SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

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

5th July 2018

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

TITLE OF REPORT

CHILDREN AND YOUNG PEOPLE SERVICES – 4TH 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 4th Quarter Period (April 2017 – March 2018); the Monthly Key Priority Indicator Information (April 2018) and Complaints Data (April 2017 – March 2018).

Executive Summary

This report provides an outline of performance against a set of statutory Welsh Government Performance Indicators for CYPS, which were introduced as part of the Social Services and Well-Being (Wales) Act 2014. In addition, this report also outlines performance against the CYPS Key Performance Indicators, which were 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 devised to enable Members to monitor and challenge 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– March 2018).

Section 2 – Monthly Key Priority Performance Indicator Information (position as at April 2018)

Section 3 – Complaints and Compliments Data (April 2017 – March 2018)

Section 4 – Overview of Quarter 4 Quality Assurance Audits (January 2018 – March 2018).

List of Background Papers

None

Officer Contact

David Harding - Performance Management Team
Telephone: 01639 685942
Email: d.harding@npt.gov.uk

Section 1: Quarterly Performance Management Data and Performance Key

2017-2018 – Quarter 4 Performance (1st April 2017 – 31st March 2018)

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 2016/2017 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.

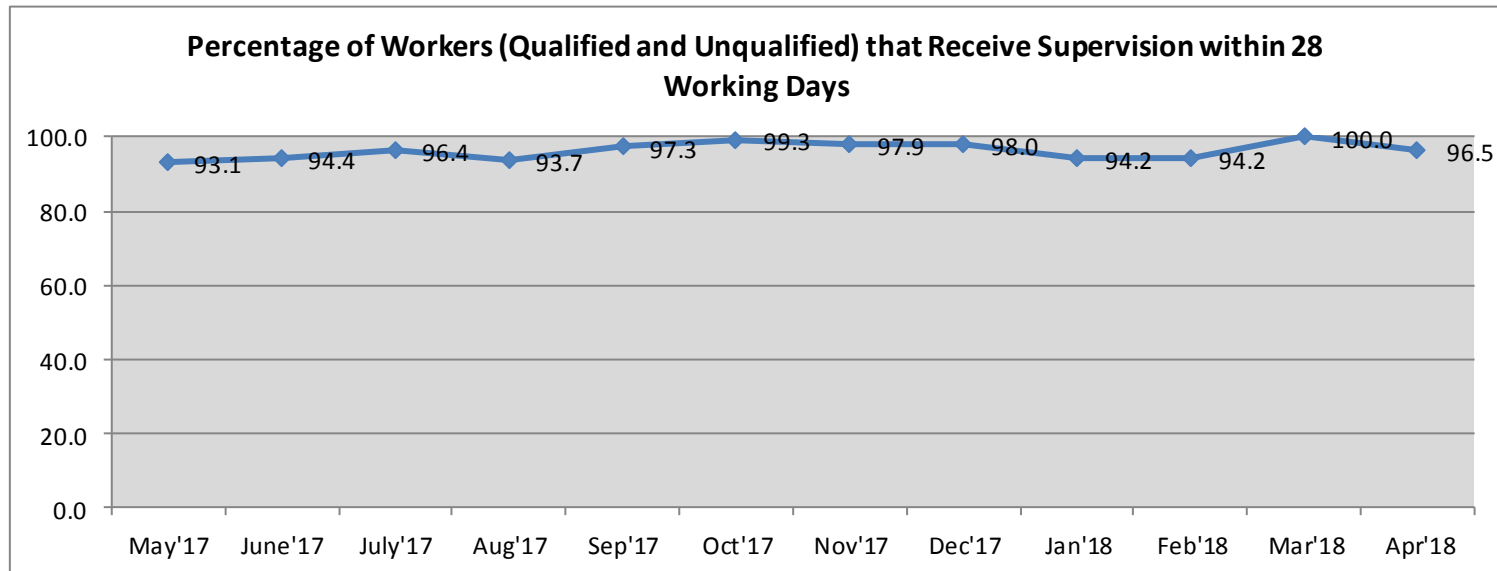|	Performance Key
☺	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
V	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison 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 2016/17	Quarter 4 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)	**90.8%**	97.9% (4793 out of 4897)	↑
2	**PI 25**	The percentage of children supported to live with their family	n/a - new	60.9% (598 out of 982)	**69.2%**	67.2% (669 out of 996)	↑
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)	**13.6%**	Data provided by Welsh Government following End of Year submission – *awaiting data*	▬
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)	**6.3%**	5.6% (14 out of 248)	↑
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	**245.1 days**	276.6 days	↓
		This Performance Indicator is subject to regular fluctuation. Children whose names are entered on to the Child Protection Register are regularly reviewed by a Multi-Agency Child Protection Panel. The decision to remove a child's name is only agreed once the Panel has agreed that they are no longer at risk of significant harm.					
6	**PI 29a**	The percentage of children achieving the core subject indicators at key stage 2	n/a - new	59.2% (29 out of 49)	**56.5%**	59.2% (29 out of 49)	↔
7	**PI29b**	The percentage of children achieving the core subject indicators at key stage 4	n/a - new	17.5% (10 out of 57)	**14.2%**	11.1% (6 out of 54)	↓
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 34)	**59.4%**	43.1% (22 out of 51)	↑
9	**PI 31**	The percentage of Looked After Children at 31st March registered with a GP within 10 working days of the start of their placement	99.3%	99.5% (183 out of 184)	**91.7%**	98.3% (174 out of 177)	V
10	**PI 32**	The percentage of children looked after at 31 March who	9.4%	10.2%	**12.7%**	9.8%	V

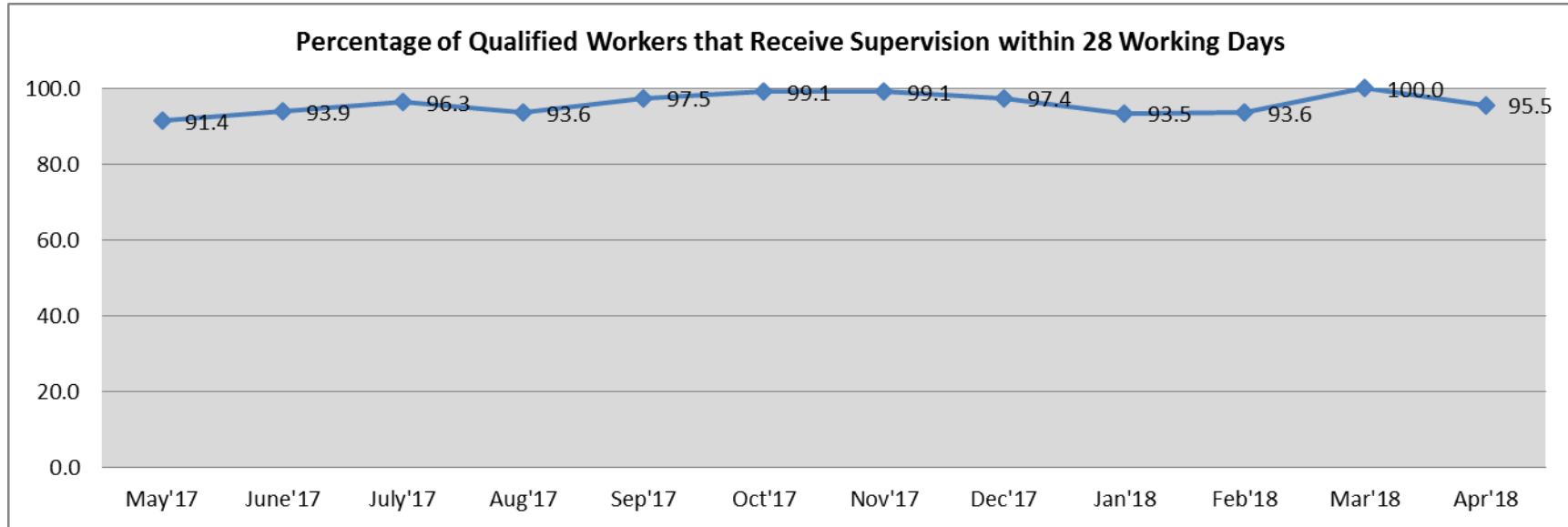|							
		has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.		(22 out of 215)		(21 out of 215)	
11	**PI 33** (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	8.8%	4.4% (17 out of 384)	**9.8%**	Data provided by Welsh Government following End of Year submission – *awaiting data*	—
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)	**52.4%**	38.5% (10 out of 26)	↓
		Of the young people that were not in education, training or employment continuously for 12 months after leaving care, two were due to medical reasons, two were full-time parents, whilst the remainder were actively seeking employment.					
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)	**47.1%**	56.5% (26 out of 46)	↑
13	**PI 35**	The percentage of care leavers who have experienced homelessness during the year	n/a - new	1.1% (3 out of 271)	**10.6%**	0%	↑

Section 2 - Key Priority Performance Indicators (April 2018)

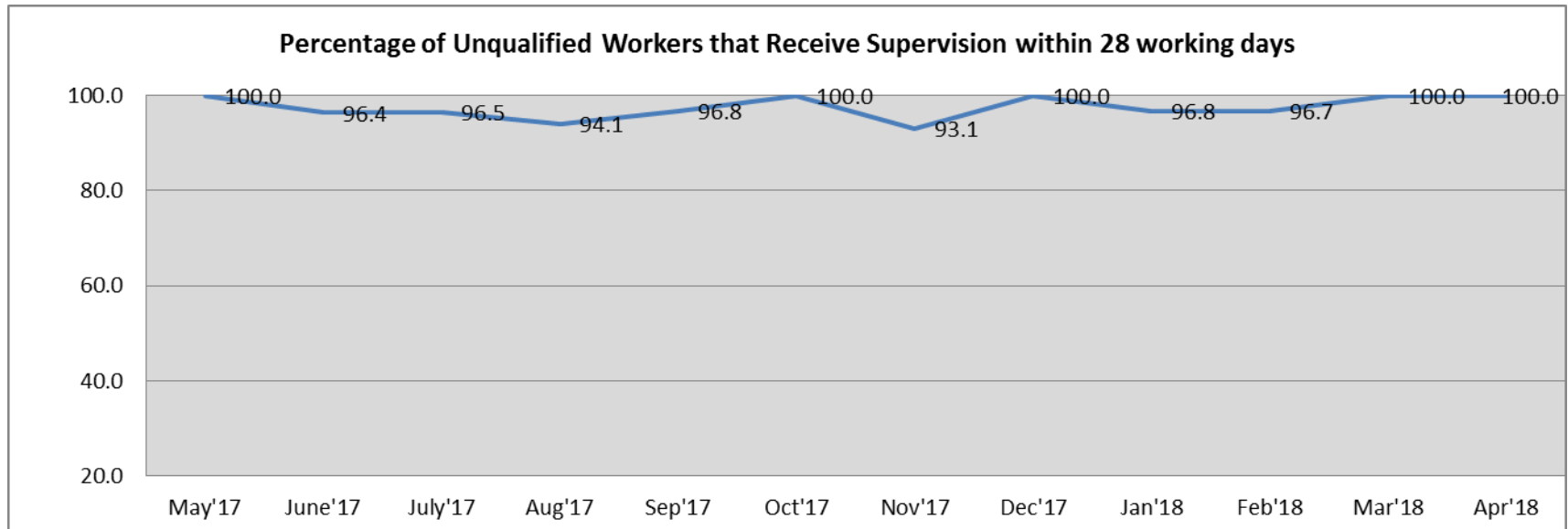- **Priority Indicator 1 – Staff Supervision Rates**

Percentage of Workers (Qualified and Unqualified) that Receive Supervision within 28 Working Days

	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
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	**93.1**	**94.4**	**96.4**	**93.7**	**97.3**	**99.3**	**97.9**	**98.0**	**94.2**	**94.2**	**100**	**96.5**
Number of workers due Supervision	**145**	**142**	**138**	**144**	**152**	**147**	**142**	**148**	**138**	**139**	**142**	**143**
Of which, were undertaken in 28 working days	**132**	**135**	**134**	**133**	**135**	**148**	**146**	**145**	**130**	**131**	**142**	**138**

Percentage of Qualified Workers that Receive Supervision within 28 Working Days

	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
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	91.4	93.9	96.3	93.6	97.5	99.1	99.1	97.4	93.5	93.6	100	95.5
Number of workers due Supervision	116	114	109	110	121	116	113	117	107	109	112	112
Of which, were undertaken in 28 working days	106	107	105	103	118	115	112	114	100	102	112	107

Percentage of Unqualified Workers that Receive Supervision within 28 working days

|	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
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**	**96.4**	**96.5**	**94.1**	**96.8**	**100**	**93.1**	**100**	**96.8**	**96.7**	**100**	**100**
Number of workers due Supervision	**29**	**28**	**29**	**34**	**31**	**31**	**29**	**31**	**31**	**30**	**30**	**31**
Of which, were undertaken in 28 working days	**29**	**27**	**28**	**32**	**30**	**31**	**27**	**31**	**30**	**29**	**30**	**31**

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

As at 30th April 2018	Workers, including Deputy Team Managers					
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Lowest Worker Caseload	Average Caseload per Worker
Cwrt Sart	333.0	9.0	112.0	14	4	12.4
Disability Team	495.5	13.4	189.0	22	5	14.1
LAC Team	463.5	12.5	170.0	18	6	13.6
Llangatwg	400.0	10.8	159.0	17	9	14.7
Sandfields	363.0	9.8	85.0	13	5	8.7
Route 16	271.0	7.3	40.0	9	5	5.5
Dyffryn	321.0	8.7	114.0	17	6	13.1
Intake	380.0	10.3	82.0	19	1	8.0
Totals	3,027.00	81.8	951.00			
Average Caseload - CYPS				16.1	5.1	11.6

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.
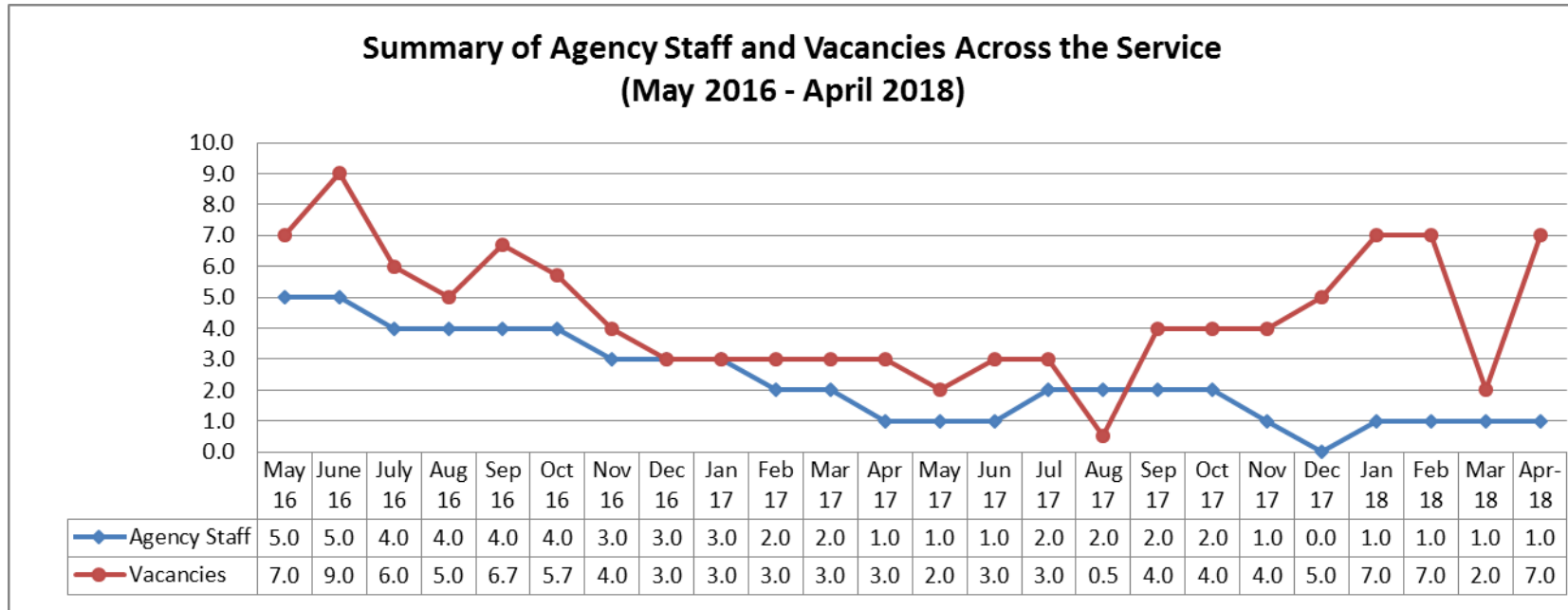
- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinaries and Grievances across the Service**
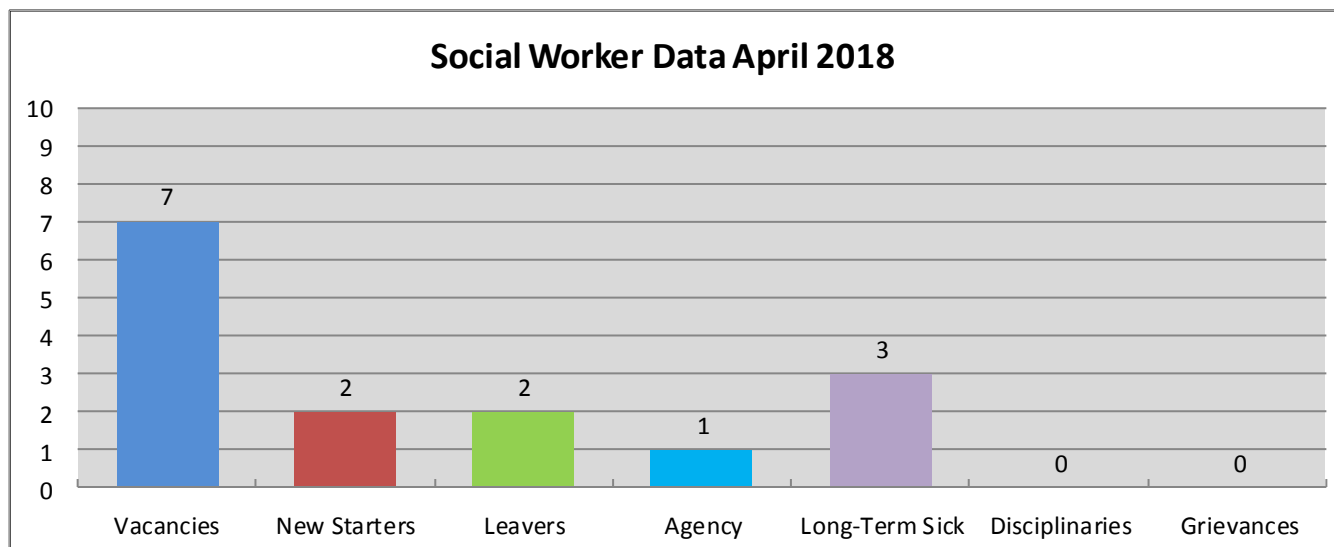
	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies			6	1				7
New Starters			2					2
Leavers			2					2
Agency			1					1
Long-Term Sick			3					3
Disciplinaries								0
Grievances								0

<u>Please Note:</u> **Of the 7 social worker vacancies shown above, 6 appointments have been made with workers to start in due course.**
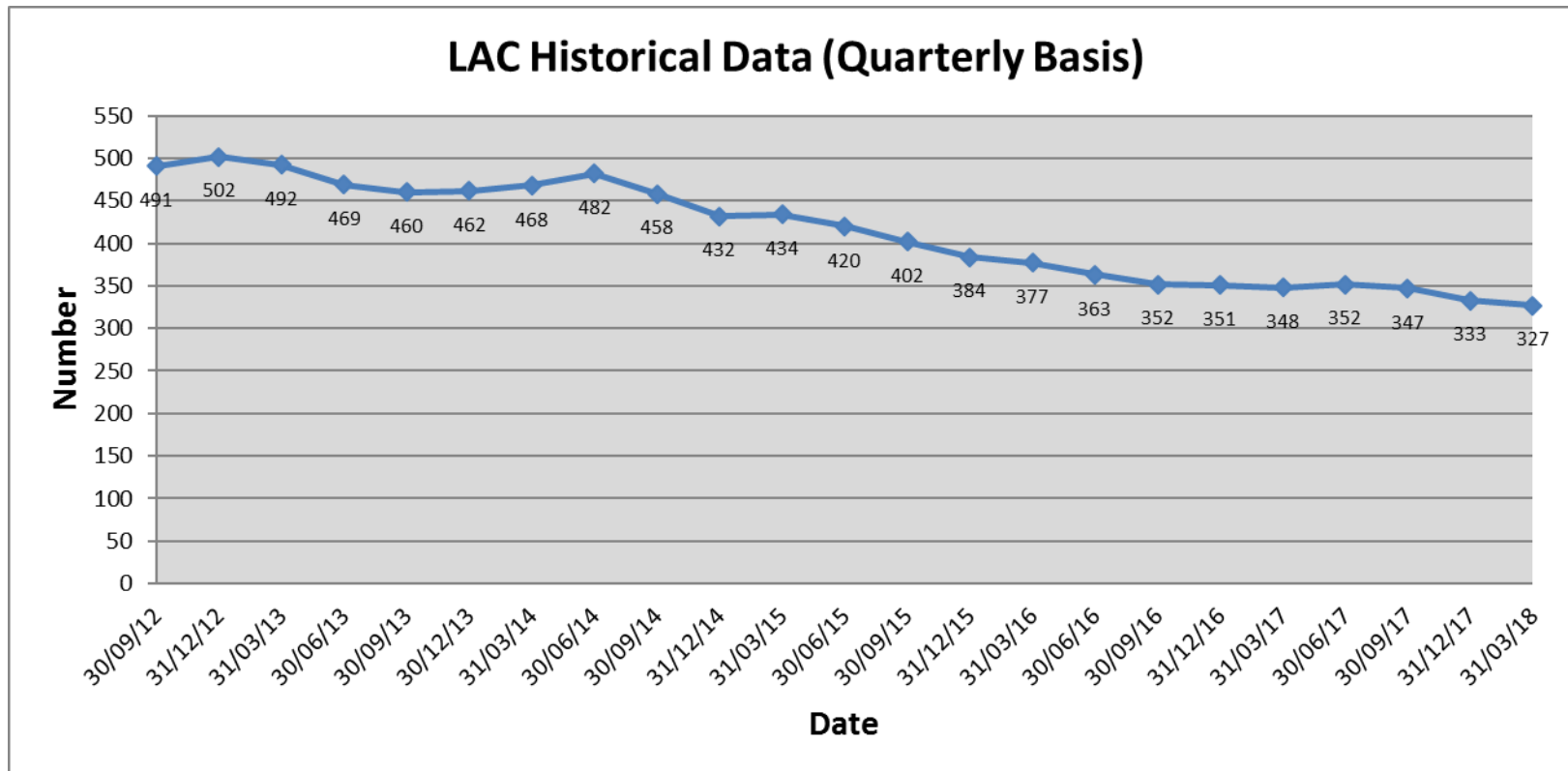
Summary of Agency Staff and Vacancies across the Service

Summary of Agency Staff and Vacancies Across the Service
(May 2016 - April 2018)

	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr-18
Agency Staff	5.0	5.0	4.0	4.0	4.0	4.0	3.0	3.0	3.0	2.0	2.0	1.0	1.0	1.0	2.0	2.0	2.0	2.0	1.0	0.0	1.0	1.0	1.0	1.0
Vacancies	7.0	9.0	6.0	5.0	6.7	5.7	4.0	3.0	3.0	3.0	3.0	3.0	2.0	3.0	3.0	0.5	4.0	4.0	4.0	5.0	7.0	7.0	2.0	7.0

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

  There is a comprehensive 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 January 2018 – 31st March 2018 can be found in *Section 4* of this report.

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

LAC Historical Data (Quarterly Basis)

Number vs Date chart showing quarterly values:

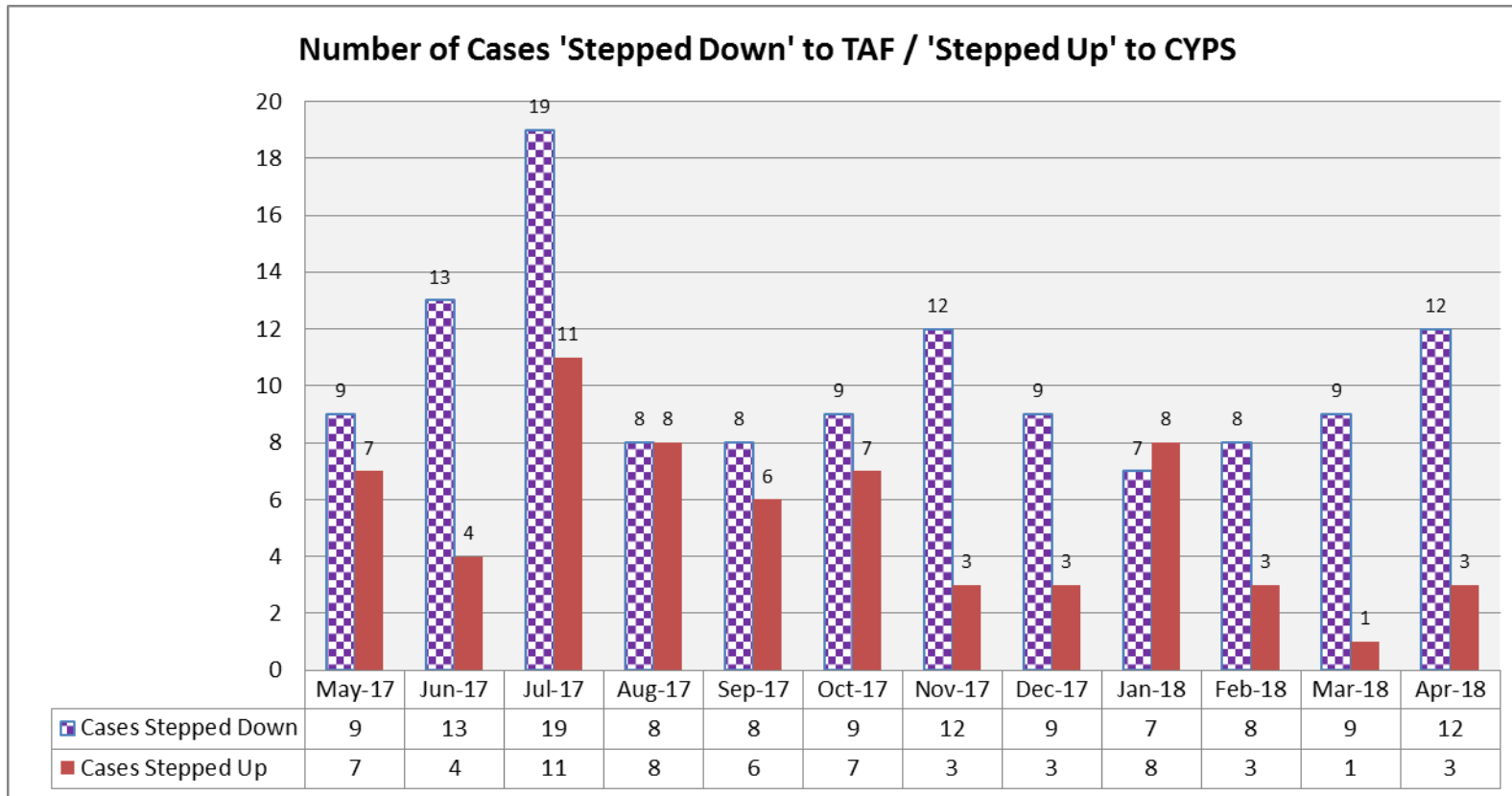| Date	Number
30/09/12	491
31/12/12	502
31/03/13	492
30/06/13	469
30/09/13	460
30/12/13	462
31/03/14	468
30/06/14	482
30/09/14	458
31/12/14	432
31/03/15	434
30/06/15	420
30/09/15	402
31/12/15	384
31/03/16	377
30/06/16	363
30/09/16	352
31/12/16	351
31/03/17	348
30/06/17	352
30/09/17	347
31/12/17	333
31/03/18	327

LAC as at 30/04/2018 = _328_

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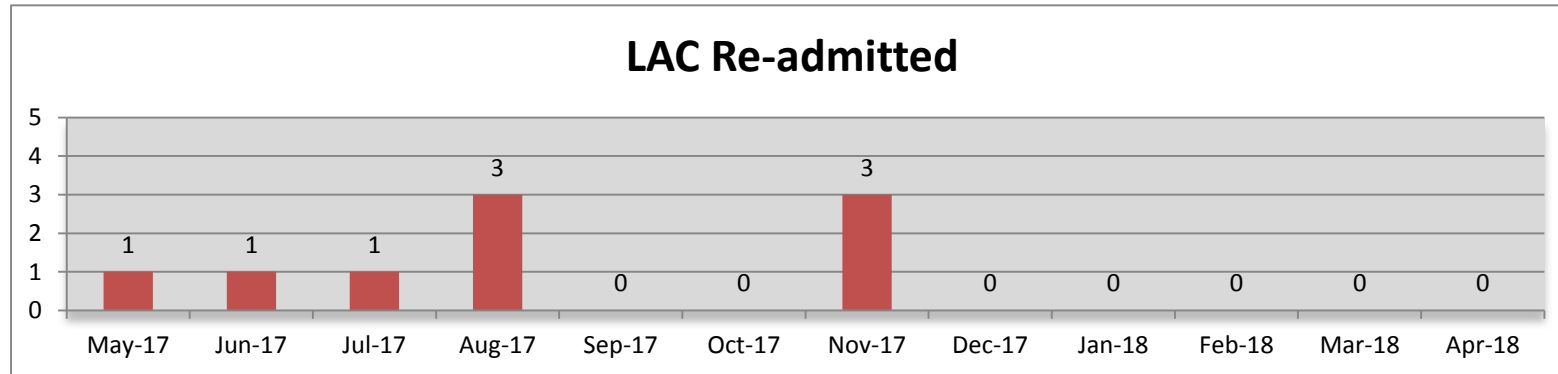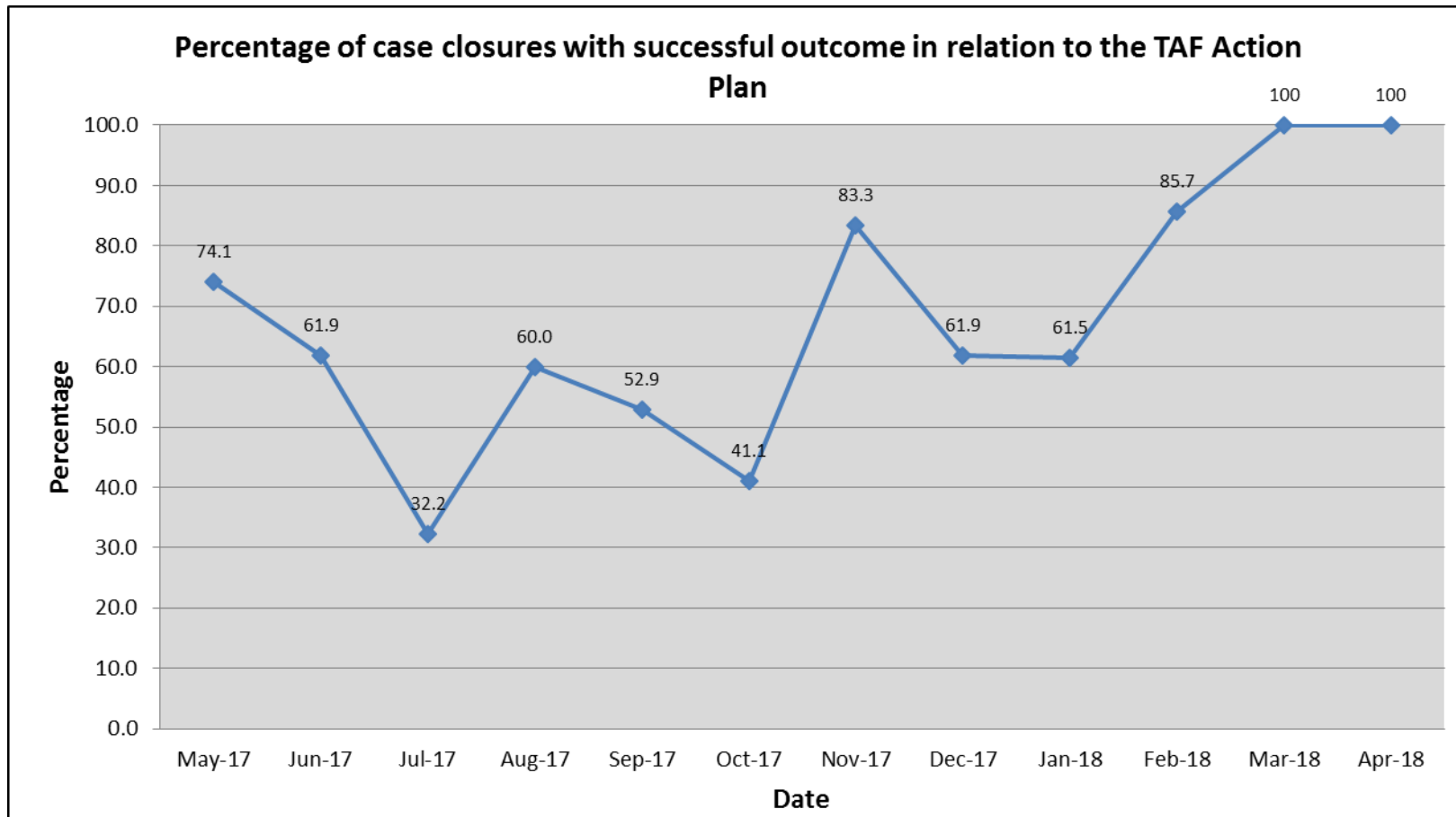
LAC Re-admitted

Date	Number Re-admitted
May 2017	1
June 2017	1
July 2017	1
August 2017	3
September 2017	0
October 2017	0
November 2017	3
December 2017	0
January 2018	0
February 2018	0
March 2018	0
April 2018	0

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

Number of Cases 'Stepped Down' to TAF / 'Stepped Up' to CYPS

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Cases Stepped Down	9	13	19	8	8	9	12	9	7	8	9	12
Cases Stepped Up	7	4	11	8	6	7	3	3	8	3	1	3

- **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: –**

Percentage of case closures with successful outcome in relation to the TAF Action Plan

Date	Percentage
May-17	74.1
Jun-17	61.9
Jul-17	32.2
Aug-17	60.0
Sep-17	52.9
Oct-17	41.1
Nov-17	83.3
Dec-17	61.9
Jan-18	61.5
Feb-18	85.7
Mar-18	100
Apr-18	100

Section 3: Compliments and Complaints – Social Services, Health & Housing – Children's Services ONLY

2017-2018 – Quarter 4 (1st April 2017 – 31st March 2018) – 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 4 2016/17	Quarter 4 2017/18	Direction of Improvement
	Total Complaints - Stage 1	19	19	28	↓
1	a - Complaints - Stage 1 upheld	7	7	3	
	b - Complaints - Stage 1 not upheld	4	4	6	
	c - Complaints - Stage 1 partially upheld	2	2	3	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	6	16	

No	PI Description	Full Year 2016/17	Quarter 4 2016/17	Quarter 4 2017/18	Direction of Improvement
2	**Total Complaints - Stage 2**	2	2	2	↔
	a - Complaints - Stage 2 upheld	0	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	1	1	2	
	c- Complaints - Stage 2 partially upheld	1	1	0	
3	**Total - Ombudsman investigations**	0	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	-	
4	**Number of Compliments**	23	23	19	↓

Narrative

Stage 1 – there has been an increase in the number of complaints received during the year, 2017/18 (when compared to 2016/17) from **19** to **28**. These are still relatively low levels of activity and remain in line (or better) than previous years, e.g. 2015/16 was **27**. Despite this increase, the Service continues to put a stronger emphasis on a speedier resolution at a 'local' level.

Stage 2 – activity remains consistent with the previous year; once again these are extremely low levels of activity and are in keeping with the stronger emphasis on speedier resolutions at 'local' and 'Stage 1' levels.

Compliments – the number of compliments has **decreased** slightly on the previous year, this is despite encouragement from the Complaints Team to report such incidences; this will be a priority for the Team in the coming months.

Section 4: Quality Assurance Audit Overview Report (1st January 2018 – 31st March 2018)

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 4, 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 the themes arising.

Audits Completed

During this quarter there have been two thematic audits completed:

Audit Theme	Cases Audited
Strategy Discussions	44
Section 47's	26

What are we doing well?

We've identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

In the Strategy Discussions Audit we found that:

- Almost all (98%) strategy discussions took place with CYPS, Police and if relevant the referring agency, although most discussions were only between Police and CYPS
- The concerns that led to the strategy discussion were clearly set out in 88% of the cases audited
- In 86% of the cases audited the strategy meeting clearly recorded the course of action to be taken along with the decision making being clear
- In 93% of the cased audited the notes of the strategy discussion were clear and easy to follow, this is a 3% increase from the previous audit
- Specific actions were clearly agreed in 85% of the cases audited
- It was clear who was responsible for each action in 83% of the cases audited
- Of those strategy discussions that were on the new template it was clear in 86% of the applicable cases if it were proceeding to a single or a joint investigation, this is an increase of 30% from the previous audit

- If a child protection medical or a police interview was needed there were clear plans for this in 86% of the cases audited
- The reasons for the outcome of the strategy discussion were clearly recorded in 88% and in the auditors opinion this was the correct outcome in 93% of the cases audited

In the Section 47 Enquiry Audit we found that:

- In 92% of the cases audited it was evident that other agencies had been consulted during the course of the enquiries, this is a significant improvement from the previous audit undertaken (51%)
- In 83% of the cased audited it was evident that parents/carers were consulted with during the course of the enquiries, which is similar to the previous audit (85%)
- The risks were clearly defined in 96% with a clear safety plan in 92% of the case audited, this again is clearly an improvement from the previous audit as over half of the cases audited the safety plan was not clearly evident on the system
- In all of the cases where it was appropriate, any barriers to communication were considered, for example disability, interpreter, etc.
- In 96% of the cases audit there was clear rationale why it was/was not proceeding to conference this is an improvement from the previous audit undertaken (89%)
- In all of the cases the auditors agreed it was the right decision to proceed/not proceed to Initial Child Protection Conference which really evidences consistency across the service, previously this was at 87%

What will we improve?

1. We will make the decision of holding a strategy discussion more visible on the IT system
2. In the previous audit the concerns that led to the strategy discussion were clearly set out in 97% of the cases audited, this audit it has dropped to 88%, we need to identify why there has been a slight decline
3. We need to ensure that where there are actions identified we highlight the individual responsible and agency for each action
4. Auditors highlighted in a small number of cases that not all the text boxes (strengths, priority risks, good enough outcomes) were being filled in however most of the detail would be put in the reason or discussion instead so the actual content was there
5. We will ensure that all teams follow the management direction on visits to the child/young person during the course of section 47 enquiries
6. Timeliness on the completion of section 47 enquiries has decreased slightly since the previous audit
7. Auditors suggested the audit tools are available to view on the forms themselves, so workers can access them as a guide when completing section 47 enquiries

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 last quarter 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 two completed audits on individual cases good working practices and embedded principles throughout the service. Overall in the Strategy Discussions audit all of the areas that we identified as working well were considerably high, even those that had dropped slightly since the previous audit on Strategy Meetings, this demonstrates that good working practices are clearly embedded across the service in relation to strategy discussions. We did highlight that a change in process on the system has contributed to the decision to hold the strategy discussion not clearly being evident on the system in some of the cases audited, so this is an area we will improve on and evidence in future audits.

In the Section 47 Enquiries audit it was pleasing to see that agencies were now being contacted and consulted routinely during the enquiries and their contribution was evidenced in the completed section 47's. It was also reassuring that the changes made to the section 47 document had dramatically improved the visibility of the safety plan on the cases audited. However we need to ensure that all teams follow the management direction on visits to the child/young person during the course of enquiries as this is an area we highlighted as needing to be improved. Therefore we will take an in-depth look at visits to a child/young person over a longer time period to facilitate this.

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.

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 in terms of 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 and it also provides a visual tool for staff that can be referenced in the everyday tasks completed. There is a Team Manager and Performance Management Group that meets bi-weekly, part of this group's remit is to focus on audit actions that are ratified in the Quality Assurance Group, this is a succinct process which is currently working well to proactively drive forward changes. As the audit process is well established across Children and Young People Services, the Quality Assurance Group will also be taking forward lessons learned from other sources such as the citizen survey, staff survey and complaints/compliments received.

Quality Assurance Audits are now regularly completed in Adult Services as well as Children and Young People Service and there are opportunities for auditors to come together and audit jointly. Reports are also produced on audit activity within Adult Services, these reports can be combined with the Children and Young People Service report to one quarterly report and presented to members to keep them informed of all quality assurance audit activity if required.

Quality and Audit Coordinator – Mel Weaver