons for remaining within PLO. This is reviewed weekly.	
Monitor impact of reduced Courts capacity (Covid-19) and escalate to BCP if needed	J-ES																					Meetings are planned with court users, including CAFCASS.	

Commission Eclipse development and MIT reporting to embed PLO reporting functionality	AC																					Work has begun to map the required dataset against the existing functionality in Eclipse and identify developments needed.
<b>Recruitment of Court Progression Officers;</b>																						
Pursue redeployment offer from Ofsted	JO		C																			Complete - Ofsted redeployee commenced in post w/b 27/04/20 to provide scrutiny to case work.
Recruit two agency staff as Interim Court Progression Officers	SA/MB																					Suitable candidates shortlisted for interviews w/b 18/05/20.
Recruit to Permanent Court Progression Officers;																						
1. Create JD and evaluate	RN/NS																					JD is with HR for evaluation.

2. Advertise posts	NS			Not yet due to start.
3. Shortlist, interview and appoint to posts	JES/NS		# posts appointed to	Not yet due to start.
<b>Plans for permanence agreed in all relevant cases at the 4m review;</b>	FG/SA			% relevant cases with PP Eclipse currently reports that 30% have a PP.
1. IROs complete review to determine which cases have a permanency plan.	LB	C		Complete - Initial indication from a review by IROs is that 75% of cases had a PP.
2. IROs track and report where children who should have a plan do not.	LB/MB			IROs report that in 96% (700/727) relevant cases a Permanence Plan is now in place or a PP meeting is booked Tracking and monitoring of completion of Permanence Plans has been taking place by both IROs and Locality Directors. Locality Directors confirm that all outstanding PP meetings will be held by the end of May.



																					In Corporate Parenting, there is a need to confirm that the Permanence Plan is in place and up to date for all relevant children.
3. IROs monitor progress against plans and take necessary steps, including escalation, to avoid drift and delay.	LB/MB																			15 escalations were raised by IROs in April	Tracking is reported to have led to improved performance on completion of PPs. A recent audit confirmed that the quality of permanence practice is still variable and work to address this will be a priority for the next phase.
4. Review and reissue Practice Guidance.	RN/SA																			Work has commenced to develop both an updated Permanence Policy and practice	

																			guidance, including on lifestory work.	
5. Agree technical solutions to migrate existing permanency plans from CareFirst.	DF/NS																		Options are being determined	
6. Complete migration/data cleanse action as agreed.	NS																		% relevant children with completed PP	Not yet due to start
<b>Workforce capacity;</b>																				
Identify agency and internal staff available for re/deployment to maintain critical statutory SW functions when needed.	DF/SMT																			Process is in place for service areas to identify and log any staff available for redeployments
Deploy interim staff and redeploy DCC staff to maintain critical statutory SW functions through this period in light of intelligence from daily	DF/SMT																			No redeployments within CSC identified as necessary as yet.





<p>service areas based on findings from dip sampling.</p>																									<p>relevant senior manager or an IRO/CP chair for a reflective discussion on strengthening safety plans.</p> <p>In one instance moderation has confirmed performance issues which have been addressed.</p>
<p>Moderation of above and coaching/mentoring to IROs</p>	<p>MB/SA</p>																					<p>95% of judgements confirmed post moderation</p>		<p>A moderation workshop was held with IROs to reflect on thresholds and learning following dip sampling.</p>	
<p>Review approach to QA of risk assessments when Management capacity is impacted</p>	<p>SA/VL</p>																							<p>Requirement has been adjusted to reflect improved management reporting on completion of risk assessments.</p>	

Appoint to interim Senior Manager Quality Assurance	DF	C																		Complete
Interim Senior Manager QA starts in post	DF																			Complete - Mark Barratt commenced in post on 11/05/2020
Appoint to permanent Senior Manager Quality Assurance	DF																			Not yet due to start
Appoint to interim QA and Practice Development Leads	MB																			Work to develop JD has started
<b>Appoint to permanent AM + 3 QA and Professional Development Leads</b>																				
1. Create JD and evaluate	MB																			Not yet due to start but work to develop JD has commenced
2. Advertise posts	MB																			Not yet due to start
3. Shortlist, interview and appoint	MB																			Not yet due to start

Actions	Lead	Month 1 - April				Month 2 - May			Month 3 – June					Month 4 - July				RAG	Performance Measure	Progress update 21/05/2020
		06	13	20	27	04 (last update)	11	18	25	01	08	15	22	29	06	13	20			

**2. Senior leaders have oversight of priority vulnerable groups and that improvement is being made**

**Context:** Ofsted found that senior managers did not have a clear line of sight to particular groups of vulnerable children and young people; care leavers in unacceptable accommodation, neglected children and children in unregulated placements. In the context of COVID-19 there is a need to ensure that QA is undertaken effectively and that senior managers have access to qualitative and quantitative data which provides a clear oversight of priority groups of vulnerable children and assurance that they are being monitored and reviewed appropriately.

<p>Report accurately, daily and weekly, on the agreed cohort of most vulnerable children and young people including KPIs relating to risk assessment and safety planning and priority identified groups</p>	<p>VL/FF</p>																				<p>Timely accurate reports</p>	<p>A new report (Vulnerability Tracking Tool) is providing data on the completion of risk assessments. Reporting on the reviews of risk assessments is still in development.</p>
<p>Report weekly to CSLT findings of quality assurance (dip sampling) of risk assessments.</p>	<p>VL/SA/MB</p>																					<p>Management report on dip sampling is available weekly for SMT and CSLT</p>
<p>Produce weekly performance dashboards for senior managers, including CSLT and SMT</p>	<p>FF</p>																					<p>CSLT Dashboard in place. Reporting on vulnerability data is in development.</p>
<p>Present Improvement Plan to Members at Cabinet, Scrutiny Committee, Children’s Standing Overview Group,</p>	<p>VL</p>																					<p>Complete - Plan has now been presented to Scrutiny, CSOG</p>



200518 Devon (CV-19) Improvement Plan Update v2.3

Corporate Parenting Member Group and Corporate Parenting Forum, when it resumes after lockdown																				and Corporate Parenting Group
Present progress on Improvement Plan to Members at Scrutiny Committee and Children’s Standing Overview Group, Corporate Parenting Member Group and Corporate Parenting Forum, when it resumes after lockdown	VL							19												An update on progress is being presented to members at the Children’s Standing Overview Group on 19/05/20 and included on other forward plans.
Present Improvement Plan to Corporate Leadership Team	JO/VL																			Next update due in June

Actions	Lead	Month 1 - April				Month 2 - May				Month 3 - June					Month 4 - July				RAG 05/05	Performance Measure	Progress update 05/05/20
		06	13	20 (last update)	27	04	11	18	25	01	08	15	22	29	06	13	20	27			
<b>3. Partners have effective oversight of risk assessments and whether children are safe</b>																					
<b>Context:</b> Partnership is a strength in Devon, the DCFP Exec has been reconstituted as the Improvement Board aligned to their oversight of the COVID-19 response. The partnership must have effective oversight of arrangements to safeguard and protect the most vulnerable children, satisfy itself that multi-agency responses to																					

200518 Devon (CV-19) Improvement Plan Update v2.3

families provides the help and support families need and that assertive action is taken where needed to prevent life threatening and/or life limiting abuse of children and young people, commissioning action to strengthen where required.																		
Extraordinary terms of reference for DCFP Executive drafted, agreed and implemented	JO	C																Complete
Present the Improvement Plan to DCFP Executive	VL	C																Completed 09/04/2020
Updates on implementation of the Improvement Plan provided to DCFP Exec	VL			23	05		21											Available for Exec on 21/05/20
Develop an Improvement Performance Framework for DCFP Exec bringing together qualitative and quantitative data to ensure partners have an effective oversight of whether practice is keeping children safe through this time.	VL																	Data from VTT and dip sampling to be shared at this Board.
Implement Framework and report fortnightly to the DCFP Exec	VL																	In development (see above)
Revise ToR for the operation of the PDG & QA Delivery Groups of DCFP through this time so that they undertake	VL																	Complete - ToR agreed.

200518 Devon (CV-19) Improvement Plan Update v2.3

partnership quality assurance of practice relating to vulnerable groups																					
Partners implement a robust approach to quality assurance of risk assessment and safety planning, for all children and for specific priority groups, and advise DCFP Exec on specific identified risks and any actions needed including re/deployment of additional resources in specific areas.	VL/MB																				An approach to partnership practice audit for CV-19 has been agreed and has commenced focusing on MH and DA factors using an agreed audit tool.
Constitute Incident Management Teams (IMTs) for vulnerable children, agree ToR and clarify reporting lines.	DF																				Complete - IMTs are meeting with good partnership attendance and clear governance
DCFP oversees the IMTs to ensure they are operating effectively and maintaining an oversight of risks and issues for vulnerable children and priority identified groups.	DF (J-ES)/VL																				Chairs report available. IMTs have reviewed operation in readiness for 'phase 2'
Take action to redeploy resources to sustain critical children's social care functions	DF (J-ES)																				Regular consideration is given to this in

<p>where needed and appropriate escalation to JIMT.</p>																					<p>Business Continuity meetings. Not yet required</p>
<p>Report key data from partners and key services, including schools, EH (DSVA) and MASH to DCFP Exec to support the strategic risk assessment of the impact of increased demand in specific areas, identification of pressures to the system and to enable appropriate action to be taken where needed.</p>	<p>VL/FF</p>																				<p>Partnership data is presented each meeting, including from EH Leads.</p>

## Progress on the post Ofsted ILACS (Covid-19)

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## Improvement Plan

### Update to Children's Scrutiny

9/06/2020



- Plan for post Ofsted Improvement is in the context of current response to CV-19
- National government has set clear priorities for local government, that are shared across Children's Services;
  - **Maintain the care system**
  - **Protect the most vulnerable**
  - **Support the community.**
- By doing these three things, we play our part to **protect the NHS and save lives.**
- We are delivering improvements to children's social care in this context

- What support is needed to get families through the crisis?
- Who is best placed to provide that help?
- Who am I most worried about and why?
- Do I need to do something different today, tomorrow, next week?

# All children open to social workers

- Risk assessments complete in 92.3% of cases (20 May) following initial assessment
- Safety planning and contact with families address CV-19 issues
  - Increase in parental mental health and domestic violence
  - Increase in serious incidents to Under1s (local and national)
  - Contextual safeguarding issues for adolescents
- 90% of most vulnerable groups (reds) being contacted more than weekly
- In addition - daily contact from schools (up to half term) and support from other colleagues including Public Health Nursing
- All Senior Managers dip sample at least 10 risk assessments each week (ave.185 per week, 1106 total/3100 open cases) leading to moderation of risk judgements in 16% of cases
- Maintained all statutory expectations; ICPCs and children looked after reviews



# Vulnerable groups attending w/c 11<sup>th</sup> May

## Children in Care

Group	Numbers in cohort	Number attending	%
Devon CiC anywhere	499	86	<b>17%</b>
Devon CiC in Devon schools	483	81	<b>21%</b>
Other LA CiC in Devon schools	186	20	<b>11%</b>

## Children with EHCP plans

Group	Numbers in cohort	Number attending	%
Devon EHCP anywhere	4717	487	<b>10.3%</b>
Devon EHCP in Devon	4293	479	<b>11.2%</b>
EHCP in Devon (any LA)	4608	512	<b>11.1%</b>

## Children in need and those with a Child Protection Plan

Group	Numbers in cohort	Number attending	%
Child protection plans	292	105	<b>36%</b>
Children in Need (all)	1963	273	<b>14%</b>
Children in Need (allocated SW)	831	186	<b>22%</b>
Children in need with a plan	329	65	<b>20%</b>

RAG (inc those with EHCPs and school elevated)	Numbers in cohort	Number attending	%
Devon	628	180	<b>28.7%</b>
All LAs +	765	203	<b>16.8%</b>
Devon	1910	305	<b>16.0%</b>
All LAs +	2231	340	<b>15.2%</b>
Devon	4440	411	<b>9.3%</b>
All LAs +	5045	254	<b>9%</b>
Devon Other	387	32	<b>8.3%</b>
All LAs Other +	413	35	<b>11.5%</b>

**Early years, 2376 children are attending of whom 4 are vulnerable children**

# Progress on priority groups – care leavers

Scrutiny of weekly reports on care leavers in unacceptable accommodation and challenge and tracking of actions in relation to circumstances of 6 current cases;

## Characteristics include;

- Trauma, complex MH, substance misuse, chaotic behaviours, difficulties engaging with support, many offers of accommodation
- 3xSouth, 2xExeter, 1xM&E

**Plans include;** increased PA visiting, close liaison with Housing Depts, ensuring appropriate CAMHS support, food vouchers

Interim Senior Manager Vanessa Strang now in post, AMs appointed

Practice development taking place with TMs and AMs

Additional support in place, appointments to 10 additional Personal Adviser posts

Priority improvement work areas started include permanence and pathway planning

# Priority groups – unregulated provision

Continued scrutiny of weekly reports and challenge to progress; 3 children currently inappropriately placed in unregulated arrangements (as of 11/05/20)

## Characteristics of this group;

- 2 - 16 year olds with complex needs and high levels of support (living in semi-independence).
- 1 - 17 year old with complex health needs being supported to transition into appropriate (regulated) adults' provision.

Extensive national placement searching continues.

No increase seen in numbers of children looked after as yet but capacity in mainstream residential if needed and plans in place for rapid scaling up of residential provision if needed

4 additional in-house fostering households approved using new fast tracking foster carer approval process, 12 more households to follow. Limited capacity for older children.

Developing fast track approval process for DCC staff if needed

- Whole system approach to legal work; DCC legal team, CAFCASS and Courts
- All PLO cases (12 weeks+) have been reviewed and clear plans are in place
- Improvement Lead providing weekly challenge and tracking of actions needed in individual cases
- Children stepping back to child protection and children in need plans where appropriate
- Extensions to 12 weeks timeframe being increasingly used in a more purposeful way
- Development of Countywide dataset and systems to provide oversight of practice across PLO, care proceedings and permanence
- SW practice and confidence; tools, guidance and workforce development
- Appointment of Case Progression Workers to support social work preparation of evidence
- Monitoring court capacity through this time

# Progress on Permanence for children looked after

- Permanence Plans on Carefirst were not migrated to Eclipse, solution being developed
- **In March;** a review by Independent Reviewing Officers identified that;
  - 75% (570 children) had a Permanence Plan
  - 12% (90 children) of children looked after had been in care less than four months
  - 13% (100 children) missing Permanence Plans, currently being addressed
- **In April;** IROs escalation 20 cases for Permanence Planning reasons
- **In May;** IROs confirmed that 96% of relevant cases had a Permanence Plan in place
- **Since Ofsted;** improved oversight of completion of PP has been put in place by Locality Directors through Locality Panels
- LDs confirmed that Permanence Planning meetings will have been held for all children by 01 June
- Approach being agreed for confirming permanence plans in Corporate Parenting Service
- **Future improvements;** the development of guidance, improved practice approaches and better oversight of data to ensure appropriate and timely permanence plans are made in all cases
- **Focus of QA ;** to move to quality, the appropriateness of plan, quality of permanence work (including life story work) and that the voice of child and families is considered

# Next steps (June)

- Next phase of improvement planning in the context of the next phase of covid-19 response
- Preparing for impact of children returning to school/services
- More comprehensive approach to improvement addressing all Ofsted findings
- Three further improvement phases: wider impact, embedding and evaluating improvements
- Moving to shadow Improvement Partnership arrangements
- Arrangements for Commissioner/Independent Chair

## **Maternity Services During Covid-19**

### **Report of Clinical Director, Devon Local Maternity System**

**1. The Devon Local Maternity System (LMS)** was set up to develop and implement the NHS Five Year Forward View including the maternity strategy Better Births, with the aim of improving the safety, quality and outcomes of maternity services. Devon's Local Maternity System Transformation Plan for 2017-2021 has been developed collaboratively with NHS and Local Authority partners as part of the Sustainability and Transformation Plan processes. Whilst the transformation plan has been placed on hold until the autumn, the principles of how the LMS work have been used during the pandemic.

The plan includes a description of services. In summary across Devon LMS there are four providers providing care for around 12,000 women per annum. The providers are:

- North Devon HealthCare NHS Trust,
- Royal Devon and Exeter NHS Foundation Trust,
- University Hospitals Plymouth NHS Trust
- Torbay and South Devon NHS Trust.

### **2. Maternity Voices Partnership**

An NHS Maternity Voices Partnership (MVP) is a multidisciplinary NHS working group chaired by a service user representative; a team of women and families, commissioners and maternity service staff, collaborate to review and develop local maternity care. The Chair of Devon MVP is a key part of the weekly meetings set up since the initiation of the covid pandemic and a long standing member of the LMS Board. During our response to covid we have increased the time of the MVP chair and co-chairs. Regular contact is maintained with our MVP chair by core LMS staff to ensure the principles of co-production are maintained and ensure that she is kept abreast of any changes and can be an informed link with woman and their families.

### **3. How the LMS are responding during the Covid period; consistency of practice and guidance across Devon.**

When the pandemic started, the Devon LMS developed a hibernation, acceleration and remobilisation plan, and from this initiated a weekly meeting to ensure that it was responsive to issues arising around maternity services as a result of the coronavirus.

This meeting is chaired by the LMS Clinical Director and has been regularly attended by the Directors/Heads of Midwifery (and /or their nominated representatives), the Devon MVP

# Agenda Item 7

Chair, Devon County Council (DCC) Public Health Nursing Lead and Public Health Consultant. The meeting is used to ensure consistency of practice, particularly in response to issues raised through the pandemic.

Examples of the key items addressed in the meeting include;

- Understanding and addressing national guidance and any differences in implementation of that guidance or variations in service provision. The pace of service changes and updates to national guidance has resulted in some areas of variation for a time, but once recognised has been addressed.
- Ensuring there is a mechanism in place for mutual aid support.
- Coordination and consistency between the four acute providers of maternity services.
- Agreeing and sharing key messages, a set of Frequently Asked Question (FAQs) for service users has been co-produced with Devon MVP and is now published online.
- Reducing any discrepancies and agreeing key messages for our service users. These messages are reviewed and updated weekly.
- Acceleration of work, in recognition of the potential lack of antenatal education for women Devon LMS has purchased and implemented a digital package (Solihull) for use by all women including those with vulnerabilities.

#### **4. Working in partnership with colleagues especially Public Health Nursing (PHN) and Children's Centres and identifying vulnerable pregnancies.**

During the Covid pandemic there has been a strengthening of the multi-professional approach to caring for women and their families. The PHN teams have invited LMS representatives onto their key meetings and the DCC Head of PHN is a member of the weekly LMS meeting. Additional focussed meetings have taken place as required e.g. line of sight on 0-2 year olds.

Vulnerable pregnancies are identified through weekly Early Help and vulnerable 0-8 working group the premise of the group is to ensure we have a robust oversight and are monitoring vulnerable 0-8 children across all services. During the provision of care of the antenatal pathway the notification completed by the midwife in pregnancy provides key information to the PHN service. PHN colleagues then complete an antenatal assessment during pregnancy. There is awareness of the increased importance of completing the notification for the PHN teams and this is being closely monitored by the PHN and midwifery teams.

Antenatal care provision has continued during pregnancy, whilst some visits have been delivered through alternative means (e.g. Attend Anywhere video consultation), in line with the Royal College of Obstetricians and Gynaecologists (RCOG) guidance. Full schedules of care have been provided. Although face to face contact appointments have reduced as a result of Covid-19, vulnerable families remain a central component for Devon LMS, areas of concern raised by our PHN colleagues are addressed through weekly meetings. An agreement was made that the LMS will take a lead on public health messages particularly around domestic abuse, excessive crying, smoking and co-sleeping. These messages are subsequently shared on all the maternity providers communications pages and Devon MVP social media pages.



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Devon LMS is developing relationships with our third party groups in particular SNUG to ensure that we include neonatal families in any changes or developments due to Covid-19. SNUG equally share information through Devon MVP and provide a gateway for working with some of our vulnerable families. As part of the weekly process assurance is provided on the continued provision of service and staffing impact. To date there has been full provision of services with maintained public health and safeguarding provision in each provider. Through the weekly meeting clarification has been obtained on the maintenance of referral pathways and assurance on the ability to deliver services. Key messages for women and their families are shared through the weekly communication which is used by each Provider.

**Tracey Reeves**

Clinical Director

Devon Local Maternity System

Electoral Divisions: All

Cabinet Member for Children's Services and Schools: Councillor James McInnes

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

None

Contact for Enquiries: Kate Stephens, Head of Public Health Nursing

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# SEND Transitions Task Group

June 2020

# Agenda Item 8

## 1. Covid-19 Pandemic context

1.1 This Task Group concluded its evidence gathering in January 2020 and set about formulating this report and developing a number of recommendations for change. In the months following the conclusion of this work, the Covid-19 virus arrived in the UK, reaching pandemic status, causing thousands of deaths and many more people to be taken seriously ill, as well as having a dramatic impact on the nation's economy, people's personal finances and the way that we all live our daily lives. This in turn has had a radical impact on the work of County Council and the NHS in particular, as partners work together to respond to this pandemic in Devon.

1.2 During this response, local authorities, the NHS, emergency services and other partners have had to quickly and efficiently review their core purpose, reconsider all priorities and in many cases, temporarily change or stop delivering some services, directing resources to where they are most needed in order to take decisive action and respond to this crisis in the most effective way.

1.3 As Councillors, across Devon, we have seen first-hand how NHS staff, care workers, emergency services personnel, local authority officers, supermarket workers and communities have stepped up, worked together and gone above and beyond the call of duty, often risking their own health in order to keep others safe and cared for. We are all eternally grateful for their dedication and selflessness during this most challenging of times.

1.4 We also recognise that the last few months may have been a particularly difficult and worrying time for many families with children and young people with Special Education Needs and Disabilities (SEND), who have always been our focus throughout this review.

1.5 We are living in a different world to that of six months ago, and whilst the evidence gathered and conclusions drawn from our work on SEND Transitions up to January 2020 remains valid, it must be considered in the context of the current climate.

1.6 Rather than make specific recommendations for change directed at the Council and the NHS, we have drawn together some key themes and potential areas for development, which clearly emerged throughout this review. As always, Scrutiny has a key role in local democracy as a 'critical friend', and we hope that this report and the conclusions it draws are seen as a helpful and constructive aid for those who commission and deliver services to children and young people with SEND and their families.

1.7 The Task Group asks the Health & Adult Care Scrutiny Committee, the Children's Scrutiny Committee and Cabinet to endorse the themes and areas for development below. The Task Group requests that an update on progress made should be brought back to both Scrutiny Committees in nine to twelve months' time.

## 2. Themes and areas for development

2.1 For us as a Task Group, the key message from this review is that whatever a young person's needs, a positive and successful transition doesn't just happen. If we want to see good outcomes for young people and adults with SEND then it is essential that strong planning and the right support is put in place for young people and their families on this journey.

2.2 Transitions planning and support needs to be:

- Person Centred
- Early
- Aspirational

### 1. PERSON CENTRED

#### WHAT DOES THIS LOOK LIKE?

- Embed the learning from the Doing What Matters<sup>1</sup> work across all areas of practice in children's and adult's services, particularly in services which support young people through transitions;
- Enable more efficient decision making around packages of care and support, encouraging greater trust, autonomy and risk assessment at a more operational level, including making the necessary changes to the scheme of delegation in children's and adult's services;
- Embed the role of the Adult Consultant Physician (piloted at the RDE) across all hospital trusts in the Devon CCG footprint;
- Ensure that young people who do not reach adult social care thresholds have a smooth and stable transition and are able to access support/signposting to the voluntary sector where needed.

### 2. EARLY

#### WHAT DOES THIS LOOK LIKE?

- Earlier and better transition planning and conversations about the future (with a clear focus from the age of 14) for all young people with SEND, including those who are not expected to reach adult social care thresholds;
- Continue with increased investment in the Preparing for Adulthood Team.

### 3. ASPIRATIONAL

#### WHAT DOES THIS LOOK LIKE?

- Ensure that all practitioners and schools are encouraging conversations with children with SEND and their families about their aspirations after full time education in terms of college, training, apprenticeships and work, as early as possible;
- Gain additional funding to expand the number of qualified job coaches in Devon and increase the number of supported internships, supported employment and supported apprenticeships;
- Ensure that there is sufficient suitable and quality housing and supported living accommodation for young adults in the right locations, to enable independence.

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<sup>1</sup>See (para 5.1-5.56)

# Agenda Item 8

## 3. Background

### Children and Young People with Special Educational Needs and Disabilities

3.1 Under the Children and Families Act 2014<sup>2</sup>, local authorities, schools and the NHS have a range of duties and responsibilities towards children and young people with special educational needs and disabilities. The Special Educational Needs and Disabilities (SEND) Code of Practice 2015<sup>3</sup> provides these organisations with statutory guidance to help them meet these responsibilities.

3.2 The Code of Practice provides a definition of Special Educational Needs (SEN) as follows:

“A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

3.3 A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.”

3.4 The Code of Practice also provides guidance relating to children and young people with a disability as defined by the Equalities Act 2010<sup>4</sup>, but states that any child or young person with a disability who also requires special educational provision, will be covered by the SEN definition.

3.5 This means that when we talk about children and young people with SEND, we are talking about a wide range of children and young people with varying needs. These needs may be physical disabilities, learning disabilities and/or mental health needs. Many of these young people will need additional support during their education but go on to need very little or no support from statutory services into their adult lives. Some young people will need ongoing support from health and/or social care services into adulthood, with a very small number of these young people with profound needs, requiring very high levels of ongoing medical care and support throughout their lives.

### Joint Local Area SEND Inspection

3.6 In December 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of SEND arrangements in Devon. The inspection letter<sup>5</sup> concluded that there were significant areas of weakness in the local area’s practice and that as such the local

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<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

<sup>4</sup> <https://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>5</sup> <https://files.api.ofsted.gov.uk/v1/file/50054047>

authority and Devon CCGs must submit a Written Statement of Action to Ofsted outlining how the local area plans to address these weaknesses.

3.7 Both the Children's Scrutiny Committee<sup>6</sup> and the Health and Adult Care Scrutiny Committee<sup>7</sup> reviewed the concerns raised in the inspection letter and the local area's draft Written Statement of Action at their separate committee meetings in March 2019, and elected to set up a joint Task Group to 'inform and dovetail with the work in response to the findings of the Inspection, including transitions from children's services to adults' services'.

## Scope of this review

3.8 A scoping meeting was held in May 2019 with Task Group Members and relevant officers present to establish the focus of this Task Group and scrutiny of the local area's progress following the joint inspection. Members agreed that in order to avoid duplication, the local area's Improvement Plan and progress against the Written Statement of Action would continue to be monitored and scrutinised through formal meetings of the Children's Scrutiny Committee.

3.9 However, given the joint inspection's findings, and pre-existing concerns Members had relating to the experience and outcomes for young people with SEND and their families as they approach adulthood, it was agreed that the Task Group would focus its review on 'transitions', and in particular:

- understanding the experiences of parents/carers and children and young people with a range of needs and disabilities, and their journey through the system;
- reviewing the local area's approach to preparing for adulthood, and the support provided to young people as they transition to adulthood.

## 4. Reaching adulthood

4.1 We all go through periods of transition and change during our lives, and we know that these can be difficult or stressful times. For children and young people with SEND and their families, the transition from childhood to adulthood can be particularly challenging for many reasons. Adapting to changes in school, living arrangements, health services or transport can be very difficult. This can be made all the more challenging when these changes happen all at once, and when at the age of 18, the services that young people and families are so used to relying on seem to disappear.

4.2 Uncertainty about the future leads to increased anxiety for families and young people themselves, and the changes in support structures and thresholds for services often leave families feeling as though have 'fallen off cliff edge' and feeling like they must 'constantly battle' the system to access the support they need.

4.3 If young people with SEND in Devon are to thrive into adulthood and have the best outcomes possible, we need to get 'transitions' right for every single young person we work with.

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<sup>6</sup> <https://democracy.devon.gov.uk/ieListDocuments.aspx?CId=428&MId=2861&Ver=4>

<sup>7</sup> <https://democracy.devon.gov.uk/ieListDocuments.aspx?CId=429&MId=2854&Ver=4>

# Agenda Item 8

## 5. Person Centred Support

### Disabled Children's Services: The 'Doing What Matters' Approach

5.1 The County Council has recognised that many of the services it provides have evolved over time in response to budget restrictions, increases in demand, changes to legislation and a host of other influences, which can mean that the way services are delivered are built around what works best for the Council, and not necessarily what works best for the people who receive these services. In light of this, the County Council is in the process of reviewing the way that it delivers many of its services, striving to understand what matters most to people (both service users and staff) and look at the whole system, rather than looking at individual services in silos. This then enables blockages and barriers to be identified and new ways of working to be developed and piloted on a small scale, which can then be widened out across the whole Council where successful.

5.2 One of these pilot areas was the Disabled Children's Service in the north of the County, with 'transitions' being a key part of this work. This pilot helped bring to light the experience of many families who felt powerless and unheard, saw decisions about funding and support being made by senior officers who they had never met, and felt that they were forced to fit in with a system and timescales that did not reflect the needs of their child. Using these findings, the service was able to begin to break down the system and create a new set of principles based around what mattered to children and families.

5.3 The pilot introduced a range of changes to how the Disabled Children's Service worked with families including reducing complexity in the system and the need for families to engage with such a wide range of professionals, through the introduction of a single support plan and a lead worker who takes responsibility for co-ordinating care and support across agencies. The timing of changes around transition was also a key difficulty, and so the pilot developed transitions support based on understanding and working with young people when it's right for them, not because they have reached a certain age.

5.4 The pilot also identified that decision making around support and funding was an issue, with senior managers needing to sign off a significant number of packages, resulting in drift and delay for young people and creating considerable degrees of separation between the decision maker and the family concerned.

5.5 The piloted approach puts young people and families at the centre but can mean that social workers and other staff work more intensively with families and therefore need smaller caseloads. However, this way of working can see better outcomes for young people and less demand on services in the long term because families get the support they need at the right time.

5.6 The pilot in the Disabled Children's Service has allowed some small and some more significant changes to happen, which have made a huge difference to young people and their families as they transition to adulthood.



## **Mental Health**

5.7 Many similar issues have been highlighted in mental health services for young people. Historically, strategies and processes have required the child or young person to fit the system, but there is recognition within mental health services too that this simply does not work. Children and young people need to be recognised as individuals and put at the centre, and services need to work more flexibly around them, particularly during times of transition.

5.8 The demand for children and young people's mental health services is growing, but so is our understanding of mental health. Demand and funding will always be a challenge but health commissioners in Devon have told us that they feel in a good place to start pushing change through the system and working in a different way. Trauma informed approaches, which recognise the long-term impacts of trauma on children's development and outcomes are becoming part of common practice, and while transition to adulthood will always be difficult time, by understanding the young person's experiences, practitioners are beginning to be able to support young people better on this journey.

## **The Pathways Project**

5.9 Turning 18 is a time of significant change and anxiety for children and young people with profound and complex needs and their families. Up until the age of 18 children and young people with co-morbidities are primarily in the care of a Paediatrician, who will co-ordinate their care with their GP and other professionals. Ordinarily this all changes when the young person reaches 18, and families must co-ordinate care with various medical services and professionals themselves.

5.10 The Royal Devon and Exeter Hospital (RD&E) listened to families when they said this was a difficult and complex change to manage, reporting that they had to see new consultants and professionals who didn't know their young people's history and needs, and that they would have to repeat their story multiple times. The RD&E also consulted with special schools who described the need for a 'grown-up paediatrician' and an 'adult Bramble Ward' (the children's ward at the hospital).

5.11 Consultants are already used for older people who have a range of co-morbidities and it became clear that a similar solution was needed to support families as their young people reached adulthood and beyond.

5.12 The Pathways Project<sup>8</sup> created an Adult Consultant Physician role to mirror the Paediatrician role after the age of 18, providing support young people with complex and profound needs and their family for life, not just during the transition phase. The pilot project is pioneering and does not currently exist anywhere else in the country. Feedback from families has been overwhelmingly positive and the increased support is making a real difference for young people and their families in the area. We would like to see this role become common practice for all hospital trusts across the Devon Clinical Commissioning Group (CCG) footprint.

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<sup>8</sup> <https://www.devon.gov.uk/educationandfamilies/archives/8710>

# Agenda Item 8

## 6. Starting Early

6.1 One message that we have heard time and time again during this review is that transitions planning and work with young people and families is not happening early enough.

6.2 Young people who are expected to need support into adulthood should have support from adult social care services from the age of 14, but in reality we know that for the majority of young people very little transition work is happening until they are aged 17 or even 18. Trying to navigate the new world of adult social care and health services can be baffling for families, and many feel unprepared and unsupported to do this.

6.3 Special schools play a significant role in the lives of children who attend them. For parents, the school is often their main link to other services and families develop long term, trusting relationships with them. Schools such as Pathfields in Barnstaple take a proactive role in transitions for their young people by having early planning conversations with children's and adults social care and try to broker relationships for the future. It is great to hear that special schools are taking on this role supporting many families, and with continued investment in our special schools this can be continued and further developed as we go forward.

6.4 However, we have also heard of some concerning cases in residential education settings where at the end of the summer term, living arrangements for September had still not been secured. We know that consistency and certainty are of the up most importance to families of children with SEND, and whilst we recognise the resource implications of early transition planning and the complexities of finding education or care placements for young people, this lack of clear planning and clarity for families is completely unacceptable.

6.5 Recent and significant investment in new staff in the Preparing for Adulthood (PfA) Team, who play a key role in supporting young people to prepare for their transition, provides some reassurance that these issues are being prioritised and addressed. The PfA Team is focussing its work on four outcome areas; Employment, Independent Living, Good Health and Friendships, Relationships and Community. Following this additional investment, the team is now working more intensively with young people from Year 10 (age 14/15) onwards and have been working with the Local Offer Reference Group to develop toolkits to support families and young people to manage change and aspire to and achieve these outcomes.

6.6 The majority of young people with SEND will not need ongoing support through adult social care or be in receipt of significant ongoing health services. However the transition period can be just as unsettling for these young people and their families, as they learn to move forward with significantly less support in place.

6.7 In mental health services for example, we see fairly smooth transitions in areas such as psychosis where thresholds for services are similar for children and adults, but in other areas such as eating disorders, the thresholds for support are very different upon reaching 18, and so families experience a clear reduction in services.

6.8 Where young people with SEND are not expected to meet thresholds for services into adulthood, it is vital that health and social care services are having conversations with families about their expectations of support in the future as early as possible, and that young people are supported to access support through the third sector where appropriate.

## 7. Aspiring for independence

### Skills and Employment

7.1 For many of us, going to work gives us a sense of purpose, develops our confidence and helps us to see our place in the world, as well as being the main way that we support ourselves financially. We know that people with disabilities can gain all these benefits from working, as well as having a range of skills and experience to offer employers across Devon.

7.2 However we also know that levels of unemployment amongst people with disabilities and long-term health conditions are disproportionately high compared to the general population. There are a number of reasons for this, and the County Council is working with employers and people with disabilities across the county to help more people into work, and support employers to take on staff with disabilities with confidence<sup>9</sup>. A three month multimedia campaign 'Ready Devon' was successful in increasing the number of Disability Confident businesses in Devon and the 'Be Ready' project is continuing to work with businesses to support them to employ staff with disabilities and raise awareness of the government's Access to Work scheme<sup>10</sup>.

7.3 Supporting children and young people with SEND to have aspirations about work and independence is a vital part of increasing the number of adults with disabilities into work, and we see the best outcomes where we work with children very early on to embed these ideas and skills. To do this effectively we need all agencies working with families to have conversations around transitions, and particularly about employment and careers (or what will happen once formal education ends). Schools have a significant role in this, and both special schools and mainstream schools should be working to increase aspirations around work and careers for their students with SEND. So much relating to a young person's life as an adult; where they will live, their financial situation, developing their identity and self-esteem, is intrinsically linked to work.

7.4 At the same time we need to be conscious of how unsettling a time reaching adulthood can be for families, and the move from education to work needs to be when the young person is ready to do this, not when they hit a certain age. We also need to make sure that the opportunities exist for young people with SEND to be supported into work in the way that is right for them, whether this is through supported internships, supported employment or apprenticeships.

7.5 Further education colleges are increasingly supporting young people with SEND to think about their future and find employment and the County Council is working with colleges to

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<sup>9</sup> <https://www.readydevon.org.uk/>

<sup>10</sup> <https://www.gov.uk/access-to-work>

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promote supported internships and supported employment. There are now a good range of supported opportunities set up through colleges in Devon, through both national and local employers. As an employer, the County Council is also currently trialling supported apprenticeships.

7.6 The workplace can be an intimidating and challenging environment for people with disabilities who are new to work. Further education colleges and community interest companies are now employing job coaches (usually trained enablers with additional job coach training) who support young people and adults in their place of work, enabling them to overcome some of these barriers. With the support of job coaches many young people are achieving success in their employment.

7.7 We would really like to see an increase in the number of job coaches and supported internships, supported employment and supported apprenticeships across the County, so more young people and adults can benefit from this.

7.8 People with more complex disabilities who may not be able to engage in paid work may take up work experience placements or volunteer roles. As an example, the Budleigh Community Hub has a number of volunteers who use their Personal Independence Payment to support their work experience placements. It is equally as important that we continue to support these opportunities and that all young people and adults with disabilities are able to feel part of and contribute towards their local communities.

## Housing

7.9 As with employment, having conversations with young people with SEND and their families about where they might live as adults needs to happen as early as possible. There are a range of different accommodation options with differing levels of support, and it is important that young people are supported to understand these options so that they can make informed choices for their future. Equally important is the need to ensure that Devon has the right range of accommodation options developed to meet this need, supporting people to be as independent as possible.

7.10 Devon's recently adopted joint 'Housing and Accommodation Strategy, Healthy Lives, Vibrant Communities, Housing Choices'<sup>11</sup> sets out the strategic intent for people to live in their own homes and to make planned and informed choices about where they live. The strategy sets out the ambition for housing with support settings (including supported living) to be more flexible, able to support people with a wide range of needs, support people to achieve their goals and to be located within communities across Devon.

7.11 The strategy also includes a market position statement which set out potential future requirements in specific locations (Credon, Bideford, Newton Abbot and Tavistock) and provides clear guidance to housing providers about what is needed in the future. Access to technology is an important feature of good quality supporting living, as is accommodation that is affordable and transparent so people can access paid employment. Access to public transport and the community are also important factors in ensuring people have a good quality of life.

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<sup>11</sup><https://democracy.devon.gov.uk/documents/s30052/Housing%20and%20Accommodation%20Strategy%20Appendix%20A.pdf>

## 8. Conclusion

8.1 We know that the transition to adulthood for young people with SEND and their families can be very challenging for many reasons, a number of which have been touched upon in this report.

8.2 During this review we have met passionate and skilled practitioners and senior managers who clearly want the best outcomes for young people. They are beginning to work in different ways and develop approaches which are driven by understanding the experience of families and recognising the need for services to be built around the needs of young people as individuals.

8.3 There is also clear recognition that planning for this transition needs to be happening earlier than it currently is for most young people, and we are beginning to see greater investment in this area.

8.4 We are also seeing improved aspirations for children and young people with disabilities and better support for young adults to get into work and live more independently.

8.5 We are making many steps in the right direction, however there is still more work to do if we are to ensure that all our young people with SEND have a successful transition period and are enabled to thrive as adults. We hope that the themes highlighted in this report will support the County Council, the NHS and other partners develop further improvements and ultimately better outcomes for young people with SEND in Devon.

## 9. Membership

Councillors Rob Hannaford (Joint Chair), Sara Randall Johnson (Joint Chair), Su Aves, Andrew Saywell and Margaret Squires

## 10. Contact

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## 11. Sources of Evidence

### Witnesses

The Task Group heard testimony from a number of stakeholders and witnesses and would like to express sincere thanks to the following people for their contribution and the information shared.

<b>Dawn Stabb</b>	Head of Education and Learning, DCC
<b>Julia Foster</b>	SEND Senior Manager, DCC
<b>Andrea Morris</b>	Senior Manager (Countywide Services), DCC

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<b>Vivienne Broadhurst</b>	Head of Adult Care (Professional Practice, Safeguarding and Disability Development), DCC
<b>Stella Doble</b>	Disability Project Lead, DCC
<b>Sara Cretney</b>	Head of Organisational Change, DCC
<b>Martin Barnard</b>	Organisational Change, DCC
<b>Sharon Matson</b>	Head of Commissioning for Women and Children, NHS Devon CCG
<b>Siobhan Grady</b>	Senior Commissioning Manager for Children, NHS Devon CCG
<b>Jasmine Heslop</b>	Paediatric and Transition Nurse, RD&E
<b>Beverley Leach</b>	Clinical Lead for Disability Support, Children & Family Health Devon
<b>Nikki Churchley</b>	Head of Specialised Mental Health Commissioning, NHS England
<b>Jonathan Mitchell</b>	Team Manager, Disabled Children's Service, DCC
<b>Cherie White</b>	Head Teacher, Pathfield School
<b>Joan Davey</b>	Team Manager, Adult Social Care, DCC
<b>Sam Eagles</b>	Community Care Worker, Support and Advice Team, DCC
<b>Amanda Graham</b>	North Area Education Commissioning Officer, 0-25 Team, DCC
<b>Sue Hollingworth</b>	Team Manager, Adult Social Care, DCC
<b>Alix Hoye</b>	Team Manager, Adult Social Care, DCC
<b>Alice Lake</b>	Social Worker, Children's Social Care, DCC
<b>Louise Rayment</b>	Commissioning Officer, Adult Social Care
<b>Liz Wood</b>	Disability Lead, Preparing for Adulthood Team, DCC
<b>Helen Woolway</b>	Social Worker, Children's Social Care, DCC
<b>Gary Patch</b>	Assistant Director (Disability Lead), DCC
<b>Derek O'Toole</b>	Mental Health Commissioning, NHS Devon CCG
<b>Julia Bonnell</b>	Co-Chair of the Parent Carer Forum Devon
<b>Victoria Mitchell</b>	Co-Chair of the Parent Carer Forum Devon
<b>Jo Olsson</b>	Chief Officer for Children's Services, DCC
<b>Keri Storey</b>	Head of Adult Care Operations and Health
<b>Khristine Norton</b>	Employment and Skills Manager
<b>Rebecca Hudson</b> <i>(written contribution)</i>	Senior Commissioning Manager (Disabilities), DCC

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**20 April 2020**

## **Children's Scrutiny - Standing Overview Group**

### Present

Councillors Rob Hannaford (Chair), Su Aves, Christine Channon, George Gribble, Jonathan Hawkins, Linda Hellyer, Tony Inch, Richard Hosking, Andrew Saywell, Debo Sellis, Margaret Squires and Mrs Christina Mabin (Church of England)

Cabinet Member for Children and Schools: Councillor James McInnes

Children's Services: Jo Olsson (Chief Officer for Children's Services), Darryl Freeman (Head of Children's Social Care), Vivien Lines (Improvement Director) and Fiona Fleming (Head of Commissioning – Children)

Independent Advisor: Kevin Crompton

## **Ofsted Inspection of Children's Services January 2020 - Improvement Plan / Response to COVID-19**

During officer discussion with members the following issues were raised:

- The need to respond to COVID-19 through the prism of Ofsted.
- The Improvement Plan has been to the DfE and has also now been sent to Ofsted, with a response expected in the next week. While the Plan has therefore not been formally signed off yet it nonetheless captures and reflects the dual challenges Devon currently faces.
- Children's Services need to be offering constant support in terms of care leavers even into adulthood.
- The impact of COVID-19 on risk factors for vulnerable, and the need to protect this group as well as support the community.
- Officers recognised the importance of accountability to Cabinet and Scrutiny through the improvement journey.
- The need to get help and support to families quickly at the moment. Recognising pressure may increase on families as the length of the lockdown increases. Needs to be continually reviewed.
- The need to bring all staff on board with the Improvement Plan. There are a lot of strengths in Devon but there have also been many instances where vulnerable children and families were not getting the right outcomes. It is essential that when things get difficult staff do not ever give up.
- In depth focus on priority groups identified by Ofsted, on top of that focus on all children.
- Continuing to pay close attention to those care leavers in unsuitable accommodation – this number is reducing all the time as progress is made with this group, along with recruitment in this area.
- Still have small number of children in unregulated provision – working to address this. Fast tracking a number of foster placements.
- Considerable focus continues to be placed on those young people at risk of chronic neglect.
- The clear message to families is that all vulnerable children should be attending school at this time. Working closely with the Head of Education & Learning on this. Officers are working to limit impact of the

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most disadvantaged not attending school. Almost all schools reopened after Easter. Local Learning Communities (LLCs) have created additional resilience.

- All children aware to the service have a RAG rating and plans for each accordingly for this time. Members recognised how vital it is that these young people are monitored closely at this time.
- Quality assurance process to ensure confident in judgements social work making. Officers are dip sampling around 400 cases a week. Identifying good practice as well as weaker practice, which they are working to improve upon. The Chair asked that he and the Vice Chair see some of case examples – possibly once a month.
- Responsibility of the County Council to advocate for the most vulnerable in school – expected exam grades etc.
- Early Help is a real strength in Devon. The focus is on what support families need to get through the crisis and put this in place where necessary.
- Increased risk of domestic abuse during the COVID-19 lockdown. Families are experiencing higher levels of stress due to COVID-19. The Early Help system has been mobilised to help those families in difficulty. Often just knowing there are people out there to offer support. Members were urged as community leaders to encourage people to speak to someone.
- Incident Management Teams (IMTs) are comprised of a broad range of partners brought together to focus on different areas such as vulnerable children. IMTs have clear lines of accountability and meet each week to catch gaps in provision.
- Produced dashboard to help track and monitor different groups.

## Issues Identified by Members

Members raised the following points in discussion with officers:

- Members highlighted particular concern as to the vulnerability of new-born babies and the very young. Officers reported being extremely mindful of this and were aware that globally there had been some reports of increased incidence involving harm to the 0-5 age group in this time of COVID-19. Social workers were still undertaking some home visits, as well as others taking place virtually.
- Members questioned social worker caseload and capacity. Officers advised that it was similar to pre-COVID-19 levels and caseloads were continuing to fall as they have over last 18 months. Around 18 cases per social worker, slightly higher for personal advisors. Social workers in some instances were however being asked to do a different role with the effect of COVID-19 and work ever more smartly. Although it has not impacted on delivery, there has been increased absence from teams as a result of the virus.
- Concern about the vulnerability of those children not presenting at school. Officers advised that where a child has been identified, the County Council works with the school and family to ensure they are satisfied although for the most vulnerable that may not be enough and children services has to decide what next. Children being seen in school is fundamental to assessing vulnerability. A number of conversations with families will be taking place where children are not attending school – not as yet had to take further action. Some families are anxious about their attending with COVID-19. Children's Services has not to make a statutory intervention as yet relating to non-attendance.
- EHCP backlogs. Officers have identified the risk of further EHCP delays. The lockdown provides an enormous challenge for some young people with ASC. No support arrangements in terms of EHCPs and their timeliness have been stood down as a result of COVID-19. The County Council has however sent a letter to the Secretary of State to relax EHCP 20-week period given the current situation.
- Members involvement in Devon's Children and Families Partnership – want to ensure political oversight is strong an effective.
- Staff are adapting to working at home – using technology. Challenges with internet across the County can present some issues.

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- Members expressed concern in relation to those families entitled to Free School Meals (FSM) not getting the resource they are entitled to as the national scheme had offered vouchers where providers were not in those areas of Devon. The County Council has worked to find alternatives or provided food hampers. So far not hearing that families are not getting FSM resource they are entitled to. All families they are aware of are followed up on, but the scheme does rely on families coming forward for help. Members asked that a press release be issued on this.
- Every school needs to be part of an LLC regardless of their designation, including small private schools.
- Risk assessments relating to compliance – most vulnerable children rely on 100% compliance on school attendance.
- The need to work with the Media & Communications Team to ensure messages are getting out there so families in difficulty know where to turn. Members suggested that in addition to traditional media routes, using texting and social media.
- Commissioning. Officers advised that they are currently seeing a lot of resilience from providers – working closely with them, and it is a positive picture.
- Concern from members about vulnerability of those young people who cannot access their education offer currently because of internet issues. Officers advised that these young people would not immediately be classed as ‘vulnerable’ but Children’s Services would support their attendance at school.
- Officers do not have a definite number on how many children should be in school currently but will have this imminently.
- Members asked for detail on vulnerable children across each of their areas.
- The Specialist Advisor noted the quality of the reports provided to members for this meeting. He also noted the reduction at the front door of the system with MASH nationally. Officers commented that there was no reduction that could not be accounted for by recent school holiday.

## Next Steps for Scrutiny

Members discussed Scrutiny involvement in the Improvement Plan moving forward:

- The importance of members having continued involvement moving forward, whether that is the Chair/Vice Chair or the wider Committee.
- The need for regular information sharing.
- Members sending information through to the Scrutiny Officer on issues of concern flagged up to them in their area.
- The need for Scrutiny to take a forensic approach to assessing the impact of the Improvement Plan, as well as maintaining a wider focus on Children’s Services response to COVID-19.

## Actions

- Quality Assurance. Case examples for Chair/Vice Chair– possibly once a month. **(JO to action)**
- Free School Meals entitlement for families – press release. **(JO to action)**
- Data on current school attendance of vulnerable children. **(JO to action)**
- Follow up session with Chair/Vice Chair/Cabinet Member to see how Scrutiny ensures robust response moving forward. **(JO to action)**

COUNCILLOR HANNAFORD  
CHAIR

