

SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. THOMAS

7th September 2017

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

TITLE OF REPORT

CHILDREN AND YOUNG PEOPLE SERVICES – 1ST QUARTER (2017-18) PERFORMANCE REPORT

Purpose of Report

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS), for the 1st Quarter Period (April 2017 – June 2017); the Monthly Key Priority Indicator Information (June 2017) and Complaints Data (April 2017 – June 2017).

Executive Summary

A new set of statutory Welsh Government Indicators for CYPS were introduced for 2016-17 and are contained in this report. Comparison data for these Performance Indicators will become available over time. In addition, this report contains the CYPS Key Performance Indicators, which were previously agreed by Members at the Children, Young People and Education (CYPE) Committee on 28th July 2016.

Background

1. Following agreement by Members at CYPE on 28th July 2016, the Quarterly Performance Monitoring Report has been revised, enabling Members to monitor and challenge more specific areas of performance within CYPs. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

Financial Impact

2. Not applicable.

Equality Impact Assessment

3. None Required

Workforce Impacts

4. Not applicable

Legal Impacts

5. This progress report is prepared under:
 - i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
 - ii) Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

6. Not applicable

Consultation

7. No requirement to consult

Recommendations

8. Members monitor performance contained within this report

Reasons for Proposed Decision

9. Matter for monitoring. No decision required

Implementation of Decision

10. Not Applicable

List of Appendices

11.

Section 1 - Performance Management Information within Children and Young People Services for the Period (April 2017– June 2017).

Section 2 – Monthly Key Priority Performance Indicator Information (position as at June 2017)

Section 3 – Complaints and Compliments Data (April 2017 – June 2017)

Section 4 – Overview of Quarter 1 Quality Assurance Audits (April 2017 – June 2017)

List of Background Papers

None

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Section 1: Quarterly Performance Management Data and Performance Key

2017-2018 – Quarter 1 Performance (1st April 2017 – 30th June 2017)

Note: The following references are included in the table. Explanations for these are as follows:

(PAM) Public Accountability Measures – a revised set of national indicators for 2017/18. Following feedback from authorities the revised performance measurement framework was ratified at the Welsh Local Government Association (WLGA) Council on 31 March 2017. These measures provide an overview of local government performance and how it contributes to the national well-being goals. This information is required and reported nationally, validated, and published annually.

All Wales - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2015/2016 i.e. an overall performance indicator value for Wales.

(Local) Local Performance Indicator set by the Council and also includes former national data sets (such as former National Strategic Indicators or Service Improvement Data – SID's) that continue to be collected and reported locally.

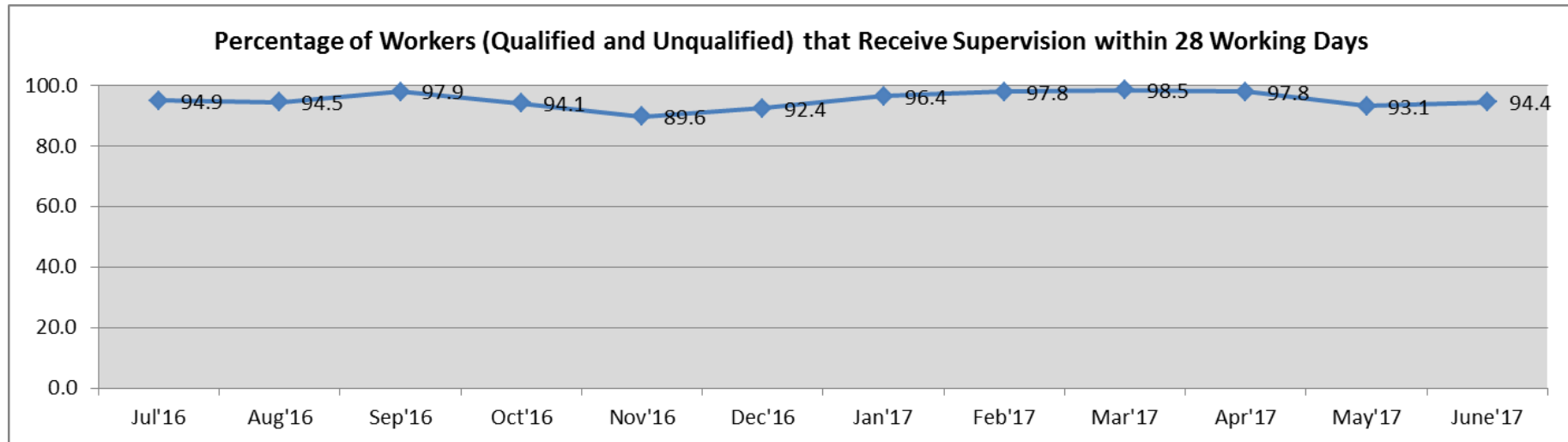
	Performance Key
😊	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
v	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
–	No comparable data (data not suitable for comparison / no data available for comparison)
	No All Wales data available for comparison.

Social Care – Children’s Services								
No	PI Reference	PI Description	2015/16 Actual	2016/17 Actual	All Wales 2015/16	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
1	PI 24	The percentage of assessments completed for children within 42 days from point of referral	n/a - new	97.6% (1197 out of 1226)		99.2% (363 out of 366)	96.9% (247 out of 255)	▼
2	PI 25	The percentage of children supported to live with their family	n/a - new	60.9% (598 out of 982)		65.0% (742 out of 1141)	61.4% (613 out of 998)	▼
3	PI 26	The percentage of Looked After Children returned home from care during the year	n/a - new	14.8% (78 out of 527)		Populated by Welsh Government Annually		—
4	PI 27	The percentage of re-registrations of children on the local authority Child Protection Register	n/a - new	7.8% (18 out of 230)		13.5% (7 out of 52)	4.2% (3 out of 71)	↑
5	PI 28	The average length of time (in days) for all children who were on the Child Protection Register during the year	n/a - new	233.1 days		222.2 days	318.2 days	↓
6	PI 29a	The percentage of children receiving the core subject indicators at key stage 2	n/a - new	59.2% (29 out of 49)		Populated by Welsh Government Annually		—
7	PI29b	The percentage of children receiving the core subject indicators at key stage 4	n/a - new	17.5% (10 out of 57)		Populated by Welsh Government Annually		—
8	PI 30	The percentage of children seen by a dentist within 3 months of becoming looked after	n/a - new	8.8% (3 out of 34)		Reported Annually		—
9	PI 31	The percentage of Looked After Children at 31 st March registered with a GP within 10 working days of the start of their placement	99.3%	99.5% (183 out of 184)		Reported Annually		—

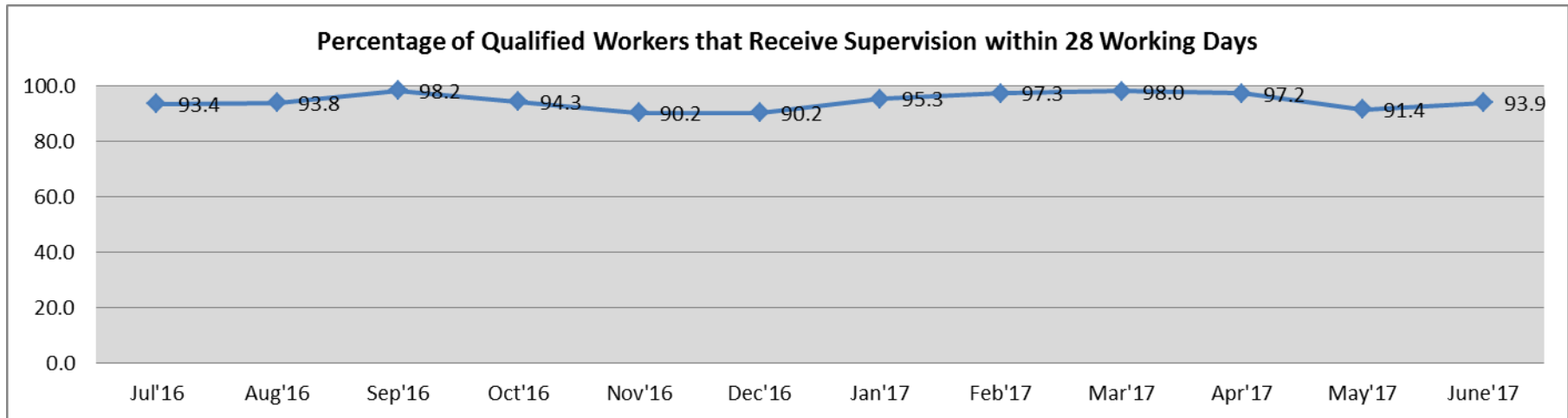
10	PI 32	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	9.4%	10.2% (22 out of 215)	11.9%	Reported Annually	—
11	PI 33 (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	8.8%	4.4% (17 out of 384)	9.8%	Populated by Welsh Government Annually	—
12a	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 12 months after leaving care	n/a - new	63.0% (29 out of 46)		Reported Annually	—
12b	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 24 months after leaving care	n/a - new	44.8% (13 out of 29)		Reported Annually	
13	PI 35	The percentage of care leavers who have experienced homelessness during the year	n/a - new	1.1% (3 out of 271)		Reported Annually	—

Section 2 - Key Priority Performance Indicators June 2017

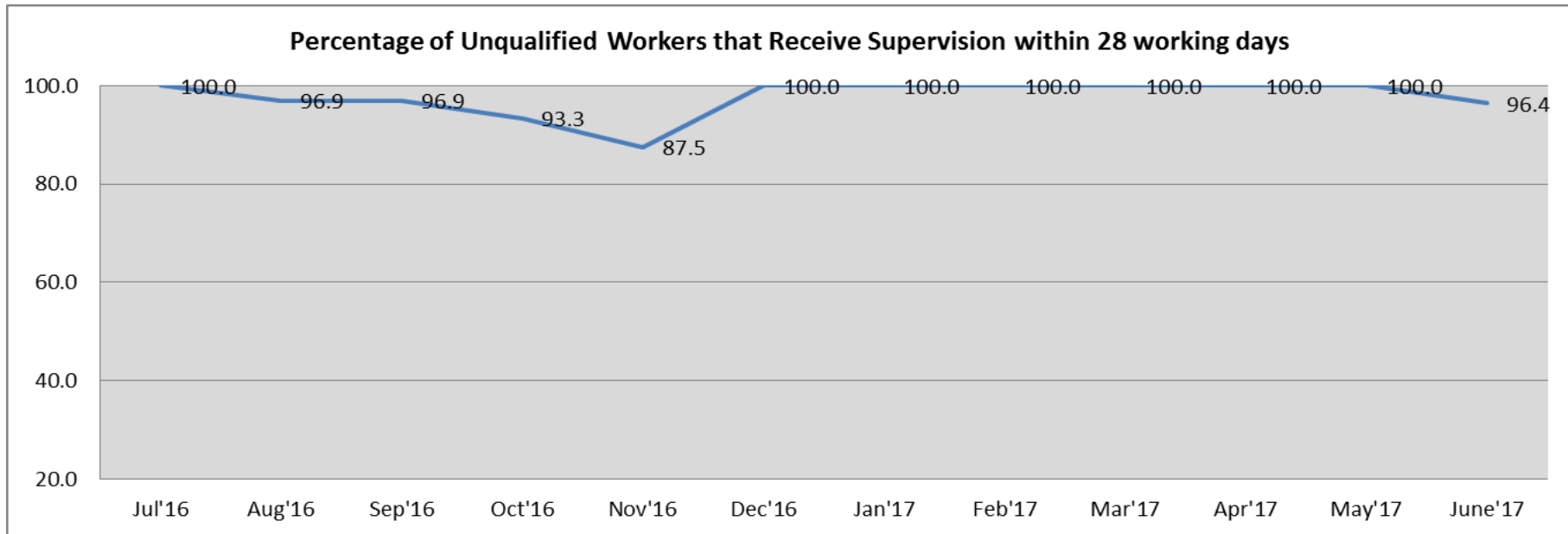
- **Priority Indicator 1 – Staff Supervision Rates**



	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Qualified and Unqualified Workers that receive Supervision within 28 working days	94.9	94.5	97.9	94.1	89.6	92.4	96.4	97.8	98.5	97.8	93.1	94.4
Number of workers due Supervision	136	145	143	135	144	145	140	139	134	135	145	142
Of which, were undertaken in 28 working days	129	137	140	127	129	134	135	136	132	132	135	134



	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Qualified Workers that receive Supervision within 28 working days	93.4	93.8	98.2	94.3	90.2	90.2	95.3	97.3	98	97.2	91.4	93.9
Number of workers due Supervision	106	113	111	105	112	112	107	110	98	107	116	114
Of which, were undertaken in 28 working days	99	106	109	99	101	101	102	107	101	104	106	107



	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Unqualified Workers that receive Supervision within 28 working days	100	96.9	96.9	93.3	87.5	100	100	100	100	100	100	96.4
Number of workers due Supervision	30	32	32	30	32	33	33	29	31	28	29	28
Of which, were undertaken in 28 working days	30	31	31	28	28	33	33	29	31	28	29	27

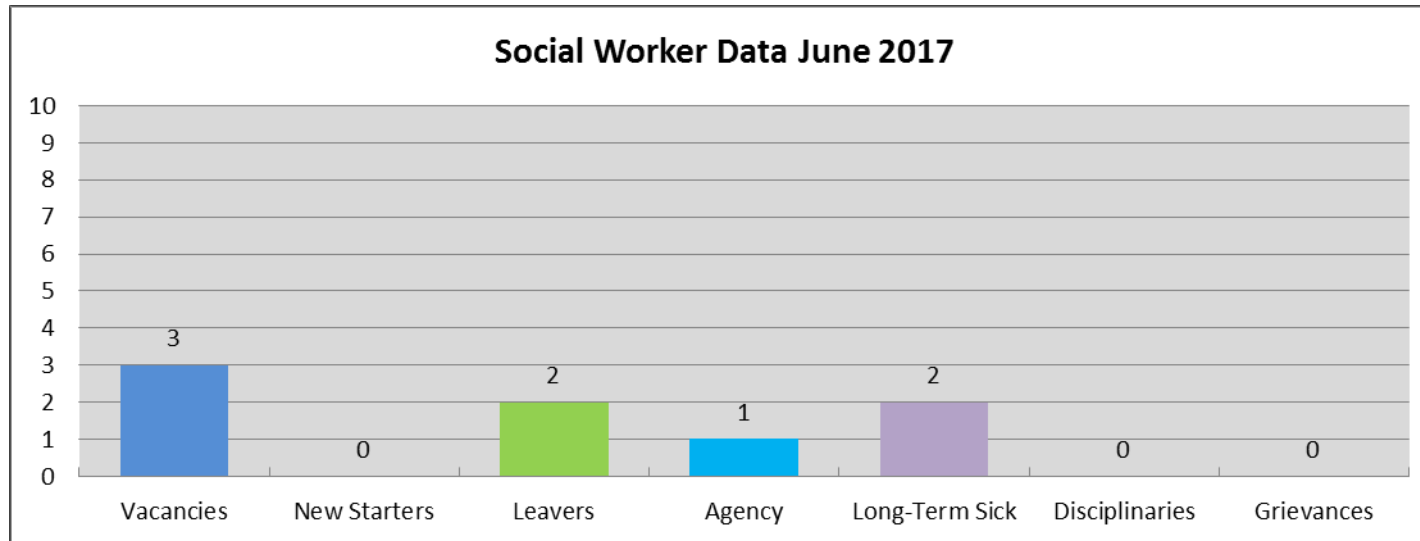
- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

As at 30th June 2017	Workers, including Deputy Team Managers					
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Lowest Worker Caseload	Average Caseload per Worker
Cwrt Sart	395.0	10.7	112	17	2	10.5
Disability Team	485.5	13.1	196	21	1	14.9
LAC Team	420.0	11.4	159	18	6	14.0
Llangatwg	437.0	11.8	155	16	8	13.1
Sandfields	360.0	9.7	127	19	7	13.1
Route 16	271.0	7.3	51	24	6	7.0
Dyffryn	358.0	9.7	108	17	2	11.2
Intake	425.5	11.5	99	15	1	8.6
Totals	3,152.00	85.2	1007			
Average Caseload - CYPS				18.4	4.1	11.8

Please Note:

1. The above figures include cases held by Deputy Team Managers and Part-Time Workers.
2. The 'Available Hours' do not include staff absences e.g. Sickness, Maternity, Placement, unless cover is being provided.

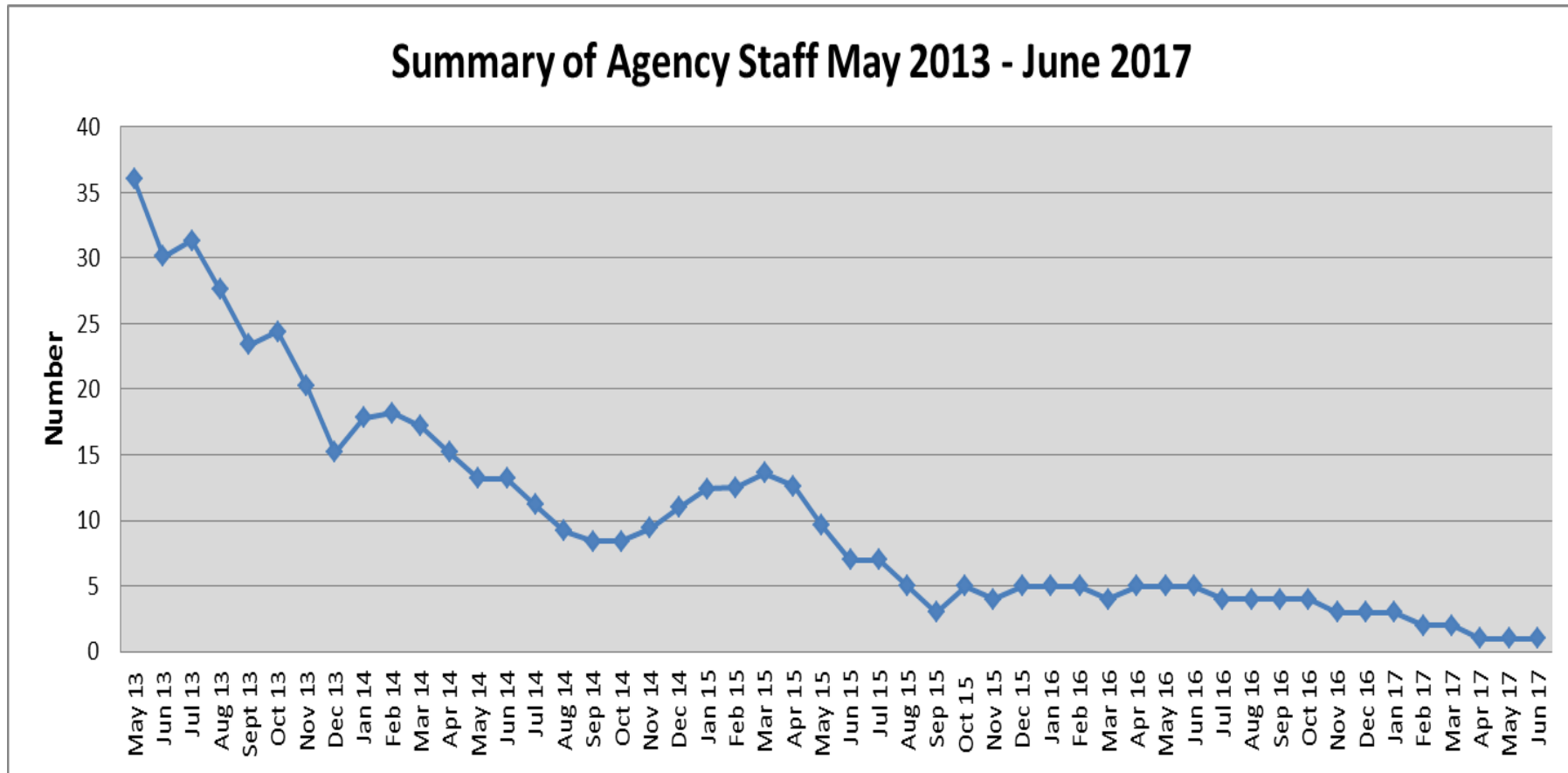
- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service**



	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies	1		2					3
New Starters								0
Leavers			2					2
Agency					1			1
Long-Term Sick			1	1				2
Disciplinarys								0
Grievances								0

Agency: - 1 – Conference and Review Service – covering maternity

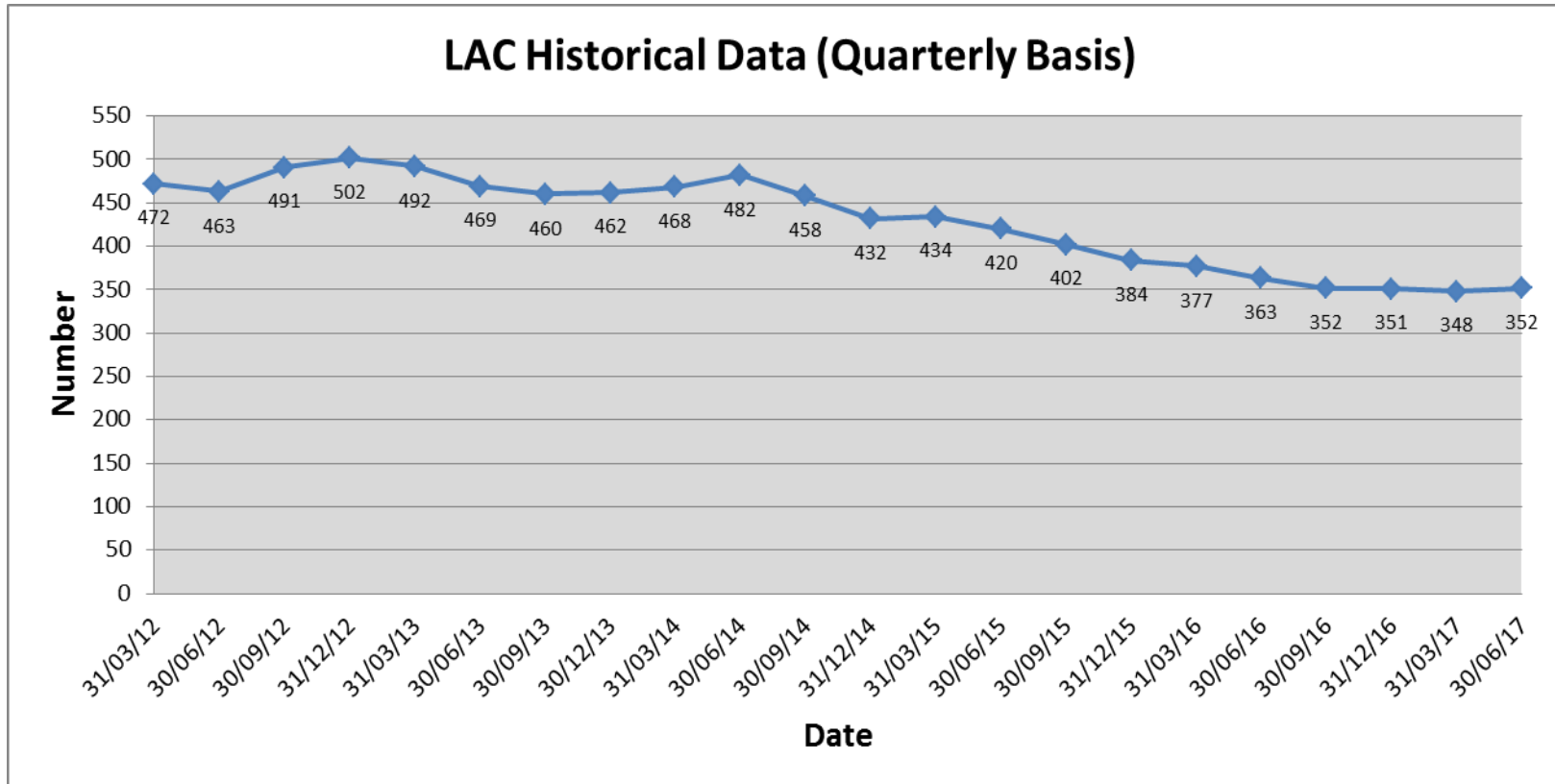
Summary of Agency Staff across the Service May 2013 – June 2017



- **Priority Indicator 4 – Thematic reports on the findings of Case file Audits (reported quarterly)**

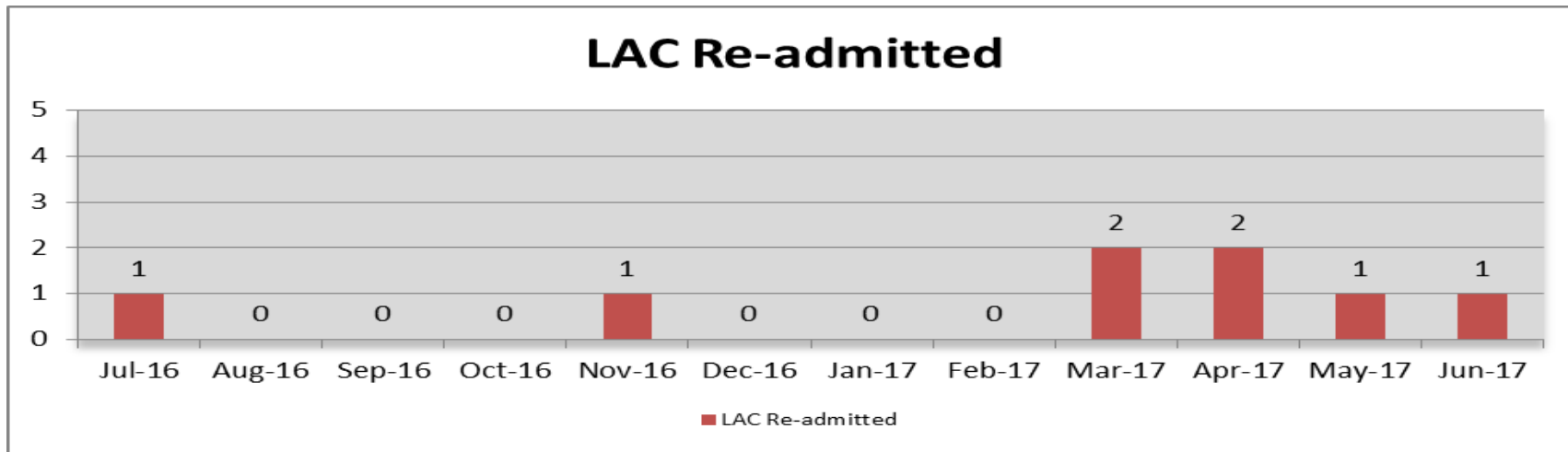
There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children and Young People Services. A summary of the Audit activity undertaken during the period 1st April – 30th June 2017 is provided in **Section 4** of this report.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**



LAC as at 30/06/17 = 352

- **Priority Indicator 6 – The Number of children who have been discharged from care and subsequently re-admitted within a 12 month period.**



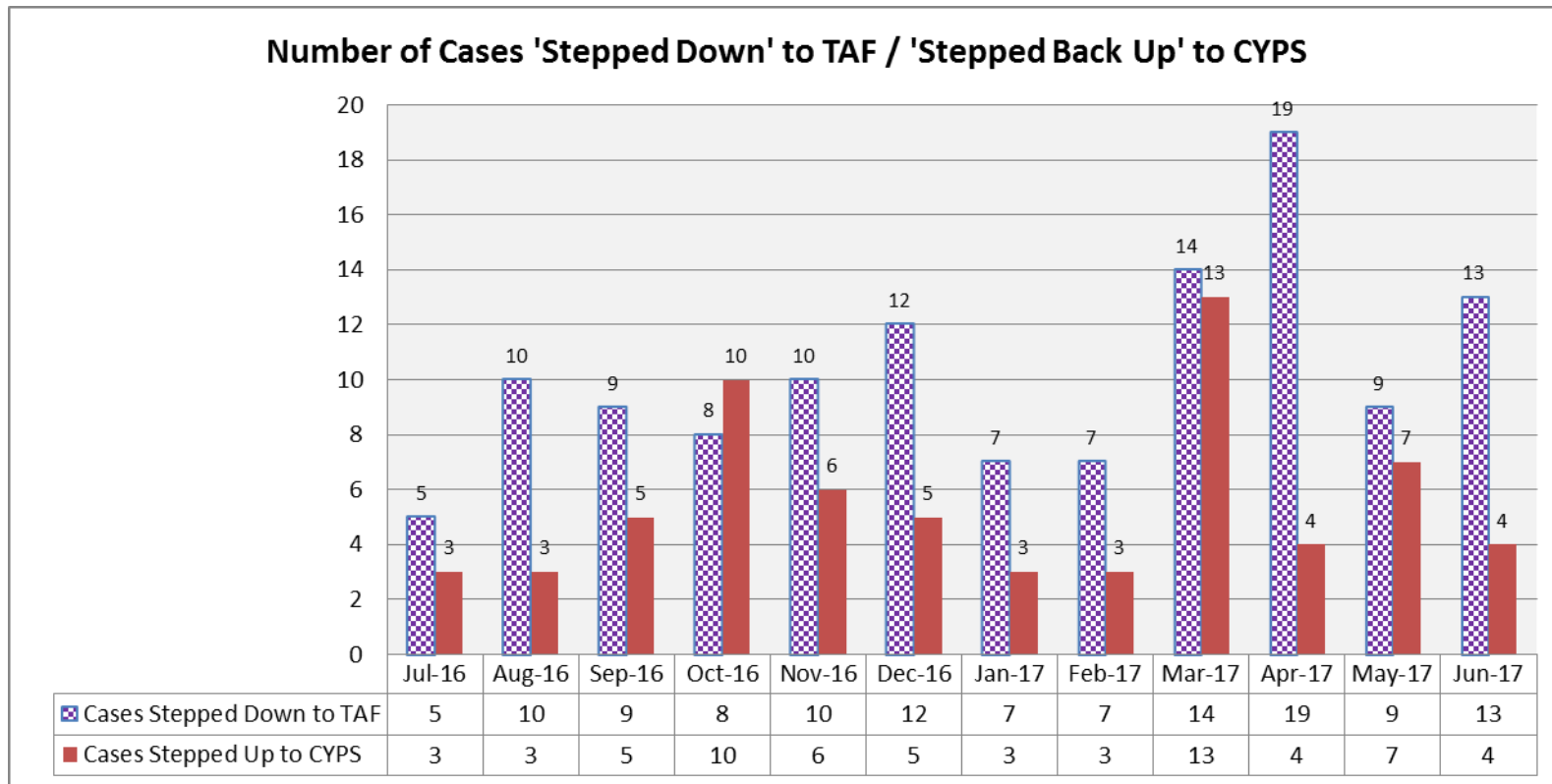
Date	Number Re-admitted
July 2016	1
August 2016	0
September 2016	0
October 2016	0
November 2016	1
December 2016	0
January 2017	0
February 2017	0
March 2017	2
April 2017	2

May 2017	1
June 2017	1

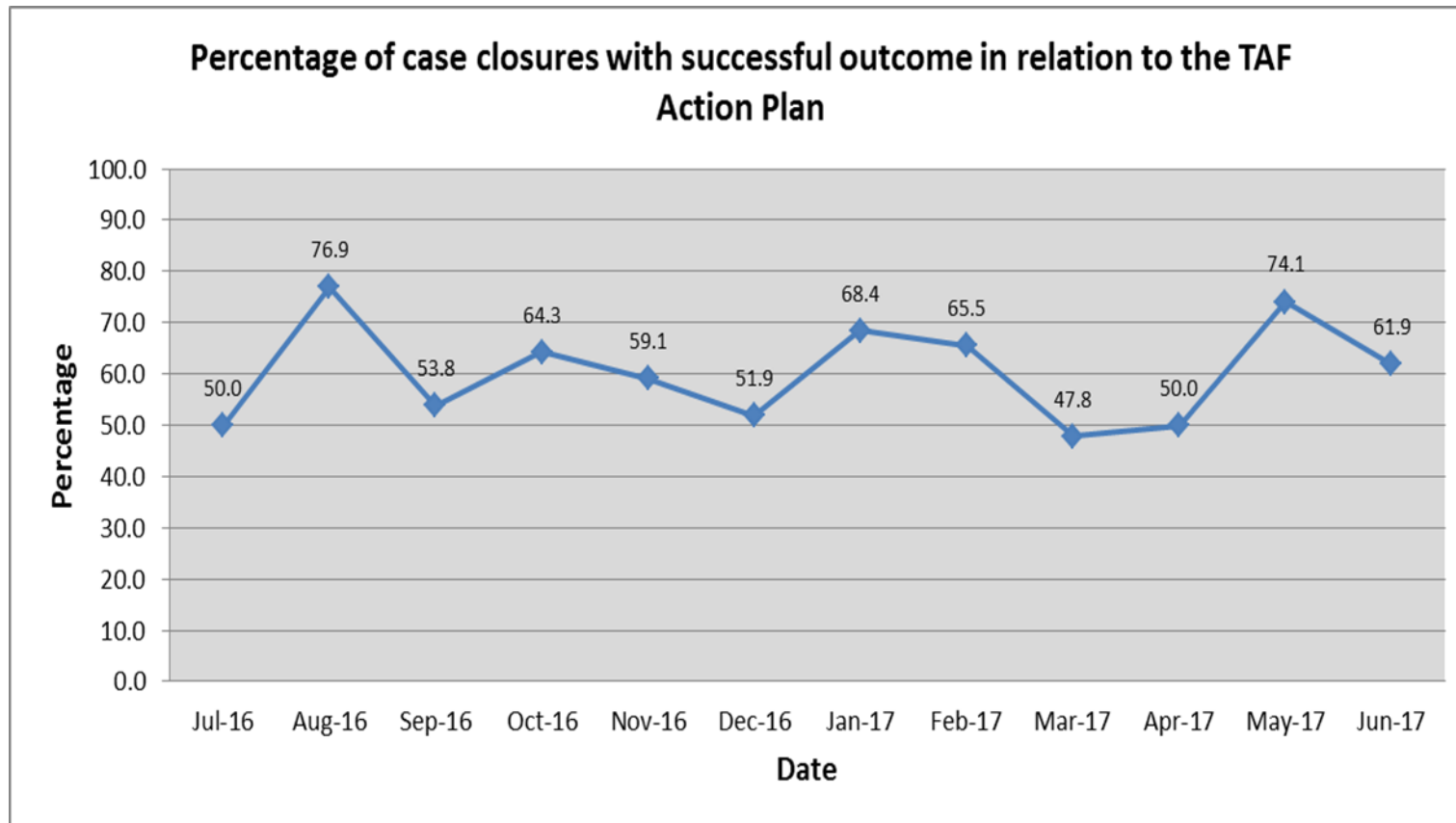
Reason for June 2017 re-admission into care within 12 months of being discharged: -

Child "A" was admitted as an emergency after going missing and being considered at serious risk. Child "A"s parents were unable to ensure Child "A"s safety if returned to the care of either parent. The parents agreed that Child "A" could be accommodated.

- **Priority Indicator 7 – The Number of Cases ‘Stepped Down / Stepped Up’ between Team Around the Family (TAF) and CYPS**



- **Priority Indicator 8 – The percentage of Team Around the Family cases that were closed due to the achievement of a successful outcome in relation to the plan: –**



Section 3: Compliments and Complaints – Social Services, Health & Housing – Children’s Services ONLY
2017-2018 – Quarter 1 (1st April 2017 – 30th June 2017) – Cumulative data

	Performance Key
↑	Improvement : Reduction in Complaints / Increase in Compliments
↔	No change in the number of Complaints / Compliments
v	Increase in Complaints but within 5% / Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more / Reduction in Compliments by 5% or more of previous year.

No	PI Description	Full Year 2016/17	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
1	<u>Total Complaints - Stage 1</u>	19	9	4	↑
	a - Complaints - Stage 1 upheld	7	2	1	
	b - Complaints - Stage 1 <u>not</u> upheld	4	1	0	
	c - Complaints - Stage 1 partially upheld	2	1	0	

d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	5	3
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No	PI Description	Full Year 2016/17	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
2	<u>Total Complaints - Stage 2</u>	2	1	1	↔
	a - Complaints - Stage 2 upheld	0	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	1	1	1	
	c - Complaints - Stage 2 partially upheld	1	0	0	
3	<u>Total - Ombudsman investigations</u>	0	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	-	
4	Number of Compliments	23	4	4	↔
	Narrative Stage 1 – there has been a significant decrease in the number of complaints received during the 1 st quarter 2017/18 (when compared to 2016/17) from 9 to 4 ; during the first quarter no complaints were received during April, which would account for the decrease in the numbers. The Complaints Team will continue to monitor future quarters to ascertain any trends.				

Stage 2 – levels remain the same as the previous year at **1** during the 1st quarter; there continues to be a stronger emphasis on a speedier resolution at ‘local’ and ‘Stage 1’ levels.

Compliments – the number of compliments have remained at similar levels too; the Complaints Team will continue to raise the profile for the need to report such incidences.

Section 4 – Quality Assurance Audit Overview Report (April 2017 – June 2017)

Quality Assurance Audits

Quarter 1 – Audit Overview Report

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 1, what is working well, what we will improve and by what methods.

An audit sub group meets weekly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children’s Services Managers Group prior to audits being completed. Audit days take place once a month in the Quays IT room with team managers collectively auditing and analysing themes arising.

At the end of each audit day attendees are asked to fill out a basic feedback form which rates aspects of the day itself and the audit tool used, along with suggestions for improvements and any general comments. Feedback from auditors attending the audit day has been very positive over the 1st quarter in relation to the venue, facilities and audit tools used.

Audits Completed

During this quarter there have been four thematic audits completed.

Audit Theme	Month Completed	Cases Audited
Single contact received in a 6 month period by the Disability Team that resulted in no further action	April 2017	45

Strategy Meetings	May 2017	31
Principal Officer Supervision Audit *	June 2017	16
Looked After Children Admissions	June 2017	38

* The Principal Officer Supervision Audit is the third such audit undertaken of this type however this was the first audit jointly completed by Principal Officers from Children’s and Adults Services and included both Children Services and Adult Services supervision files.

During this quarter in addition to the above thematic audits we have also undertaken a further two audits with social workers from across the different teams in Children and Young People Services. In these audits the focus is on the audit experience gained by the attending social worker. Over the last 12 months we have implemented across the service outcome focused plans in line with the Social Services and Wellbeing Act 2017, we took the opportunity to have social workers audit the new plans created across the service. We have found that the process of looking at a number of different plans written by different social workers/support workers has provided them with a unique viewpoint of understanding what an effective plan looks like as well as auditing plans which they felt could be improved. Every social worker who has attended one of these sessions feels that as a result of these peer reviews their own practice will improve.

What are we doing well?

We’ve identified through the audit process what is working well from an audit perspective and highlighted many good working practices evident across the Social Services IT System.

In the Single contact received in a 6 month period by the Disability Team that resulted in no further action audit we found that:

- All decisions were made within one working day of the contact being received.
- Evidence of clear decision making in 100% of the cases audited.
- In 73% of the cases audited the parents/carers views were considered

In the Strategy Meetings audit we found that:

- The audit revealed that in almost all cases (97%) the concerns that led to the strategy meeting were set out within the notes of the meeting, this evidences that all agencies are aware of the department’s safeguarding concerns
- The audit also revealed that in 97% of the cases audited all agencies shared information which demonstrates effective multi-agency working

- The notes of the strategy meetings were clear and easy to follow in 90% of the cases audited
- The actions arising from the strategy meeting were mostly all clearly agreed with timeframes for completion along with identifying who or what agency was responsible for each action
- The decision to continue or conclude the child protection process was clear in 81% of the cases audited.

In the Principal Officer Supervision audit we found that:

- 69% of staff files across Children's and Adults Services that were audited had a supervision agreement on file dated within 6 months, 100% of Children Services had a current agreement in place, it is important to remember that the two supervision policies differ in that the requirement in Adult Services is that it is reviewed annually not six monthly
- In three quarters of the supervision files each part of the personal supervision section was completed with clear actions identified
- In all of the staff files audited in Adult Services, each supervision record was signed and dated by the supervisor and the supervisee
- Regular supervisions are taking place across the service and has provided good management oversight although there were some isolated examples of supervisions not being held within 28 days without clear explanation in the supervision document
- All supervision records are being stored safely and securely by team managers
- There were some very good exemplars of staff supervisions within the audit sample, it would be useful for these good examples to be anonymised and circulated to team managers

In the Looked After Children Admissions audit we found that:

- Auditors felt that the completed Placement Referral Records contained detailed and relevant case information
- Placement meetings were regularly happening within 7 days of the placement commencing
- Good evidence of a vast amount of work being undertaken and recorded on the system by the case managing teams
- In 74% of the cases audited the child/young person's wishes and feelings were heard and recorded
- In over two thirds of the cases that went to resource panel it was evident that planned work took place in the timescales agreed

What will we improve?

1. We will streamline and improve the communication and decision making on cases with multiple siblings and where the SPOC and Disability Team are both involved
2. Changes made to the SPOC screening system to be replicated across to the Disability team screens
3. We will consider if we need to change the referral form to ensure that the child/young person's wishes and feelings are established
4. We will ensure that all team managers and deputy managers have information on the statutory timeframes in relation to strategy discussions/meetings
5. We will amend and improve the strategy meeting document to ensure all relevant information is contained within the narrative
6. We will amend the strategy meeting audit tool to take into account when the strategy meeting minutes were circulated
7. We will devise a supervision policy that covers Childrens and Adults services as a whole, this policy will set out the principles, standards and templates for use in supervision
8. We will reinforce to team managers the importance of personal supervision information being recorded in detail as the emphasis is usually on the case supervisions
9. The Principal Officer Supervision Audit tool will be revised so that it is equally balanced to audit both Adult and Childrens Services staff files
10. We will ensure that the decision making around a child/young person being admitted to care is evident specifically when relating to emergency placements
11. Resource panel minutes will be updated immediately following panel to ensure that the information and decision making is displayed on the system as soon as possible
12. When admitting children/young people to care we will provide full information on efforts made to ascertain if there were any family/friends available to care for the child/young person
13. We will enhance the information recorded on the Resource Panel system to be able to provide more statistics on the cases that are being discussed

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced

- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Practice Improvement Group which is attended by a representative from all teams
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learnt?

In this first quarter from each of the audits undertaken we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Quality Assurance Group. The Quality Assurance Group is responsible for allocating lead officers to complete actions and for reviewing the progress of these actions. We have evidenced in the completed audit tools on individual cases good working practices and embedded principles within the service.

The single contact received in a 6 month period by the Disability Team that resulted in no further action we looked at similar parameters as the audit undertaken within the Single Point of Contact team in September 2016. Primarily in this audit we identified that changes we were making to improve the service when screening referrals were not necessarily being replicated across to the Disability Team who also make decisions on contacts. We have now implemented processes to ensure that the screening managers within Disability have the same facilities as SPOC when screening contacts. The audit revealed that all contacts received by the Disability team were screened within one working day and that all of the cases audited demonstrated clear decision making in the managers section.

The Strategy Meeting Audit looked at the content and quality of the strategy meetings held across the service. Although the audit highlighted areas to improve it must be noted that the standard of the strategy meetings was high and any identified actions were to raise the standard even higher. There were some examples of excellent multi-agency collaboration evidenced in the audit along with clear decision making and actions emanating from the meetings.

The Principal Officer Supervision audit was the third audit of this type undertaken, but was the first audit to include senior managers from across Children's and Adults Services auditing supervision files from the two services. The resounding theme emanating from this audit is to unify the supervision policies and revise the templates used. This audit will be repeated again in the next quarter where progress on actions identified will be revisited.

The Looked After Children Admissions Audit looked at the admissions to care for the first six months of the year to identify any trends or indicators requiring further analysis. This audit revealed good evidence of work being undertaken with the child and their families, with significant information being recorded at various stages of the case on the child's record. We will improve on the information contained within various areas of the system to ensure that it is easily accessible to social work teams and managers.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we will improve, post audit we have mechanisms in place for following through on actions identified. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Quality Assurance Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Children and Young People Services, this provides staff with information on good practice and areas for improvement, it also provides a visual audit tool for staff that can be referenced in the everyday tasks completed.

Quality and Audit Coordinator – Mel Weaver