

Report of the Children's Scrutiny Committee – Social Care Visits

Report of the Director of Legal and Democratic Services

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

1) Recommendation

That the Committee be asked to:

1. Commend the report to Cabinet for Cabinet to consider the findings as part of the Council's improvement journey in Children's Services.
2. That Cabinet has due consideration of the following key points for improvement and responds to the Children's Scrutiny Committee it's Committee meeting in March 2025:
 - A) The widespread acknowledgement of the impact of improvements in the Front Door on the wider service.
 - B) The continued need to reduce the number of agency staff in the Assessment Teams.
 - C) The need to create more pace in the recruitment process so that staff can be recruited quickly into posts.
 - D) How the Council can further support staff, through the supervision and counselling offer, who experience difficult or upsetting cases which affect the emotional wellbeing of staff.
 - E) Consideration of amending the duty week to ensure a more equitable allocation of cases between Assessment Teams.
 - F) The support from Staff for the re-tendering of the case management system.
 - G) The need to ensure that on joint visits, the Police are always present to support our staff.
 - H) The need to lobby the Government and the Department for Health and Social Care for a better funding formula for Public Health that reflects Devon's current needs.

2) Background / Introduction

2.1 To support service improvement and knowledge of the service, Councillors on the Children's Scrutiny Committee have regularly undertaken a series of visits to front line staff across the County, reporting back their findings to the Committee and to Cabinet. In March 2024, [Cabinet responded to the previous report of the Committee](#), its findings and set out progress made against specific areas raised by Scrutiny.

2.2 In this round of visits, linked to the most recent [Ofsted Monitoring Visit in March 2024](#), Councillors undertook a series of visits to the Council's Front Door and Assessment Teams. Alongside this, Councillors also visited Public Health Nursing staff in two locations (Exeter and Barnstaple).

2.3 Councillors undertook visits to 7 teams, across 4 locations, meeting with 38 members of staff.

2.4 The Committee would like to place on record its thanks and formal recognition of the dedication and hard work carried out by staff; and thank those that spoke to Councillors on these visits.

3) Highlights

3.1 Councillors' findings largely reflected elements of the Monitoring Visit letter relating to the Front Door and Assessment Teams.

3.2 Highlights of the all visits included:

- Work in the Front Door teams, was having an impact on lower referral rates and lower caseloads, having positive impacts across the wider service. Improvements arose from the new request for support form, simplified processes and work on thresholds with partners.
- Improving confidence and morale of staff across all of the teams visited.
- Improved support and supervision from Managers.
- Increasing staff stability, led by the Children's Leadership Team.
- Varied progress on recruitment and retention: there is more to do to reduce the number of agency staff in the Assessment Teams, while there has been a positive impact on the Front Door teams, and success in the 'grow our own programme' in Public Health Nursing.
- Improving relationships with partners in Health, the Police and Schools but the need to continue to work more closely, share information and support each other effectively.
- The need to ensure fairer funding in the Public Health Grant to reflect Devon's current needs.

4) Key Findings – Front Door

4.1 Councillors began the round of visits with the Front Door, also known as the Multi-Agency Safeguarding Hub (MASH), on Tuesday 4th June.

4.2 Councillors initially met the Head of Service who provided an overview of the Front Door and the teams that make up the service. After this, Councillors then met 4 members of staff across the floor from 4 different teams.

Overview

4.3 The Front Door, previously known as the Multi Agency Safeguarding Hub or MASH, has been expanded to include Early Help, and signposting and initial enquiries for the Disabled Children's Service. As the name signifies, it acts as a 'Front Door' into Children's Social Care, handling the enquiries and requests for support.

4.4 The Front Door covers a range of different teams: the Head of Service, Team Managers, Advanced Social Workers, Social Workers, Early Help Connectors, Referral Coordinators, The REACH team, Education, Business support, Police colleagues and Health Colleagues.

Referrals in to the Front Door

4.5 On average there are 90 referrals a day into the Front Door, although this depends on the day and time of year, with Mondays and Fridays being busier. The majority of referrals are made by Education (Schools), Police and the public.

4.6 Contacts are initially rated red, amber or green (RAG) to determine how quickly staff need to respond, the majority are amber rated but staff estimated around 95 'reds' a month.

Request for support form

4.7 There are now 2 routes for contacts – telephone or the online request for support form.

4.8 Staff walked Councillors through the new online request for support form, showing them how to fill out the form. The new form was well received by County Council staff, calling it streamlined while providing them with the information they needed to do their job. Staff acknowledged that the new form was met with some concern from partners about using it, although Councillors were told that this had been resolved.

Early Help

4.9 Staff explained the levels of support available: 1) Universal services 2) Early help 3) targeted Early Help and 4) Social Work services.

4.10 Councillors discussed the recent Ofsted Monitoring Visit letter in March 2024 and the issues picked up from Ofsted – the Head of Service highlighted that the Early Help service was undergoing a reshape to deal with capacity and demand issues.

4.11 Councillors and staff spoke about the importance of the Front Door and Early Help supporting the prevention of further escalation and further interventions, helping people earlier with the right support. The importance of Early Help in communities was also raised by staff.

4.12 Staff highlighted the recent positive changes to our Children's Centres contract and the additional staff in Family Intervention Teams.

Staffing / Recruitment and Retention

- 4.13 The Front Door is very nearly fully permanently staffed – staff highlighted just 2 agency social workers in the team but stated these staff were very good at their job and they didn't want to lose them.
- 4.14 Staff highlighted that they could always do with more resources but at the present moment felt there were the right amount of staff in the team to make safe decisions.
- 4.15 Staff highlighted the need to accelerate the 'grow our own' strategy – they made reference to the ASYE programme and how the service could be more engaging with staff e.g. Referral Coordinators and Early Help connectors to find out if they want to undertake Social Work courses and become Social Workers.

Support and Supervision

- 4.16 Staff were very complementary about the support and supervision they receive – calling it “the best it's been for a long time” and that support was available at the press of a button i.e. ringing their manager.
- 4.17 Staff felt that they were listened to, the team had grown in confidence and managers were open to new ideas, which was a change from the past.
- 4.18 Staff praised their managers and the consistency of a permanent leadership team.
- 4.19 One staff member highlighted they now felt that the staff “owned the service”.
- 4.20 One area of improvement raised by staff was improved supervision and counselling services for those members of staff who had experienced some of the worst circumstances whilst at work with staff stating that the Council's counselling service was at times inappropriate to handle some of the complex issues they had to deal with.

CPD and Training

- 4.21 Staff felt the number of training opportunities had fallen since 2019/2020 and the Covid Pandemic, with some training only just coming back online e.g. Practice Educators.
- 4.22 Staff felt that the Academy was less visible than it once was – with again, some of the training opportunities having ended and not brought back. Staff highlighted monthly courses or thematic training e.g. domestic abuse training if there had been a recent spike in domestic abuse cases affecting the number of referrals would be useful.

Relationships amongst teams

- 4.23 Staff highlighted the improving relationships amongst teams within the Front Door e.g. the Police and the Assessment team for Exeter which sits in the same room.
- 4.24 Staff praised the work of the Police, the improved relationships and how the Police are providing the information social care need and are increasingly recognising children in their work e.g. making an arrest of a parent and ensuring that Children's Services are aware of the child at home.

5) Key Findings – Assessment Teams

- 5.1 Councillors met with Staff from all 4 Assessment Teams across Devon, meeting with the 2 Heads of Services and 14 members of staff across their visits.
- 5.2 The Assessment Teams manage new referrals into the service from the Front Door and re-referrals of families previously known to services who have been closed for over 3 months, they assess families' need for social work input, or if the family would benefit from service within the community such as through Early Help or another community based service. In each locality, there are 2 teams – each with a Team Manager, Advanced Social Worker, Social Workers and Family Practitioners.
- 5.3 The teams mainly manage shorter-term interventions, assessing need, and where appropriate, passing families over to longer term interventions. This means that the team's work is more crisis led, harder to plan and sometimes outside of normal working hours.

Caseloads / Workload

- 5.4 Staff highlighted that their caseloads had decreased and were reasonable (around the late teens to low twenties) with enough time to properly look at each case in detail and do direct work with families.
- 5.5 The work in the Front Door on thresholds, the new Early Help offer and moving to more preventative work across the service was credited as helping reduce caseload level. Staff welcomed the approach of ensuring children and families get the right service rather than just being referred into Social Work (Children and Families) Teams.
- 5.6 Work is ongoing from the Head of Service on the locality boundaries (North, Mid/East, Exeter and South) to ensure that case numbers across each locality remains equitable.
- 5.7 Staff spoke about their time on duty (one week on and one week off) where they take new cases on their duty week, on their non-duty week they do not take new cases, but can focus on their existing case work, supervisions and time with their children and families. Staff reported this was "random and pot luck" if they have a busy week with new cases or a quieter week with less – this could lead to some teams having lots of new cases and other teams having a lot less. Staff felt this wasn't equitable or shared the load well – with an example of one team being on duty the week before and the week after half term, meaning they had lots of new cases whilst the other team had the quieter half term week on duty. Staff with experience from other local authorities highlighted that the 2 week rota system wasn't used in some other local authorities.

Staffing / Recruitment and Retention

- 5.8 The permanent leadership team in the service was having a positive impact on recruitment and retention, encouraging agency staff to be permanent DCC staff. The felt the leadership team were committed to Devon, the service and the changes they implement.

- 5.9 Councillors were concerned to hear that around 75% of staff across the Assessment teams are agency workers, although recognised their work in Devon to help improve services. Staff highlighted the growing cohort of 'permanent agency' staff – staff who were agency workers but had been with Devon for a number of years.
- 5.10 Councillors spoke to staff about their circumstances for being agency workers and what different offers could persuade them into being permanent members of the workforce. Councillors were aware of the work ongoing to improve our permanent offer and the negotiations to secure a cap on agency rates with a Memorandum of Understanding. Staff commented that it was difficult to convince agency staff to convert to permanent positions when their pay was so much higher – double in some cases.
- 5.11 Staff themselves highlighted the improved permanent offer but added that their choice of agency work fitted into their personal lives better and meant they didn't have to relocate. The geography of Devon meant there was a limited pool of permanent staff in the local area and it is a long journey for agency staff to commit to compared to more central areas.
- 5.12 The overall recruitment process was discussed. Staff felt more pace is needed to fill posts. Staff felt that there were unnecessary delays to appoint to a post that had been agreed, including a like for like agency replacement post (where 1 agency staff leaves and another is appointed). Hiring managers felt there were too many barriers to getting staff into post, having to fill out forms again, and seek management sign off again when they are rarely being refused. In most cases it can take 6 weeks to complete which creates a backlog in the teams and more pressure on others.
- 5.13 Staff highlighted that a new team was being introduced in the service of newly qualified social workers in their Assisted and Supported Year in Employment (ASYE), working under the newly extended 2 year newly qualified programme. Staff would be buddied up with an experienced social worker and transferred into the main assessment teams after 1 year.
- 5.14 Staff commented that many work over the 37 working week, averaging around 45hrs, but could only take this back as TOIL (time off in lieu) or Flex, which they never actually managed to take – and would welcome the opportunity to be paid the hours they actually work and get paid for overtime.
- 5.15 The international cohort of social workers were working well and had settled into Devon – a large majority of which came from Zimbabwe due to a similar legislative framework for children's social care. However issues around racism within the workforce and amongst the community were present although staff highlighted the work done to support staff who had experienced racism.
- 5.16 A Member of staff who had joined DCC from Overseas commented on their journey to Devon and Induction Programme. They highlighted it was a relatively easy move to come to Devon but that the induction programme underdelivered what had been promised.
- Their manager left after a few weeks which unsettled the team.
 - Their assigned buddy had already left DCC but the time they had arrived in Devon.

- Their transitional plan wasn't being followed and they were given more cases than they were supposed to have, this continued to rise as others left the service.
- There was a general lack of induction or orientation – they felt like they were just given a phone and a laptop and told to get on with the job, so had to rely on others to help.
- However, they were now enjoying working for DCC, had settled in well and was “going from strength to strength” in their role.

Audit/Quality Assurance

- 5.17 Councillors asked staff about the Audit/QA process and had a conversation with staff about audit, Ofsted's comments and the audit tools used. Staff felt that the audit tools still need developing and the Assessment service use service specific tools to help them.
- 5.18 Staff shared that at times, more evidence is needed by assessors to back up their rating and focus was placed on the quality of the audit file rather than the audit of the practice itself e.g. it was well written.
- 5.19 Staff shared that they can get rated on missing parts of the case files, where those parts aren't due yet e.g. visits that haven't taken place because they are not due.
- 5.20 The Service Manager did feel confident that the amount of auditing was sufficient, accompanied by additional dip sampling.

Working at DCC

- 5.21 **The Assessment Team** – Staff felt the team was stable, building trust and support with each other. Morale was high across the Service and the recent Ofsted Monitoring Visit letter about the Front Door and Assessment teams was welcomed and made staff feel proud about the work they do. Expectations were that staff on duty week were in the office every day, whilst those not on duty week can have 2 days working from home. Staff in the south locality were more locally based coming from the local area rather than living further afield and commuting to Devon.
- 5.22 **Improvement Journey** – There was a recognition of staff to feel like they need to “do better”. Whilst a couple members of staff were relatively new to Devon, they commented that the service ‘feels a lot better’ than expected, recognising that Devon is on an improvement journey and there is still improvements to make. Staff felt supported and feel listened to and felt they were more proportionate and confident in their work. Staff recognised the improvement journey and that people were open to feedback and were reflective and honest about the service. Staff shared that they get good support from managers and the Head of Service, whose clear direction was praised.
- 5.23 **Supervision and support** – Staff welcomed their supervision, calling it a ‘reflective discussion’ and one member of staff called the level of support “overwhelming but in a good way”. Staff that supervision was timetabled once a month where issues could be raised by staff and managers and staff wellbeing could be checked. It was noted that the

team did not need to wait for supervision sessions to report any concerns and Managers were always available.

- 5.24 **Training and CPD** – Staff stated there was a lot of training available for staff across a range of different issues although some are better quality than others. Staff wanted to ensure that training was valued and staff understood the training rather than just attending – and some way of capturing this.
- 5.25 **IT systems** – Staff reiterated the comment that Eclipse was ‘clunky’ and that it made their work more difficult. Staff who had worked with other local authorities compared it to other systems and highlighted how other systems were easier to use. Staff showed Councillors a part of the system and they saw the number of clicks needed to bring up information such as case allocations. Staff also commented on the flaws with the auditing capacity/processes but it was stated that the Council is due to re-tender the Children’s and Adults case management systems.
- 5.26 **Office space (South)** – Staff at Estuary House highlighted that parking at Estuary House is still an issue but the service is due to move to Follaton House (Totnes) in the Autumn. As part of the move, staff hoped that there will be more opportunities to work as a service with other teams but raised concerns about the availability of desk space once all the teams combine into one office space. Staff were also concerned about the availability of family friendly spaces to speak to families.
- 5.27 **Office space (Mid/East)** - The team had been working at Phoenix House for about a year and were happy with the working space and environment. A number of personal space areas were available to use for 1:1 meetings, both internal meetings and phone calls but staff felt that they would benefit from more 1:1 ‘pods’ available. Some staff were disappointed about the lack of available parking permits so were paying £6 per day to park. Although there are a number of free of charge parking spaces in Tiverton, staff need to be able to have a vehicle close to their place of work.

Relationships with partners

- 5.28 Overall relationships with partners (Police, Health, Education, etc.) were improving with better communication and a better understanding of each other’s priorities. But this did depend on the partner or even office, some were quick to help and went above and beyond, whilst some did not.
- 5.29 Staff shared details of the good working relationship with the Police, the monthly partnership meetings and the joint training opportunities such as on Achieving Best Evidence (ABE) and sharing understanding of social work practice within the police (SKYDIP).
- 5.30 Staff shared concerns about conducting joint visits with the Police, and issues with Police capacity meaning that Officers were not available to make joint visits with Social Workers. At times, the Police did not turn up or inform social workers they would no longer be able to attend. Staff stated there were 3 recent cases of this and were concerned about this and the knock on effects of collecting evidence in a potential future court case. With no or little evidence from the Police, it could undermine their work.

- 5.31 Staff also raised concerns about the capacity of health partners to contribute into children in need plans – and missing important meetings to discuss children and young people.
- 5.32 Staff spoke about their relationships with some schools, and the ongoing conversations with schools to hold more risk themselves – not everything needed a social care intervention and somethings can be dealt with by the school themselves.
- 5.33 Staff felt there was still an underlying assumption of social care being the default service for any issues with children and young people rather than seeing it as a joint response across public services.
- 5.34 Staff shared examples of schools that they felt were working well with them and young people, but felt that not all schools are the same.

Other comments

- 5.35 Staff raised concerns about the lack of mental health services and support for neurodiversity, as raised by Ofsted in the Monitoring Visit, and the need to improve services and reduce waiting times for assessments and services.
- 5.36 Councillors and staff had a conversation around consent and the stigma that social workers have when meeting families or carrying out their work – there is still the impression or fear that Social Workers are here to take children away from families rather than help. Social workers reflected that Family Practitioners staff do not experience this in the same way.
- 5.37 Staff felt that having more youth workers within the service would help improve the confidence of social workers to relate to young people and understand their story more.
- 5.38 Staff also expressed a desire for more Family Practitioners across the service as each team has just 2 and they cover a large area. Staff commented on the value of the role.
- 5.39 In addition, staff raised the need to ensure vacant posts in the Family Intervention Team are filled, with the impact of delays in this service having an impact on referrals to statutory services.
- 5.40 There was a potential for staff to be unhappy about the proposals to end their essential car user allowances, especially for those who are lower paid. Staff recognised that milage is paid at the 45p rate per mile which was set nationally but does not cover the milage driven. Staff asked if pool cars for Social Workers could be considered as an alternative.

6) Key Findings – Public Health Nursing Teams

- 6.1 Councillors met with Staff from the Public Health Nursing (PHN) Team at County Hall on Thursday 6th June 2024 and at Taw View on Tuesday 9th July. The visits started with an initial conversation with the Locality Managers about the team and service before meeting 13 members of staff from a range of roles.

The Public Health Nursing Service

6.2 Public Health Nursing (PHN) is a commissioned service from the Public Health Grant. It is a 0-19 years of age service and includes a range of professionals: Health Visitors, Schools Nurses and Community Health Workers.

6.3 The Service was part the NHS, but was commissioned to Virgin Care in 2013 before coming into DCC Children's Services in 2019. It is planned for the service to move to the Public Health and Communities Directorate from July 2024.

6.4 Public Health Nursing Services in the country vary in their provider arrangements. For example, Torbay's services are still under the NHS which means there is more integration with the NHS and staff commented on the variance of service delivery between Devon and Torbay, with Torbay having smaller caseloads.

6.5 Staff spoke about the work they do including: the Healthy Start Programme, targeted work, specialist work, clinics, school nurse visits, home visits, infant feeding and business support.

What is it like to work in PHN in Devon?

6.6 Staff morale was high and Councillors felt this had improved over recent months – and staff felt job satisfaction was improving.

6.7 Staff were highly skilled and worked across all different elements and services – birth, early years, social care, SEND, schools.

6.8 Performance on visits had improved due to the service's action to improve performance. Staff commented on the 2022 CQC inspection report which rated Devon 'good' and the recent improvement in performance had been reported to the Office for Public Improvements and Disparities (OPID, previously Public Health England).

6.9 Staff felt supported by their teams and Managers, particularly around change and listening to issues. Senior Managers were seen as approachable. Staff welcomed some recent changes such as returning to local allocations of cases.

6.10 Staff felt like they were mostly meeting the needs of children and families in Devon, seeing the right people and working with vulnerable families.

6.11 However, caseloads were high in Devon and close to double the average number recommended by the Institute for Public Health (c. 250 cases).

Funding

6.12 Funding for PHN services, from the Public Health Grant, is based on indices of deprivation set around 2010. Devon County Council receives £36 per child per year, which is less than both less than Torbay (£72) and Plymouth (£60) – despite the rurality of the County.

6.13 The service is budgeted for 35 FTE (full time equivalents) school nurses and 80 FTE Health Visitors, although the team is not fully staffed as it is carrying vacancies. Analysis from the service themselves showed that for the Devon County Council area, 124 FTE Health Visitors was needed for the service to be able to deliver on all the elements of the Child Health Development Programme.

Resources, Staff and Recruitment and Retention

6.14 Staff commented that resources/staff are below where they would like it to be and stating it means they can't do everything they would like to do e.g. more outreach and prevention work. The service has also had to make difficult decisions and concentrate on targeted services, to manage staffing shortages and budget pressures.

6.15 PHN nationally has recruitment challenges. It is a specialist vocation that requires the completion of a Specialist Community Public Health Nursing degree (SCPHN) , which is equivalent to a Masters. There is a lack of local places which deliver this course and shortage of staff to recruit into PHN roles. Our local university for the SCPHN course is UWE (University of the West of England) in Bristol.

6.16 Locally, staff praised the recruitment efforts made by DCC. Our 'grow our own' programme was seen as particularly important at helping bring staff into the service and investing in the future workforce.

6.17 Changes to the terms and conditions to improvement alignment with the Agenda for Change in the NHS was also welcomed.

6.18 The workforce in Devon is demographically older, presenting future challenges when staff retire across a range of roles.

Relationships with other Services and the NHS

6.19 Staff commented on the advantages of being in DCC – with better communication and shared spaces with similar services for children and families. Although staff felt this did mean a slight loss in the relationship with the NHS.

6.20 Staff in Exeter have 4 different interfaces with 4 different NHS trusts/hospitals across Devon – each having their own systems, referral pathways and ways of working. Whilst work has been done to bring all parts of Devon more in line, there is more to do.

6.21 Staff in Exeter spoke about their relationship with Midwives across Devon and the challenges in this relationship:

- That Midwifery and Public Health Nursing use different metrics when measuring a new born baby's weight in the initial 2/3 weeks with midwives using birth weight and PHN using centiles – this means that some baby's weight can be different and parents are not sure if their baby is gaining or losing weight, leading to parental concern.

- That communication between the Midwifery services and PHN needs improving and systems need to be able to work together to allow access to information easily across the different services.
- The lack of administrative support for midwives meaning they must complete their own admin work e.g. Midwife Liaison Forms.

6.22 Staff in the North reported good communication overall with the NHS and Midwives. The turnover of staff within the PHN service and NHS has meant the some relationships and experiences established by long-standing staff have been lost - loss of links between staff, GPs and colleagues in Health.

6.23 Staff felt that many other services do not understand the role and breadth of the work of PHN. The service is crucial as part of Early Help universal services for families which staff said needs to be promoted more.

Other comments

6.24 Staff spoke about the successful roll out of scales and self-weighing facilities to Libraries, with 25 Libraries part of the scheme and another 30 similar facilities in other locations in Devon. Staff commented on the good working relationship with Libraries Unlimited to allow this. Councillors asked about the cost of the scales (c.£400) and how they could promote the use of their Locality Budgets to support further community and support groups purchasing scales.

6.25 Staff spoke about their efforts to increase referrals into the service from young people themselves and how they could break down the barriers to get more young people asking for support. Staff felt at times, they didn't know if they were making a difference to a young person's health. Feedback would help celebrate staff and help them to know they were doing a good job.

6.26 **Infant Feeding** – Staff spoke to Councillors about the work that takes place in the team to support parents who are feeding, although predominantly this is breastfeeding. Breastfeeding rates are increasing (at 62%) which was welcomed as Devon is placed in the top 10 local authorities. Staff felt infant feeding was recognised across the service as important.

6.27 **IT Systems** - Staff spoke to Councillors about the range of systems they use, as well as workarounds and spreadsheets they work with. Staff did highlight that the Council was looking at a system replacement by February 2025 but staff did not yet know what that would be. Staff hoped a new system would have better integration with NHS/GPs systems.

6.28 **Space at Tav View** - Staff highlighted that there was a lack of available office space and opportunities to co-locate with other services in North Devon/Torridge as many of these were lost after the pandemic. For example, having a room available in a GP Surgery which was available but was then used for something else.

6.29 Overall space at Taw View was raised as an issue – and that there is a lack of meeting rooms for bigger, team meetings within the building. Staff either have to deliver 2 sessions, which nullifies the point of a team meeting or look to book offsite but only have a £50 budget which doesn't cover the majority of rooms available to book in the local area.

6.30 In addition, space at Taw View was mentioned in relation to spaces for staff to spend lunch and breaks at – noting that the previous staff area had closed during the pandemic and had not been reopened. As such it meant most staff spent their lunch break at their desks

7) Options / Alternatives

7.1 The report is the summary of a number of visits made by the Children's Scrutiny Committee. Scrutiny does not make decisions and this report does not propose any alternatives.

8) Consultations / Representations / Technical Data

8.1 As above, there are no specific considerations in regard to consultations, representations and technical data in this report.

8.2 The details of the site visits are listed in the appendix.

9) Strategic Plan

9.1 The alignment of all Scrutiny activity with the strategic plan is detailed on the Scrutiny work programme. Visits increase and develop member knowledge and the 'critical friend' challenge of Scrutiny contribute to the Council achieving its strategic plan.

9.2 Improving Member knowledge on key issues contributes to the Council's commitment to being a trusted, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

9.3 Members periodically undertake site visits and meet with staff and service users to gather feedback and make recommendations for change. The site visits conducted in this report align to the Strategic Plan priority of 'Be ambitious for children and young people' by supporting the Council's improvement journey. The report also aligns to the Council's plans to transform, develop and improve children's services and embrace the positive benefits of a diverse workforce and create an environment that is inclusive and safe for all staff.

10) Financial Considerations

10.1 There are no specific financial considerations in this report.

11) Legal Considerations

11.1 There are no specific legal considerations in this report.

12) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

12.1 There are no specific environmental impact considerations in this report.

13) Equality Considerations

13.1 There are no specific equality considerations in this report.

14) Risk Management Considerations

14.1 The activity of the Children's Scrutiny Committee contributes to the mitigations for:

14.2 Ineffective Member Scrutiny

defined as: 'Due to ineffective scrutiny, the level and quality of service management may drop, leading to financial mismanagement or harm to staff and/or citizens and reputational damage e.g. Grenfell.'

14.3 Member Effectiveness

defined as: 'Inadequate member effectiveness due to a lack of training, support and knowledge leads to a lack of challenge to corporate officers and/or poor decision making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).'

14.4 The findings of this report do have regard to risks identified in the Children and Young Peoples Futures service's risk register including but not limited to:

- Challenges in recruitment and retention of permanent Social staff and managers.
- Social Care workforce recruitment and retention.
- Public Health Nursing – high levels of vacancies and shortage of trained Health Visitors and School Nurses.
- Insufficient staffing capacity to deliver full Public Health Nursing service offer.
- Children's Services Improvement / Post ILACS Improvement

15) Summary / Conclusions / Reasons for Recommendations

15.1 Councillors found the visits to be a useful and enlightening experience, using the opportunity to meet staff, find out about their work and thank them for the work they do.

15.2 Councillors wished to place on record their thanks to the officers involved in leading the visits, namely the Heads of Service and Service Managers who facilitated the visits, along with the staff who supported the various visits at different sites.

15.3 Councillors propose a number of key areas and learning from the visit which are listed at the top of the document and ask Cabinet to consider them as part of the Service's improvement journey. The Committee will ask Cabinet to report back on these key areas at a later date (March 2025).

Maria Price

Director of Legal and Democratic Services

Electoral Divisions: All

Cabinet Member for Organisational Development, Workforce & Digital Transformation:
Councillor Andrew Saywell

Local Government Act 1972: List of background papers

Background Paper – NIL

Contact for enquiries:

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Appendix - Details of Visits

4th June 2024 – Front Door - County Hall, Exeter

The following Councillors undertook the visit to the Front Door, where they met with the Head of Service – Front Door, Assessment and EDS and met with 5 members of staff across social care, police and health teams.

- Cllr Tracy Adams
- Cllr Colin Slade
- Cllr Margaret Squires
- Cllr Jeff Trail

6th June 2024 – Assessment Team - County Hall, Exeter

The following Councillors undertook the visit to County Hall, where they met with the Service Manager – Assessment (Exeter & South) and 4 members of staff:

- Cllr Tracy Adams
- Cllr Jeff Trail

8th June 2024 – Assessment Team – Estuary House, Newton Abbot

The following Councillors undertook the visit to the South Assessment Team, based at Estuary House, where they met with the Service Manager – Assessment (Exeter & South) and 2 members of staff:

- Cllr Janet Bradford
- Cllr Alistair Dewhirst

13th June 2024 – Phoenix House, Tiverton

The following councillors undertook the visit to Phoenix House, Tiverton, where they met with the Service Manager – Assessment (North, Mid & East) and 4 staff:

- Cllr John Berry
- Cllr Frank Letch
- Cllr Colin Slade

20th June 2024 – Public Health Nursing - County Hall, Exeter

The following councillors undertook the visit to the Public Health Nursing team at County Hall, where they met with the Practice Lead and Locality Manager and 8 members of staff:

- Cllr Tracy Adams
- Cllr Frank Letch

11th July 2024 – Public Health Nursing and Assessment Team - Taw View, Barnstaple

The following councillors undertook a visit to the Public Health Nursing Team, Taw View, where they met the Operations Manager and 5 members of staff and a visit to the Assessment Team, Taw View, where they met the Service Manager – Assessment (North, Mid & East) and 4 members of staff:

- Cllr Linda Hellyer