



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel - Joint Social Services

**At:** Remotely via Microsoft Teams  
**On:** Tuesday, 26 January 2021  
**Time:** 4.00 pm  
**Convenor:** Councillor Paxton Hood-Williams

#### Membership:

Councillors: C Anderson, A M Day, M Durke, V M Evans, K M Griffiths, J A Hale, C A Holley, Y V Jardine, S M Jones, J W Jones, E T Kirchner, W G Lewis, H M Morris, G J Tanner and D W W Thomas

Co-opted Members: T Beddow

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<b>Agenda</b>		<b>Page No.</b>
<b>1</b>	<b>Apologies for Absence</b>	
<b>2</b>	<b>Disclosure of Personal and Prejudicial Interests</b> <a href="http://www.swansea.gov.uk/disclosuresofinterests">www.swansea.gov.uk/disclosuresofinterests</a>	
<b>3</b>	<b>Prohibition of Whipped Votes and Declaration of Party Whips</b>	
<b>4</b>	<b>Minutes of Previous Meeting(s)</b> To receive the minutes of previous meeting(s) and agree as an accurate record.	<b>1 - 6</b>
<b>5</b>	<b>Public Question Time</b> Questions must be submitted in writing, no later than noon on the working day prior to the meeting. Questions must relate to items on the agenda. Questions must be dealt with in a 10 minute period.	
<b>6</b>	<b>Performance Monitoring</b> <i>Dave Howes, Director of Social Services</i>	<b>7 - 53</b>
<b>7</b>	<b>Update on Management of Covid-19 Pandemic</b> <i>Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services</i> <i>Elliott King, Cabinet Member for Children Services</i> <i>Dave Howes, Director of Social Services</i>	

**Next Meeting:** Monday, 15 February 2021 at 2.30 pm

*Huw Evans*

**Huw Evans**  
**Head of Democratic Services**  
**Tuesday, 19 January 2021**  
**Contact: Liz Jordan 01792 637314**

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# Agenda Item 4



City and County of Swansea

## Minutes of the **Scrutiny Performance Panel - Joint Social Services**

Remotely via Microsoft Teams

Wednesday, 16 December 2020 at 2.00 pm

**Present:** Councillor P R Hood-Williams (Chair) Presided

### **Councillor(s)**

C Anderson  
J A Hale  
S M Jones  
E T Kirchner  
H M Morris

### **Councillor(s)**

A M Day  
C A Holley  
J W Jones  
W G Lewis

### **Councillor(s)**

M Durke  
Y V Jardine  
G Tanner  
D W W Thomas

### **Other Attendees**

Elliott King  
Clive Lloyd

Cabinet Member - Children Services  
Cabinet Member - Adult Social Care & Community Health Services

### **Officer(s)**

David Howes  
Liz Jordan

Director of Social Services  
Scrutiny Officer

### **Apologies for Absence**

Co-opted Member(s): T Beddow

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## **1 Disclosure of Personal and Prejudicial Interests**

Cllrs Mike Durke, Joe Hale, Chris Holley, Jeff Jones, Susan Jones and Wendy Lewis declared a personal interest.

## **2 Prohibition of Whipped Votes and Declaration of Party Whips**

No declarations were made.

## **3 Minutes of Previous Meeting(s)**

The Panel agreed the minutes of the Adult Services meeting on 20 October 2020 and the Child and Family Services meeting of 28 October 2020 as an accurate record of the meeting.

## **4 Public Questions**

No questions were submitted by members of the public.

## 5 Performance Monitoring

This item was postponed to the following meeting.

## 6 Update on Management of Covid-19 Pandemic

Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services; Elliott King, Cabinet Member for Children Services and David Howes, Director of Social Services attended to present an update to the Panel on the current situation regarding the Covid-19 Pandemic.

### Discussion Points:

- Panel Members asked Cabinet Members/Director to take a message back to staff, expressing thanks and appreciation to all members of staff who have had a huge burden placed upon them and are doing an amazing job in very difficult circumstances.
- In order to support risk of care home failure, Directorate is proposing the creation of a mobile workforce of care and community health staff who can go into care homes that reach a point of crisis. Hope to confirm shortly that arrangements are in place.
- Leaders of all political parties asked to spread the message to their members and their communities by sharing the recording of the meeting.
- Possibility of care having to be restricted. Director of Social Services will re-circulate to councillors an explanation of what to do if contacted by members of the public regarding issues with care.
- Links between early help services, Children Services and schools is excellent. Reassured that everything that could be done for vulnerable children in the current situation is being done.
- Message to the public is please limit household mixing over Christmas, and if mixing with other household try and protect older loved ones.
- Message to the Welsh Government is the firebreak did have an impact. We need something similar sooner rather than later.
- Huge pressure on staff in Track and Trace as well as Social Services. Plan in place to add additional resilience to Track and Trace over Christmas but the capacity of this system is being exceeded.
- Director not convinced mass community testing would have sufficient value for amount of resource it will take up. Targeted use of lateral flow testing on a daily basis is the model that would work in theory for a large proportion of the workforce who are isolating, as they are a contact, but may not have Covid. Discussing with Welsh Government how something like this could be rolled out for those people, as it could enable some staff to return to work earlier.
- Approaching saturation point of number of tests allocated to this region. Discussions on going at a national level to see if this could be increased.
- Looking to the future, Panel is concerned about carers in the long term and asked that this be kept in mind.

### Actions:

Minutes of the Scrutiny Performance Panel - Joint Social Services (16.12.2020)  
Cont'd

- Ask leaders of all political group to share the recording of the meeting with their members and communities.
- Re-circulate to councillors an explanation of what to do if contacted by members of the public regarding issues with care.

The meeting ended at 3.45 pm



**To:**  
**Councillor Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services**

**Councillor Elliott King, Cabinet Member for Children Services**

*Please ask for:*  
*Gofynnwch am:*

Scrutiny

*Scrutiny Office*  
*Line:*  
*Llinell*  
*Uniongyrochol:*

01792 637314

*e-Mail*  
*e-Bost:*

[scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)

*Date*  
*Dyddiad:*

11 January 2021

**Summary:** This is a letter from the Joint Social Services Scrutiny Performance Panel to the Cabinet Member for Adult Social Care and Community Health Services and Cabinet Member for Children Services following the meeting of the Panel on 16 December 2020. It covers update on Covid-19.

Dear Cllr Lloyd and Cllr King

The Panel met on 16 December to receive an update on the current situation regarding the management of the Covid-19 Pandemic.

We would like to thank you both and Dave Howes for attending to present the item and answer the Panel's questions at this extremely busy and difficult time. We really do appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion and share any views of the Panel.

Firstly, I would like to ask you, on behalf of the Panel, to take a message back to the staff, expressing our wholehearted thanks and appreciation to all members of staff, who have had a huge burden placed upon them and are doing an amazing job in very difficult circumstances.

The main issues discussed are summarised below:

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

**SWANSEA COUNCIL / CYNGOR ABERTAWE**

**GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE**

**[www.swansea.gov.uk](http://www.swansea.gov.uk) / [www.abertawe.gov.uk](http://www.abertawe.gov.uk)**

## **Update on Management of Covid-19**

We heard that in order to support the risk of care home failure, you are proposing the creation of a mobile workforce of care and community health staff who can go into care homes that reach a point of crisis, and that you hope to be able to confirm shortly that arrangements are in place.

We discussed how it would be helpful for the leaders of all political parties to spread the message to their members and their communities by sharing the recording of the panel meeting.

We discussed the possibility of having to restrict care and the Director of Social Services agreed to re-circulate to councillors an explanation of what to do if contacted by members of the public regarding issues with care.

We were pleased to hear that the links between early help services, Children Services and schools is excellent and were reassured that everything that could be done for vulnerable children in the current situation is being done.

We heard the message to the public, to please limit household mixing over Christmas, and if mixing with other household to try and protect older loved ones; and the message to the Welsh Government that the firebreak did have an impact and that we need something similar sooner rather than later.

We were informed that there is huge pressure on staff in Track and Trace as well as Social Services. We heard that there is a plan in place to add additional resilience to Track and Trace over Christmas but that the capacity of this system is being exceeded.

We discussed testing and heard that you are not convinced that mass community testing would have sufficient value for the amount of resource it would take up. We heard that you believe that targeted use of lateral flow testing on a daily basis is the model that would work in theory for a large proportion of the workforce who are isolating, as they are a contact but may not have Covid. We also heard that you are discussing with Welsh Government how something like this could be rolled out for those people, as it could enable some staff to return to work earlier.

We heard that we are approaching saturation point of number of tests allocated to this region and that discussions are on-going at a national level to see if this could be increased.

Looking to the future, we expressed our concern about carers in the long term and asked that this be kept in mind.

## **Your Response**

We hope you find this letter useful and informative. We would welcome your views and comments on any of the issues raised but, in this instance, a formal response is not required.

Yours sincerely

*Paxton Hood-Williams*

PAXTON HOOD-WILLIAMS  
CONVENER, JOINT SOCIAL SERVICES SCRUTINY PANEL  
[CLLR.PAXTON.HOOD-WILLIAMS@SWANSEA.GOV.UK](mailto:CLLR.PAXTON.HOOD-WILLIAMS@SWANSEA.GOV.UK)



# Agenda Item 6



## Report of the Cabinet Member for Adult Care and Community Health Services and Cabinet Member for Children Services

Joint Social Services Scrutiny Performance Panel –  
26 January 2021

### PERFORMANCE MONITORING

<b>Purpose</b>	To present the Child and Family Services and Adult Services monthly performance reports for November 2020.
<b>Content</b>	<p>This Child and Family Services report includes performance against Welsh Government, Care Inspectorate Wales and local indicators. The information covers a child and family's contact from the front door (the Integrated Information, Advice and Assistance Service), the Supported Care Planning and Looked After Children's teams as well as Bays+, and the Youth Justice Service.</p> <p>Also contained in the report is an overview of case supervision and the Signs of Safety metrics.</p> <p>The Adult Services report includes the latest performance management information, including; enquires through the Common Access Point, Client Reviews, Carers Assessments, Residential and Community Reablement, Domiciliary and Residential Care, and Safeguarding response.</p>
<b>Councillors are being asked to</b>	Consider the report as part of their routine review of performance in Child and Family Services and Adult Services.
<b>Lead Councillor(s)</b>	Cllr Elliott King, Cabinet Member for Children's Services Cllr Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services

<b>Lead Officer(s)</b>	<p>David Howes, Director of Social Services  Julie Davies, Head of Child and Family Services  Amy Hawkins, Interim Head of Adult Services  Helen St. John, Interim Head of Integrated Services</p>
<b>Report Author</b>	<p>Julie Davies, Head of Child and Family Services  01792 633812  <a href="mailto:Julie.davies10@swansea.gov.uk">Julie.davies10@swansea.gov.uk</a>  Amy Hawkins, Interim Head of Adult Services  01792 636245  <a href="mailto:Amy.Hawkins@swansea.gov.uk">Amy.Hawkins@swansea.gov.uk</a>  Helen St. John, Interim Head of Integrated Services  <a href="mailto:Helen.StJohn@wales.nhs.uk">Helen.StJohn@wales.nhs.uk</a>  01792 636245</p>

Adult Services  
Summary Management  
Information Headline Report  
Data for November 2020



## **Adult Services Vision**

***People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.***

## ***Doing What Matters***

***Adult Services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.***

Agreed Service Objectives for 2020/21\*

1. Better Prevention
2. Better Early Help
3. New Approach to Assessment
4. Keeping People Safe
5. Working Together Better
6. Improved Cost Effectiveness

\* Agreed pre-Covid, to be reviewed during 2020/21.

**Amy Hawkins, Head of Adult Services Summary –**

**Helen StJohn, Head of Integrated Services Summary**



# Common Access Point

Enquiries created at the Common Access Point

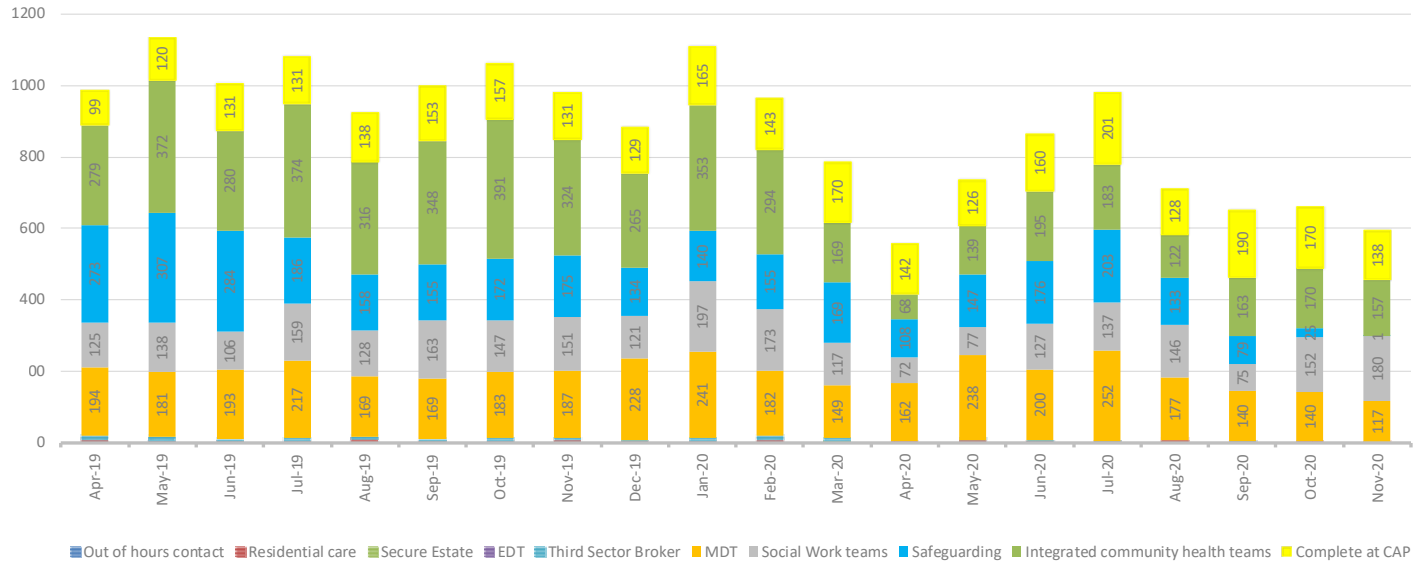
**594 enquiries in Nov 20**

- 138 Closed at CAP
- 117 MDT
- 1 Safeguarding/Dols/PPN
- 180 to SW Teams

**660 enquiries in Oct 20**

- 170 Closed at CAP
- 140 MDT
- 25 Safeguarding/Dols/PPN
- 152 SW Teams

981 Enquiries were created by CAP in Nov 2019  
SW Teams 2019 average was 144 per month



It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in Enquiries created. 193 referrals were recorded in the safeguarding team in November.

What is working well?	What are we worried about?	What we are going to do?
<p>Although there is sickness and staff vacancies the team have continued to undertake their function to the best of their ability. There is an increase in the public contacting the team through the email in box which will account for the dip in phone calls.</p> <p>There is aa reduction in the referral for</p>	<p>Staff sickness and the increase of contacts made to the CAP email inbox. Deficits in the MDT. Further lockdown measures during the next few months, and the impact of this on carers and crisis work coming through CAP. Complexity of cases in crisis.</p>	<p>Recruiting to the MDT and A&amp;I's. Continually monitor the current stats during the development of the restructure.</p> <p>The increased complexity of referrals received into the common access point will be supported by an increased static resource in CAP and additional Care Management support to the same team as part of the</p>

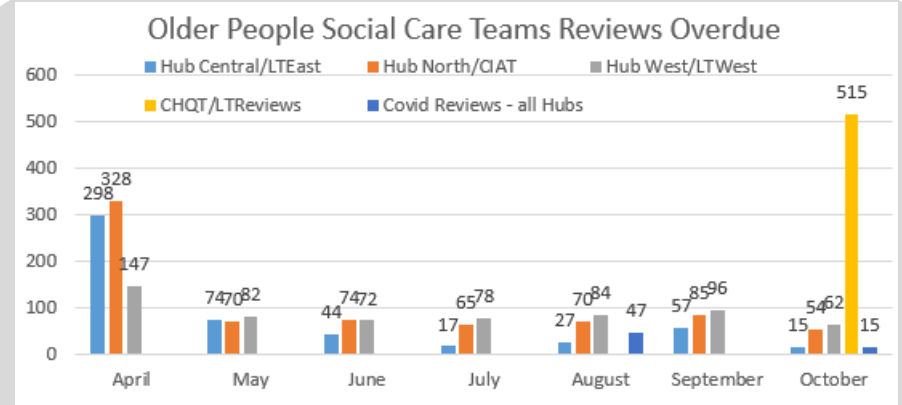
<p>Safeguarding and the PPN's during September as these now get transferred to the safeguarding team to process. This has enabled the CAP team to concentrate on the advice and information which shows in September an increase in the number of Enquires closed at CAP.</p>		<p>restructure.</p> <p>Maintaining this balance will be supported by the planned restructure of social work resource focused upon the key functions of initial assessment &amp; long term reviews.</p> <p>Some A&amp;I's working Saturdays to clear the inbox to ensure that we a reliant.</p>
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# Reviews of Allocated Clients

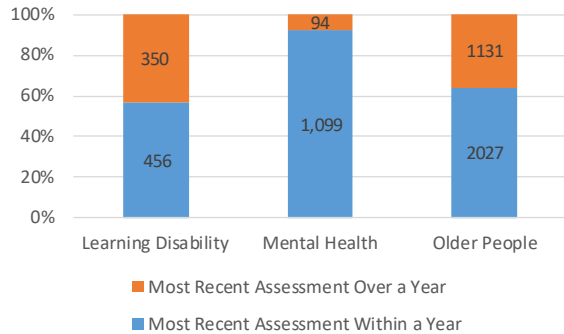
**68%**

of all reviews across Adult Services were completed within a year (1 Dec 2020). 3532 of 5160 reviews



Page 14

Adult Assessments undertaken within the year



**93%**

of MH clients were reviewed/reassessed within a year

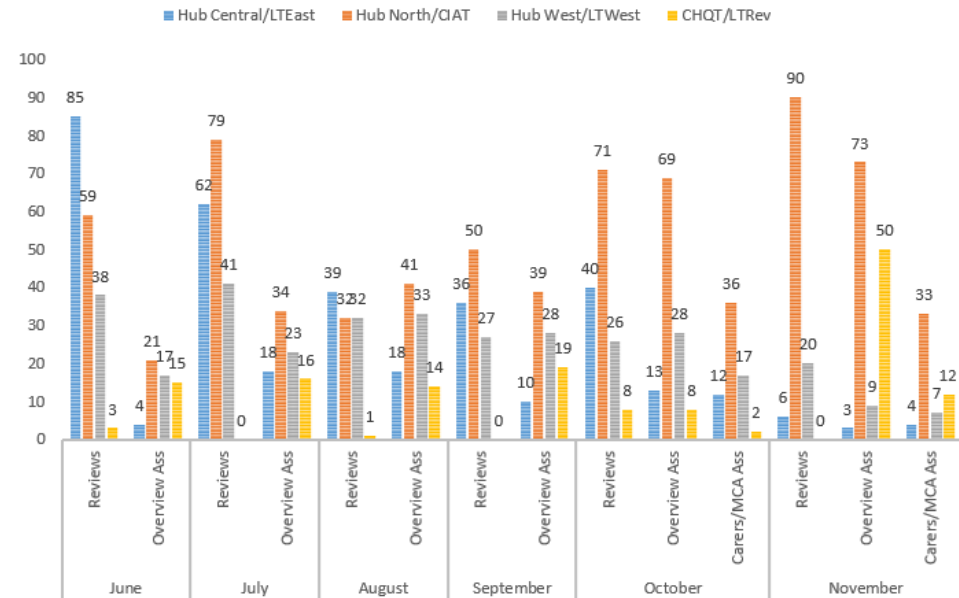
**53%**

of LD clients were reviewed/reassessed within a year

**63%**

of Older People clients were reviewed/reassessed within a year

HUB SERVICES/RESTRUCTURED TEAMS ASSESSMENTS UNDERTAKEN





What is working well?	What are we worried about?	What we are going to do?
<p>The three integrated Hub teams have focussed on completing reviews between May and July and this has significantly reduced the numbers of outstanding reviews.</p> <p>Proposed temporary structure has given us the opportunity to implement changes to statutory responsibilities around annual reviews.</p>	<p>The number of overview assessments undertaken is lower and there is a need to maintain balance between the two required tasks in the long term.</p> <p>Following the easing of Covid restrictions, the public perception of what our services can provide is difficult to manage. The requirement to provide services at the level previously is expected. However given PHW and WG Guidance we continue to be restricted in this offer and so we will not be able to meet full demand or the expectations of all carers and service users.</p> <p>Initially team changes will merge outstanding reviews and historical data is likely to seem significant.</p> <p>Suggested timeframes are new to team and practitioners and may take time to imbed to achieve increased outputs. Restructuring the teams has provided opportunity to merge known statutory review lists to be managed centrally. However, it is recognised that the volume of statutory reviews outweigh the staging capacity assigned to this area of work.</p> <p>COVID19 surge/super surge parameters will impact on the team's ability to complete statutory reviews as practitioners will be required to manage other urgent demands.</p>	<p>We will continue to prioritise risk and service delivery via a RAG rating system.</p> <p>We continue to liaise with users and carers to update them on the offer of services.</p> <p>We continue to seek clarity from PHW and WG regarding interpretation of guidance</p> <p>Timescale expectations have been set with the Long Term Community Team to address the statutory review function which will support focus on function and productivity</p>



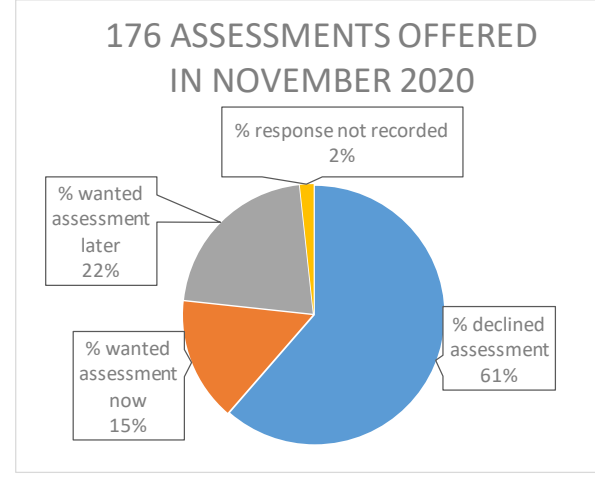
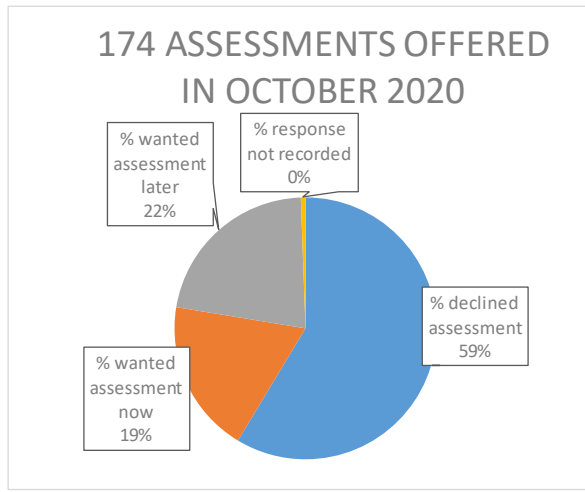
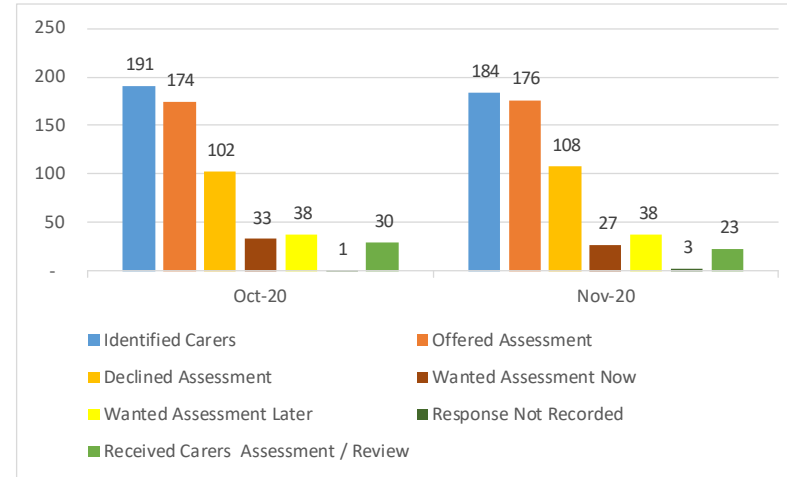
# Carers and Carers Assessments

**184** carers identified (Nov 20)  
**176** offered assessment (96%)  
**23** assessments undertaken

Nov 2019: 163 carers identified, 150 offered assessment  
 64 declined, 84 wanted (62%), 2 not recorded  
 51 assessments undertaken

**191** carers identified (Oct 20)  
**174** offered assessment (91%)  
**30** assessments undertaken

Assessments wanted either now or later:  
 37% (Nov), down from 41% (Oct), 43% (Sept),  
 38% (Aug), up from 36% (July), 35% (June)

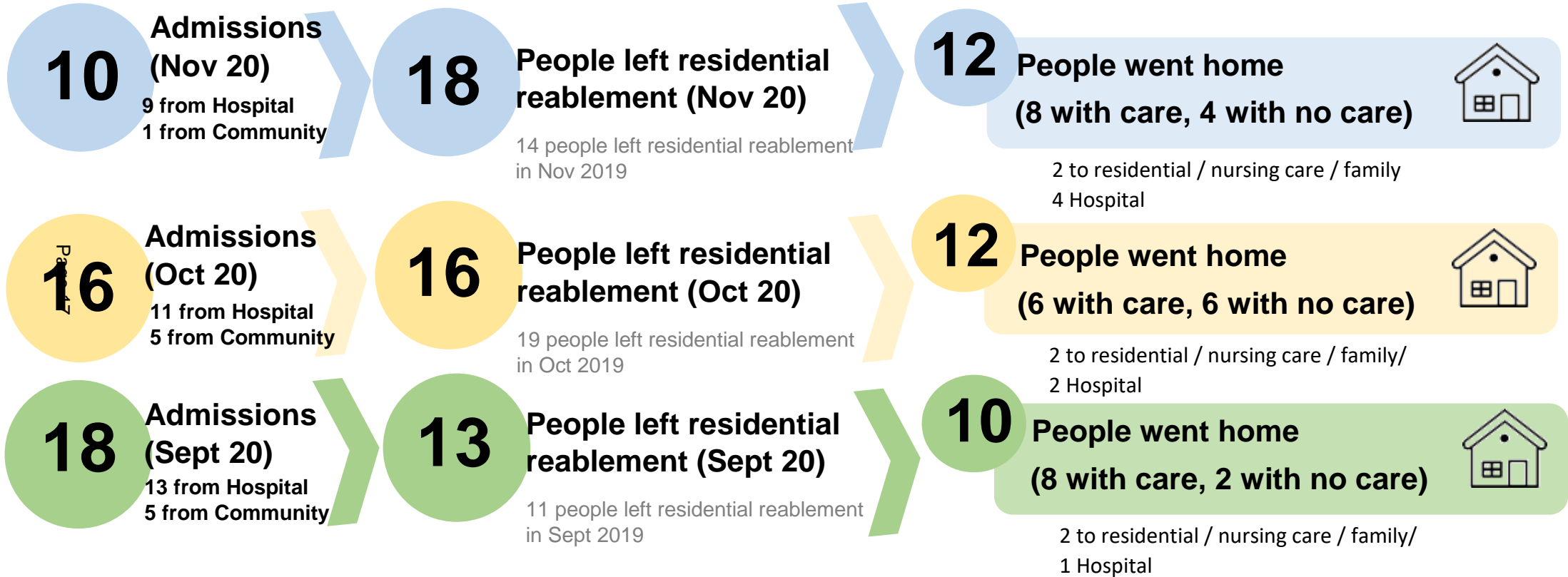


What is working well?	What are we worried about?	What we are going to do?
The data informs us that there are some responses not recorded, which challenges our values and commitment to offer every carer an assessment – this will help us reiterate our message with frontline staff.	We need to understand further the relatively low number of carers requesting carers assessment (in the context of the likely demands on this group during the pandemic) We also need to complete more assessments for those that do request them.	Those carers declining an assessment is still high; this topic is being assessed within the Regional Carers Partnership Board, where a working group has up to included carers around reasons for declined assessments.



# Residential Reablement

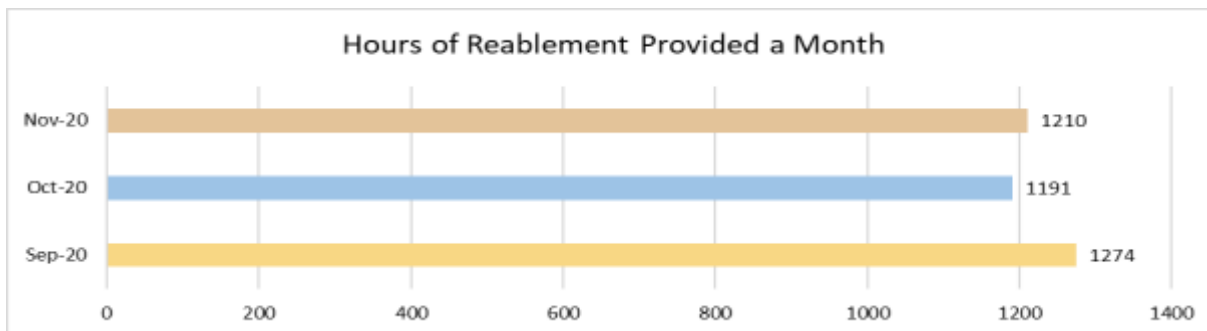
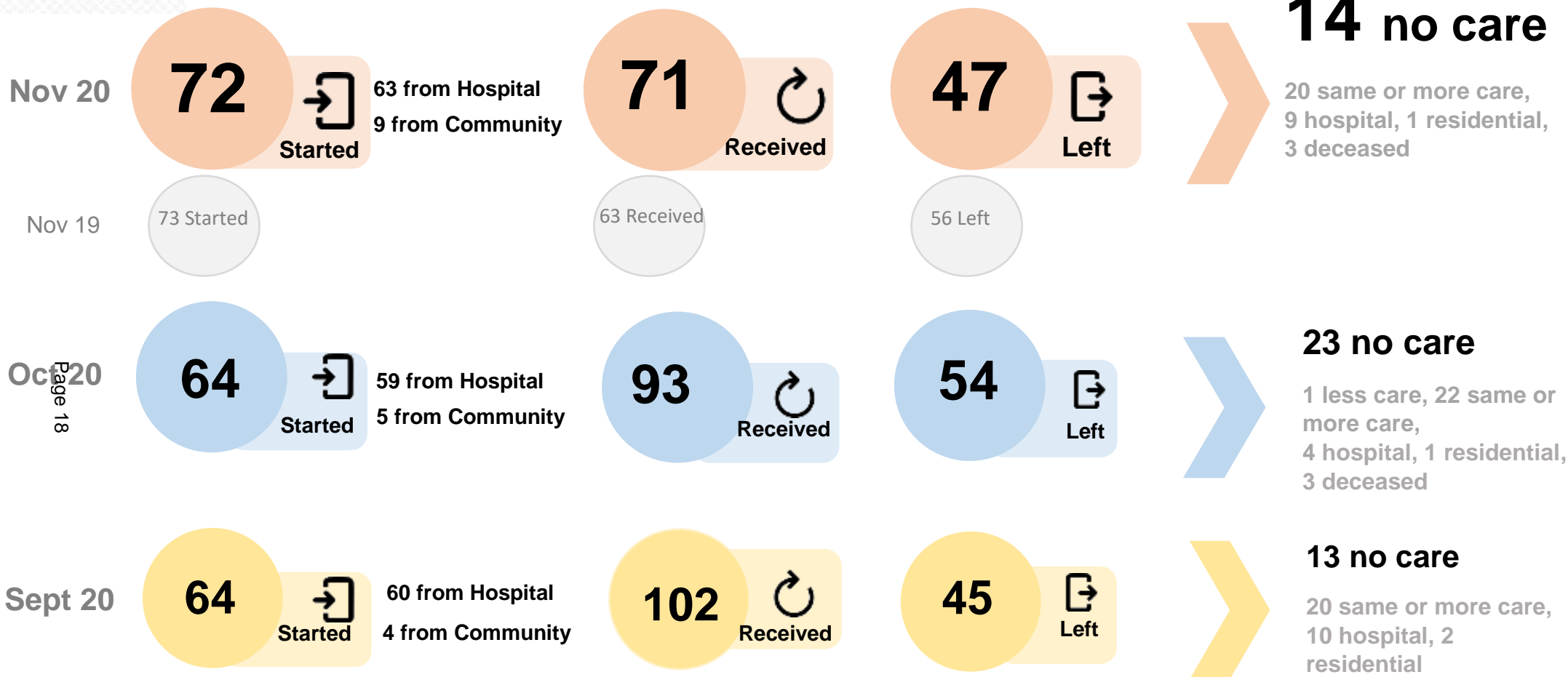
During September, October and November, Residential Reablement services had an overall percentage of 72% of people returning to their own homes, independently and with care packages.



What is working well?	What are we worried about?	What we are going to do?
Admissions into Bonymaen House has continued to increase.	The reduction in the numbers of individuals returning home with no care needs.	Continue to work closely with secondary care to ensure that referrals are appropriate for the service – should be supported by the RHD MDT triage  PO meets weekly with BMH management to monitor the flow through BMH



# Community Reablement

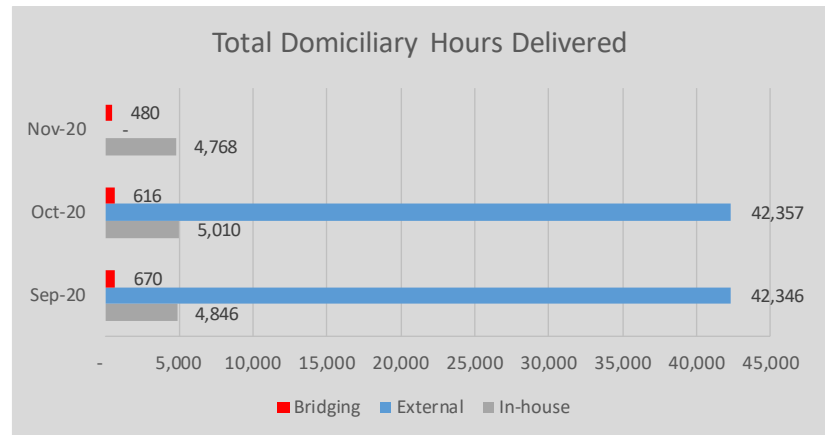
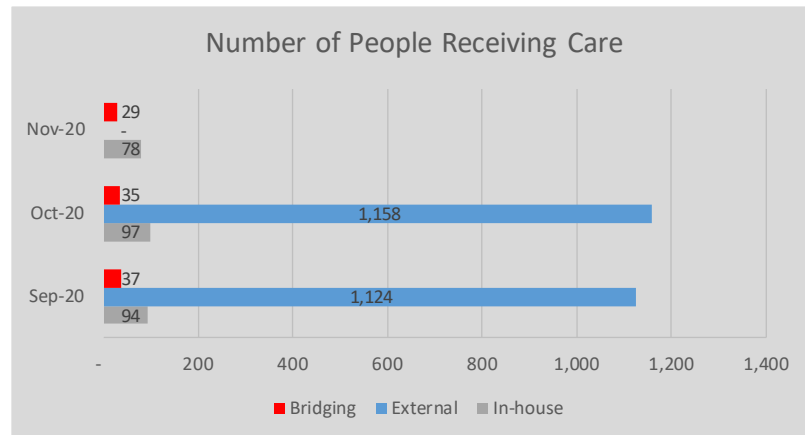
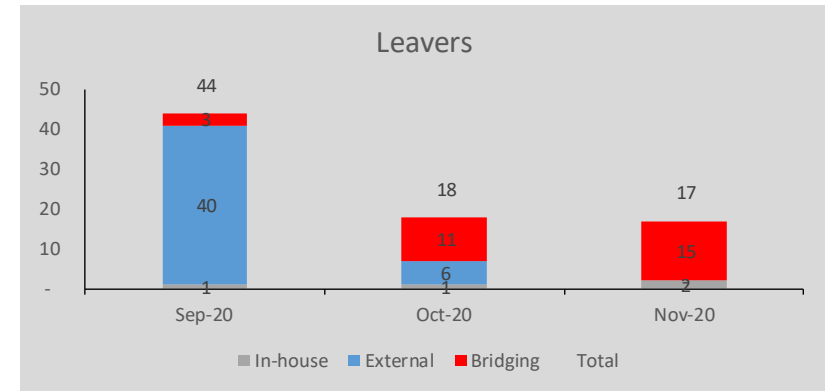
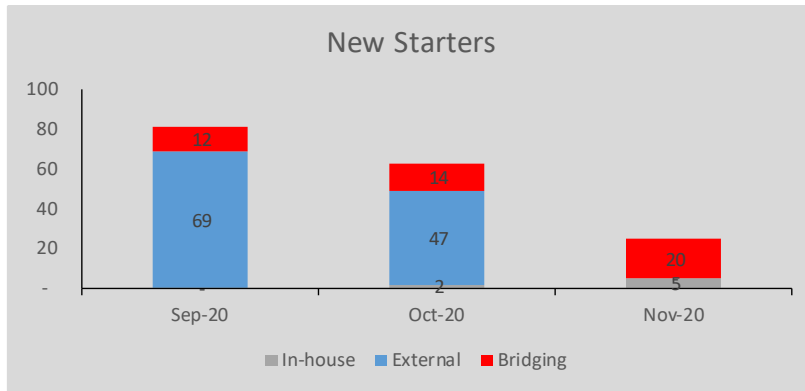


What is working well?	What are we worried about?	What we are going to do?
<p>The Multi-disciplinary triage of all new referrals has developed at pace since the launch of Rapid Hospital Discharge (RHD) – this has also led to the instigation of daily RHD operational meetings with all stakeholders in which operational / start up issues are discussed and resolved by all partner agencies.</p> <p>Multi agency working between Community services and Secondary care has taken working relationships to a level of collaborative effort which has not been experienced before.</p> <p>We have introduced a pilot rolling rota for the Homecare Managers and Senior Community Care Assistants which should enable us to discharge home to assess over extended operating hours from 8am to 8pm 7 days per week.</p>	<p>The data since July shows the increase in the acuity of the individuals that we are seeing coming through Reablement from single staffed to double staffed calls with greater demand for evening and bed calls than before. This has resulted in a reduction in the number of individuals that we have been able to support.</p> <p>The proportion of individuals that are being discharged from Reablement who require no ongoing care and support has also reduced from circa 50% in July to less than 40% in September. Any delays in securing long term maintenance packages of care and support from the external sector means that the service ends up ‘bridging’ these and this in turn precludes us from taking on new admissions.</p> <p>In addition to carrying 22 vacancies and delays in obtaining manual handling training for the new relief care staff, staffing levels have also been impacted by track, trace and protect requirements for staff to self-isolate and we still have a number of staff who are shielding.</p>	<p>Reintroduced the community discharge liaison nurses into the Regional Rapid Discharge referral MDT to help with triage and looking at how we direct individual referrals for those with clear long term care and support needs and no right sizing or rehabilitation potential to alternative areas of service support within the regional rapid discharge model to help keep flow moving through reablement.</p> <p>We have arranged for an external training provider to deliver manual handling training to the new recruits and will be seeking permission to recruit to the vacancies on a permanent 28 hour basis. We have also started to look at the shift pattern worked by the community care assistants in the Reablement Service as the ‘ask’ has changed and we need more staff working a PM shift than was previously required.</p> <p>We continue to work closely with Social Work and our Brokerage Officers in order to expedite transfers to external providers.</p>



# Long Term Domiciliary Care

Jan 2020 – Change of method for counting hours delivered for external providers - changed from estimates to figures based on actuals (Method is no longer possible due to the change from recording actual hours on invoices received to block contracting). May & June data is based on ECM Hours received, however the recording and submission of these is not consistent, therefore some elements are estimates. We do not have July Data for external providers as yet. The Team is working with Commissioning to understand new contracts and data reporting needs. There was a substantial increase in leavers during March & April in External Services and was due to the cancelled non-essential POC in order to increase capacity.



## External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<p>Supporting Providers' Covid response by enabling regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure.</p>	<p>A second wave of Covid that has potential to create additional demand on services and resources.</p> <p>Possible negative impact of reverting to spot contract form block contract arrangements (which may make it more difficult for a few providers to operate services)</p>	<p>Appointment of 2 new Providers to the domiciliary care framework to create additional services. Continue with review of care levels to ensure citizens are receiving the correct level of care. This will free capacity to enable services to flex in response to increases in demand. Keep RAG risk status under review.</p> <p>Continue to support and enable use of alternatives to dom care.</p>

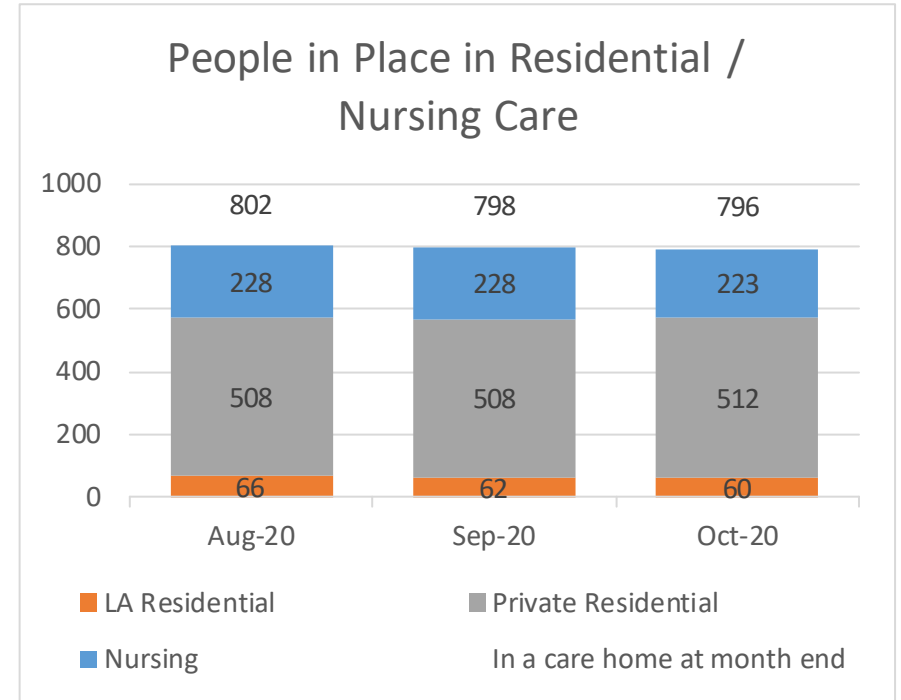
## Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<p>The Long Term service is actively supporting the flow of individuals from the reablement service and thereby ensuring that capacity to support RHD is maintained as far as possible.</p> <p>The service continues to support the Reablement service in 'bridging' packages of care and has been able to re-start calls that were previously suspended at the outset of the pandemic.</p>	<p>The Long term service holding these bridging packages of care for a protracted period of time as external provider becomes saturated.</p> <p>Also that the LT capacity becomes blocked and individuals that we are currently sustaining safely at home may end up in placement.</p> <p>As with reablement, staff capacity is an issue given the level of vacancies and delays in backfilling incurred to ongoing issues with securing practical manual handling training and support.</p>	<p>As for community reablement</p>



# Residential Care

For sustainable operation, admissions need to be under 30 each month. We are working with the finance team and relooking at methods to ensure accurate information



Oct-19 934 People in place

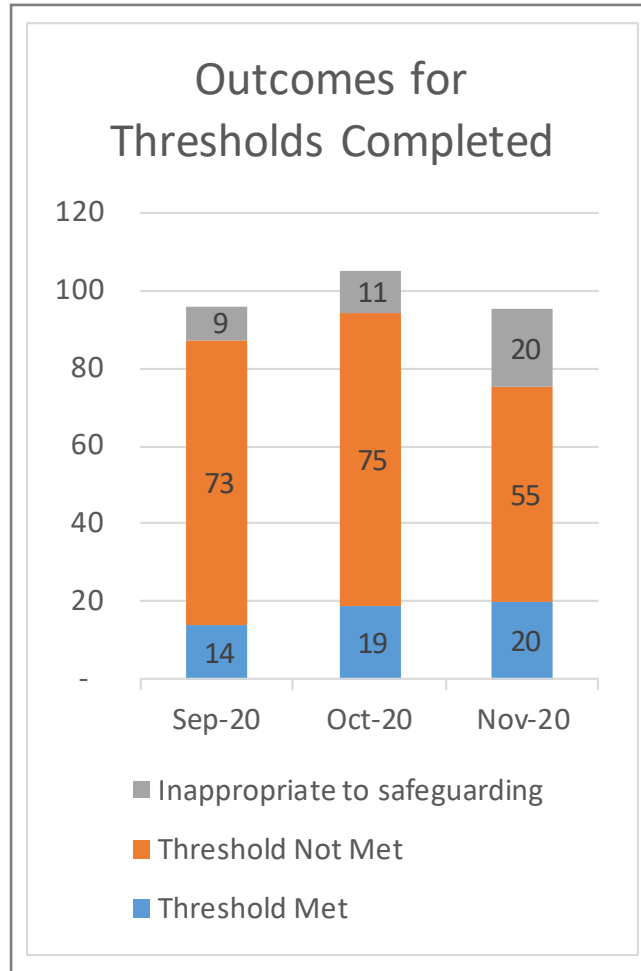
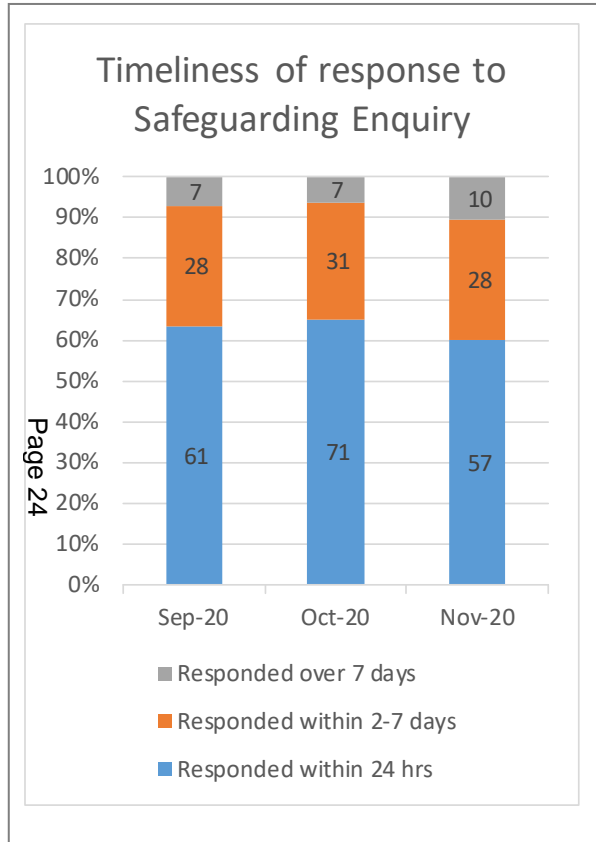
What is working well?	What are we worried about?	What we are going to do?
<ol style="list-style-type: none"> <li>Active engagement with social workers to move individuals back home or on to appropriate long term placements.</li> <li>Quicker response and action of referrals to residential homes.</li> </ol>	<ol style="list-style-type: none"> <li>Staffing capacity as covid cases increase in terms of illness, isolation, TTP and potential increased demand for beds. Delay in testing results for residential care staff with symptoms, who will have to self-isolate until results are known, which has impact on available workforce.</li> </ol>	<ol style="list-style-type: none"> <li>Review staffing capacity and availability. Explore temp contracts with RST linked to each residential service to build up resilience. Seek permission to fill vacancies on a permanent basis. Identify levels of staffing capacity as part of surge plan.</li> </ol>



	<p>2. Possible expectation that staff can only work in one service, reducing the staffing capacity and flexibility.</p> <p>3. Positive tests of staff or residents that mean care homes can not admit individuals for 28 days.</p>	<p>2. Commenced planning to allocate staff (RST, Day Support or Agency) to one service where possible.</p> <p>3. Continue to ensure ppe in place, infection control measure, negative tests and evidence before admission, isolation and staff keeping 2 metre distance, wearing masks as per guidance and reminder for staff to adhere to guidance out of work. Staff to alert Managers asap of any illness and symptoms.</p>
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# Safeguarding Response



### Reports /Actions

**98 Reports received in Nov 20**  
 95 Thresholds completed (97%)  
 3 did not proceed to threshold (2%)  
 1 awaiting response (1%)

114 Reports were received in Nov 2019, 102 thresholds completed – 27 met the threshold, 62 did not meet threshold

**108 Reports received in Oct 20**  
 109 Thresholds completed  
 3 did not proceed to threshold

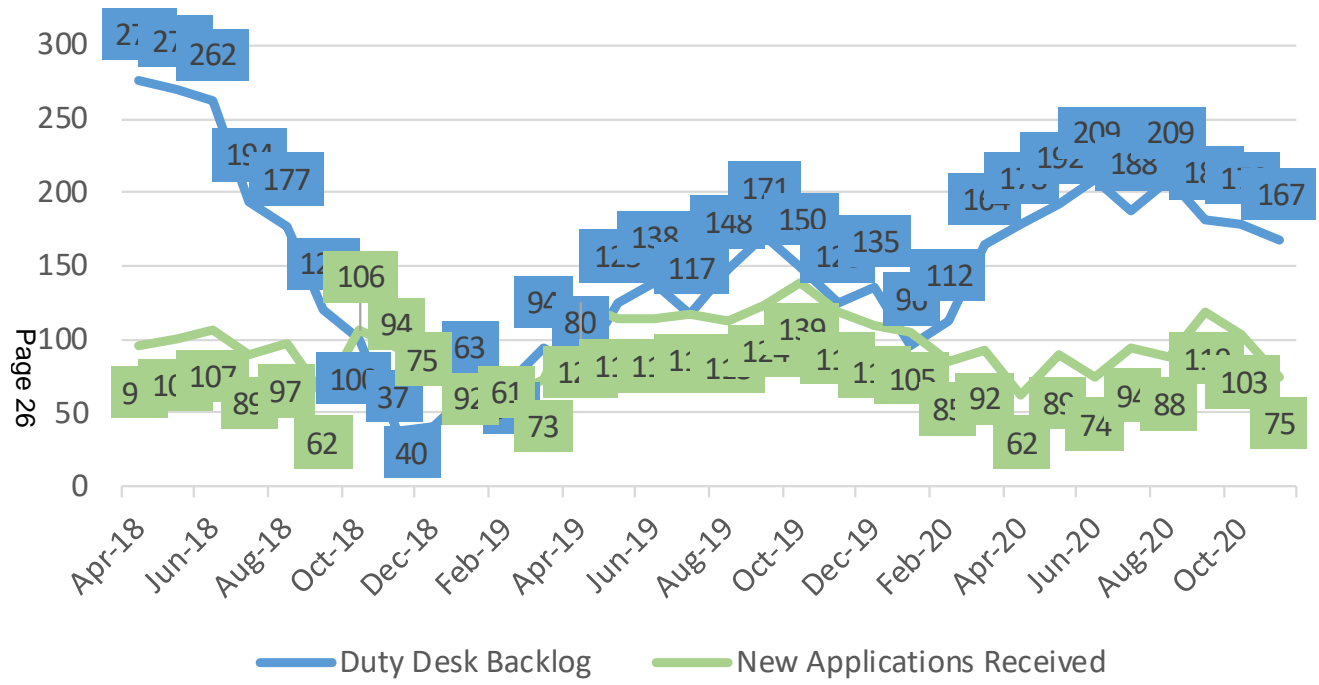
**100 Reports received in Sept 20**  
 96 Thresholds completed (96%)  
 4 did not proceed to threshold (4%)

What is working well?	What are we worried about?	What we are going to do?
<p>The Safeguarding Team are now able to manage the majority of Adult at Risk (AAR) Reports that are received, due to an increase in staffing. The Team are working towards building more effective working relationships that offer advice and guidance before reports are being made; offering consultation to partner agencies to ensure that the AAR Reports that are received are appropriate.</p> <p>Timescales are being more readily met, despite the increase in Reports being received in recent weeks. This is due to a dedicated Safeguarding team being in place, focusing on Safeguarding alone. A consistent approach is being adopted to the thresholding of AAR Reports due to the AAR Reports being managed by the Safeguarding Team.</p> <p>The number of cases being threshold has reduced, as is evidenced in the statistics. This is as a result of detailed thresholding taking place and a move away from bringing cases in 'just in case'. This culture is slowly being changed through open dialogue for partner agencies, with skilled practitioners in the Safeguarding Team.</p>	<p>Until the team is fully resourced, a proportion of the AAR Reports will be managed by the Community Team. This means that the consistent approach that is being adopted is lost with some cases.</p> <p>Sharing the safeguarding work between team undermines the purpose and benefit of a Safeguarding Team. Therefore, the work that is being undertaken with partner agencies is at risk of being undermined by different approaches within the Community Teams.</p> <p>Community Teams are unable to backfill posts when practitioners have been sourced to move across to the Safeguarding Team, further recruitment adds to a delay in the Safeguarding Team being fully resourced.</p> <p>Due to the AARs being threshold in the Long Term Community Team, there is at risk of not having enough social workers to meet the demand handover from Initial Assessment Team and therefore a block in the flow of work is likely.</p> <p>There is a capacity problem with processing safeguarding enquires and there is a risk that AAR may not be dealt with in a timely manner.</p>	<p>By continuing to develop positive links with partner agencies and practitioners within the Local Authority, it is envisaged that the Safeguarding Team will become a Team of expertise that can be fully utilised for advice and guidance regarding Safeguarding matters. With this in place it is envisaged that the number of Safeguarding Reports will reduce. In turn this will allow the Safeguarding team to continue to develop working with multi-agency groups to Safeguard the most vulnerable in our community.</p> <p>To further strengthen the consistent approach to Safeguarding, the Team are going to take responsibility for managing the Protection Notice (PPN) reports that are received currently by CAP. This means that a CMO position is currently being transferred from community staffing establishment. The CMO post will not only manage the PPN's but also assist the Seniors with gathering information, allowing the Seniors to focus more on the analytical side of the work.</p>

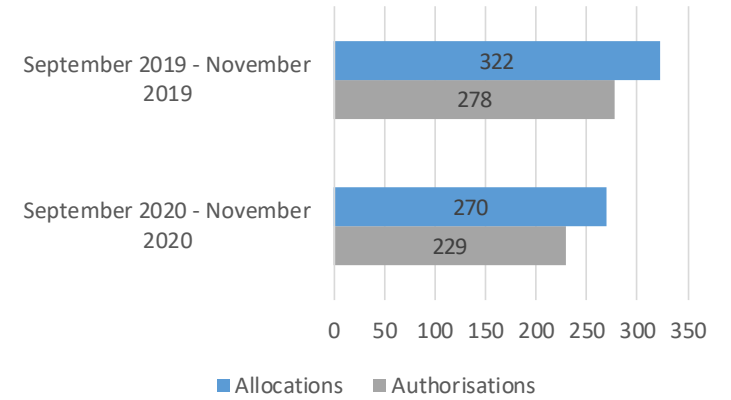


# Timeliness of Deprivation of Liberty Assessments

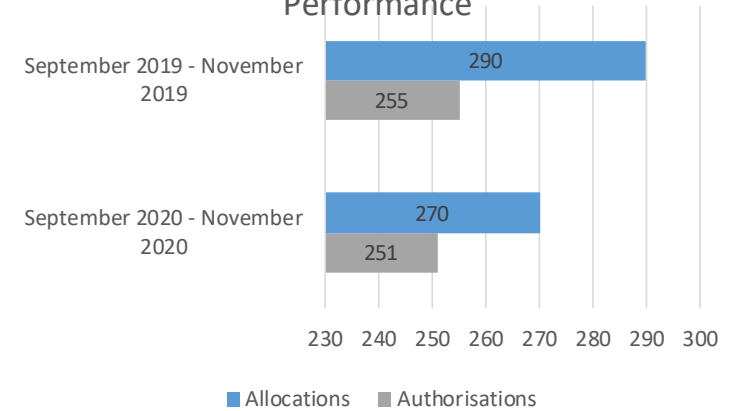
## DoLS Backlog and New Referrals



## Quarterly Best Interest Assessor Performance



## Quarterly Signatory Body Performance



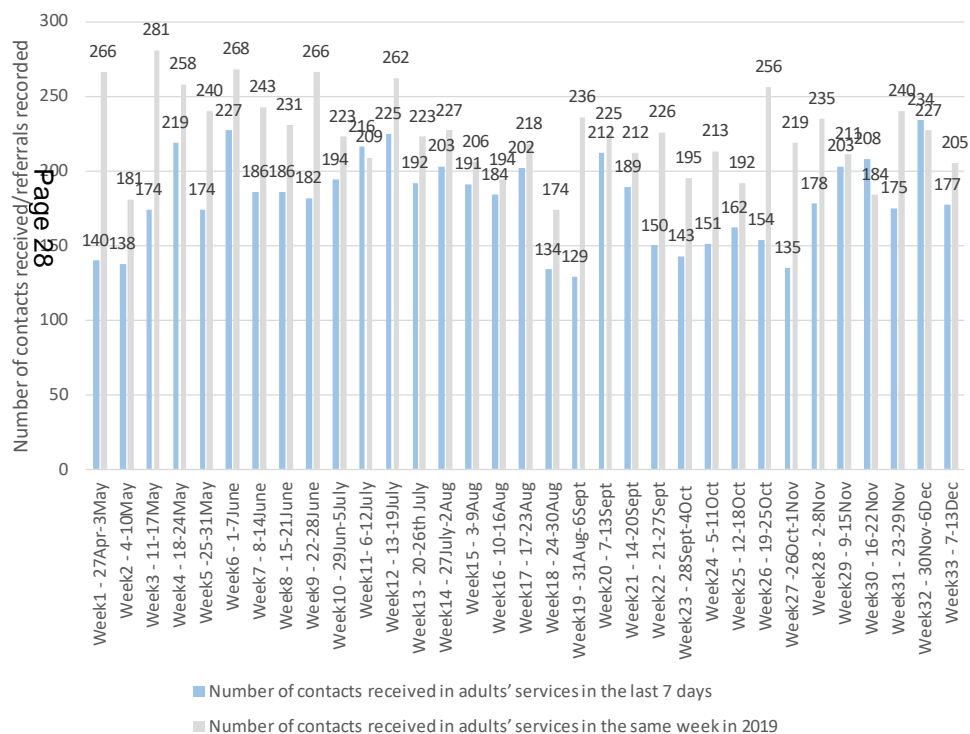
What is working well?	What are we worried about?	What we are going to do?
<p>Page 27</p> <ul style="list-style-type: none"> <li>• Modifications to the DoLS assessment process during pandemic.</li> <li>• Commitment of staff and their ability to work in new and innovative ways to ensure we can continue to carry out assessments.</li> <li>• New staff member has started within the team and is nearly up to a full case load.</li> <li>• Continued use of remote DoLS assessments by the doctors and BIA's - allows assessments to continue in a more robust manner than carrying out 'desk based' assessments.</li> <li>• Have a daily duty system to ensure all DoLS applications are prioritised into Urgent, Critical, High, Medium and Low. This ensures our resources are more targeted. All Urgents are allocated within the week the application comes in, Criticals and Highs being allocated the next week.</li> <li>• Critical projection tool allow us to cut down/avoid gaps in authorisations.</li> <li>• DoLS authorisations and refusals continue to be completed.</li> <li>• Continued support and guidance by staff to care homes to implement new working practices.</li> <li>• We are continually adapting methods of working to take account of changing government guidance and care homes pressures.</li> </ul>	<ul style="list-style-type: none"> <li>• Backlog of DOLS applications caused by DOLS staff being diverted to other areas of adult services for four months (still an issue).</li> <li>• Amount of short authorisations put in place when lockdown was first put in place is now impacting on duty desk (lots of six month authorisations put in place which now need a new authorisation).</li> <li>• 1 full-time Best Interest Assessment (BIA) vacancy in the team</li> <li>• Part-time BIA off on maternity leave.</li> <li>• Queries from care homes, Responsible Person (RP) and Responsible Person Representative (RPR) have increased.</li> <li>• Increase in challenges to deprivations in the court of protection.</li> <li>• The 21 day timescale is challenging to meet in current conditions – coordinating remote assessments takes longer than visiting in person. The virtual platform for remote assessment differs in each Managing Authority (MA).</li> <li>• Backlog of medium and low applications.</li> <li>• Backlog of Form 5 and 6's due to annual leave and sickness within management team.</li> <li>• MA's still struggling with technology and not sending in appropriate care plans needed for assessments.</li> <li>• Potential for second wave overwhelming care homes, meaning they may not be able to facilitate video assessments or send us essential paperwork.</li> <li>• Two of the three DoLS authorisers are currently on sick leave, one on long term sick.</li> </ul>	<ul style="list-style-type: none"> <li>• Priority is given to dealing with Urgent, Critical and High applications (in that order).</li> <li>• Requested support from PO in relation to Form 6's.</li> <li>• Requested support from PO for more signatories to help with Form 5 backlog.</li> <li>• Seniors have organised to cover sickness cover workload between them.</li> <li>• Using equivalent assessments when possible.</li> </ul>



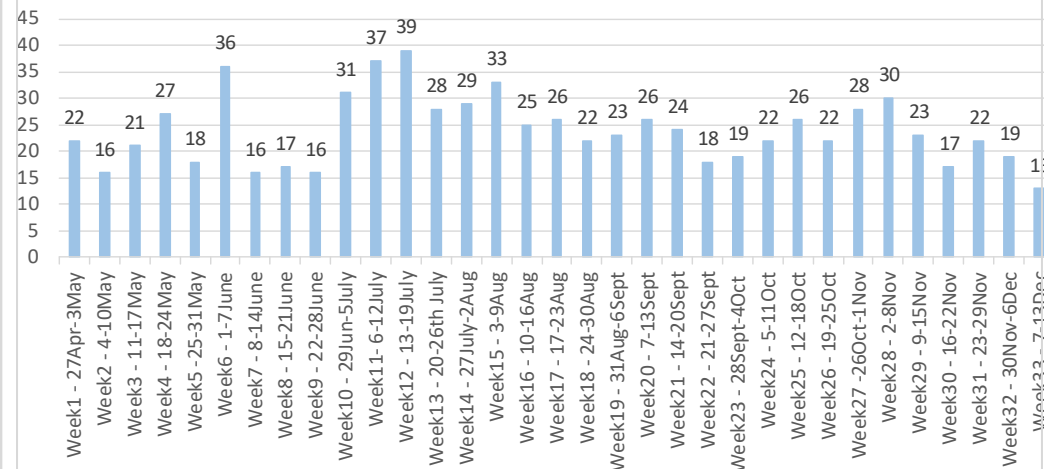
# Weekly Welsh Government Adult Services Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 33 weeks to date. The data for week 2 and 5 will have been impacted because of the bank holidays.

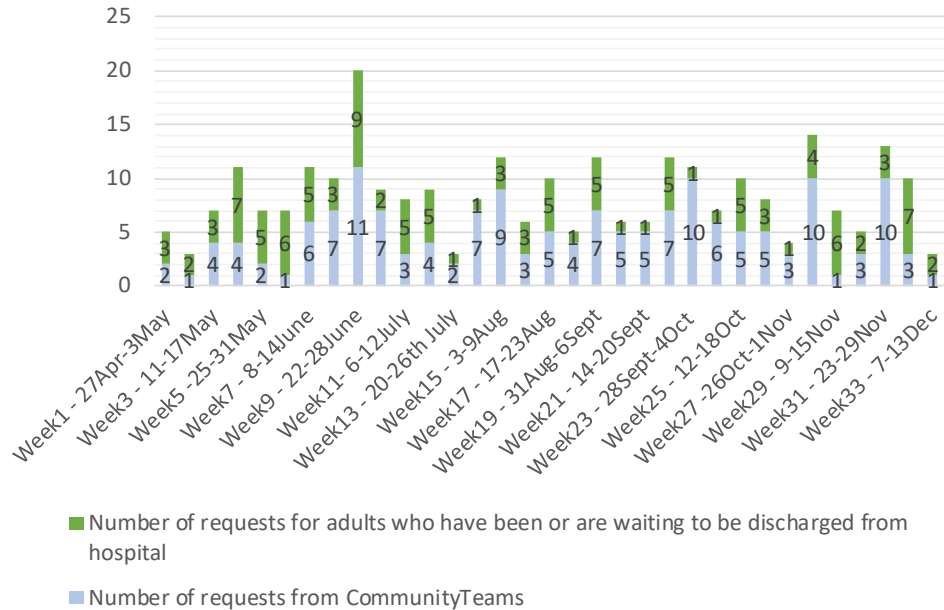
Number of Contacts Received (referrals recorded) each Week in the Common Access Point



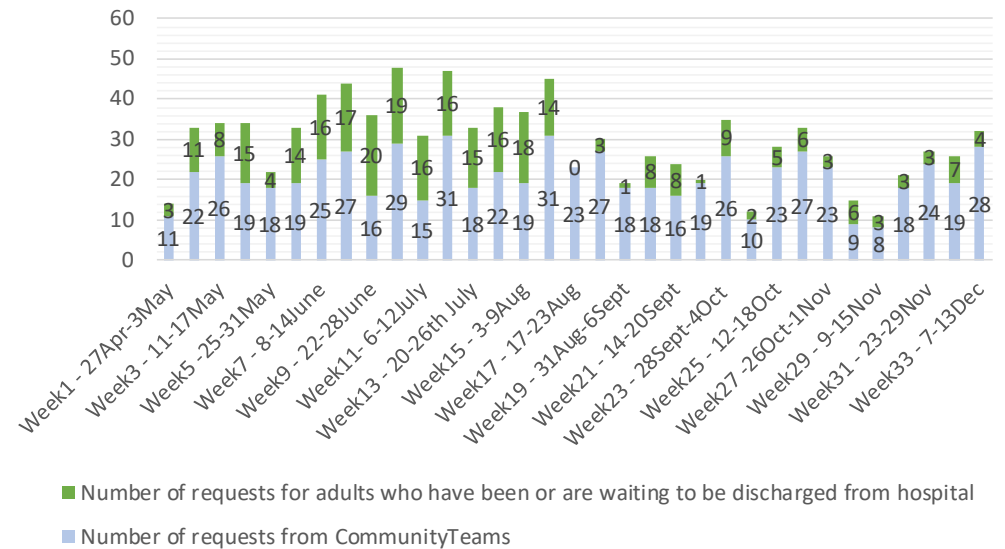
Number of Safeguarding Reports received in Adult Services in the Last 7 Days



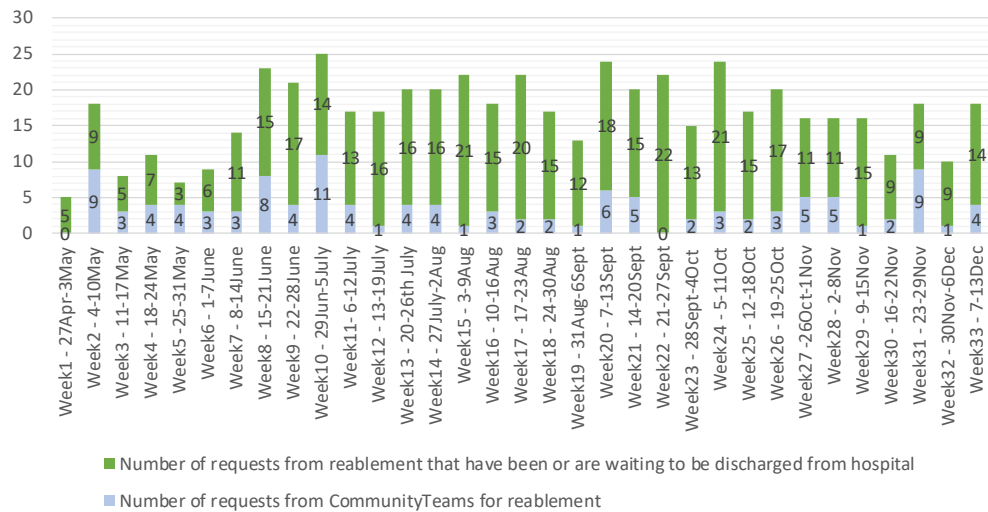
### Number of requests to place an adult in residential care received in the last 7 days



### Number of requests to provide care at home received in the last 7 days



### Number of requests for community and residential reablement received in the last 7 days



Between 27<sup>th</sup> April – 14 Dec .....

**40**

packages withdrawn/reduced by the services user

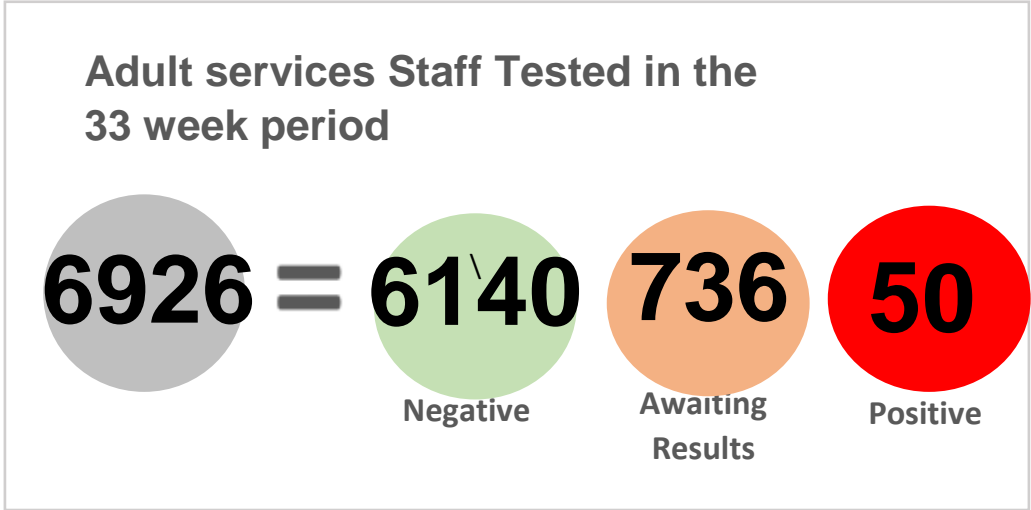
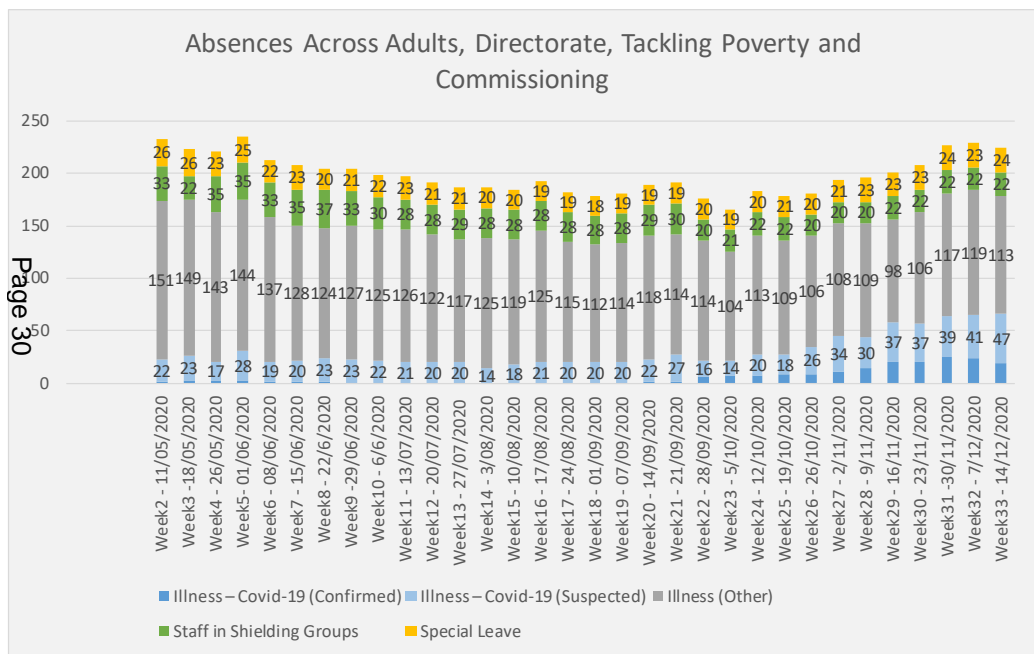
1 by the Local Authority

1 by the Provider



# Weekly Welsh Government Adult Workforce Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 33 weeks to date.





# CHILD & FAMILY SERVICES

## Performance Report

November 2020

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# Welcome

## Julie Davies, Head of Child and Family Services

November Performance has seen some positive progress in a number of areas and also continued strong performance in other parts of the service.

The front door remains resilient and effective with the numbers of contacts and referrals remaining within the predicted demand for the IIAA. An analysis completed in November shows that demand via e-mail is much busier and that approximately 30% of the information is passed onto other teams, 30% is passed back to the referrer for more information and 30% is for information only with no further action required. Only 10% of emails are being tasked out by the manager.

IIAA have been undertaking work with the Early Help Hubs and education settings around 'what matters'. This has had an impact on cases coming into IIAA with more being referred over to Early Help Hubs from education rather than IIAA.

The Performance Hub has provided a significant level of support to the Supported Care Planning hubs during November. This has focused on improving the Single Assessment timescales and the impact of this work is reflected in the performance data this month.

There has been a significant increase in the number of children going on the register in November (70, compared to 20 in October). The weekly safeguarding meetings has provided some qualitative data around decision making and the need to slow down thinking where cases are going to an Initial Strategy Discussion.

Child protection visits within timescales has dipped slightly during November. The Performance Hub will support the hubs to bring this back on track over December. It is positive to see that core group performance has returned to 100%.

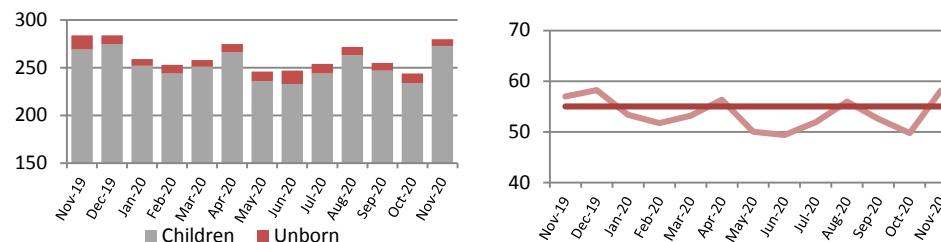
The number of children who are looked after continues to gradually reduce with 87% (491 out of 562) of children and young people living in a family home setting (Foster Swansea, family and friends carer, living at home under placed with parents regulations or having been adopted). In November, of those who left care, 3 returned home, 1 child was adopted and 4 Special Guardianship Orders were granted.

The YJS manager's focus on improving assessment timescales in the team can be seen with 8 out of 9 assessments being completed in time in November. Although assessments have improved this is an area that will continue to require attention to continue to improve and maintain changes.

# Our Headline Performance this Month

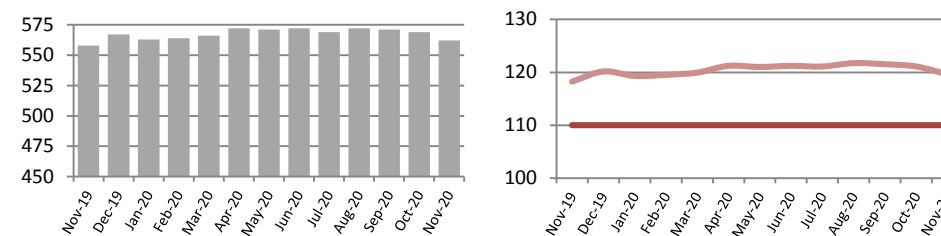
## Child Protection

There are **273** (234) children on the child protection register, plus **7** (10) to be registered at birth. This is a **increase of 39** giving us a rate of **58** Per 10,000.



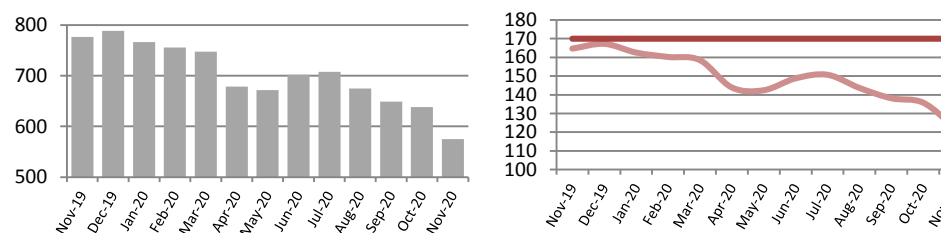
## Looked After Children

There are **562** (569) children looked after. This is a **decrease of 7** from last month giving us a rate of **120** Per 10,000.



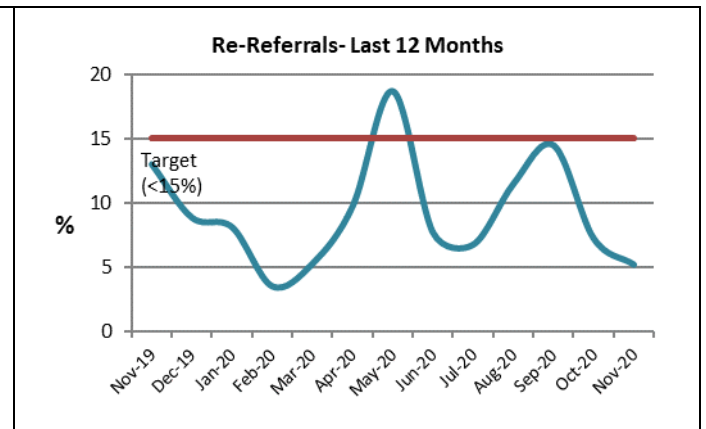
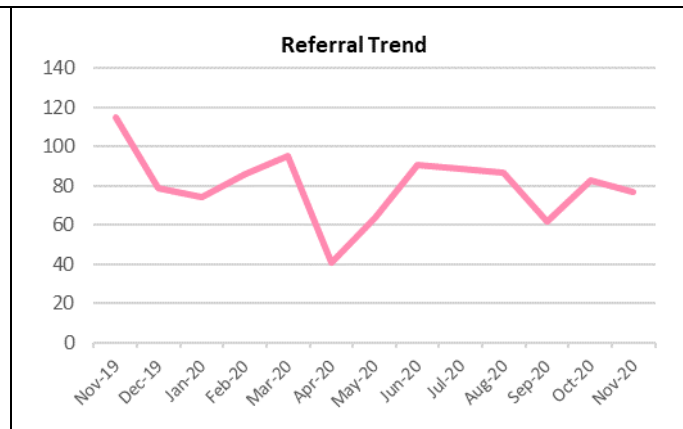
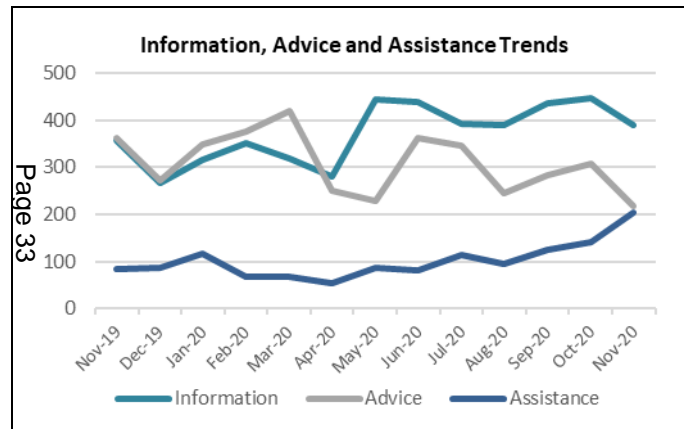
## Children in Need of Care and Support

There are **575** (638) children in need of care and support. This is a **decrease of 63** from last month giving us a rate of **122** Per 10,000.



# Wellbeing

Measure / Metric	Result	Target	What's Good?	Status
The number of contacts received by the service – instances of <b>Information, Advice, Assistance or Assessment</b> :	<b>886</b> (979)		Low is Good	
The percentage of these contacts that were <b>passed on for formal assessment</b> :	<b>77, 8.69%</b> (83, 8.48%)	10%	Low is Good	
The percentage of these contacts that were <b>diverted to other services</b> :	<b>42, 4.74%</b> (59, 6.03%)		High is Good	
The number of <b>repeat referrals</b> in the month (where a referral is received within 12 months of a previous referral):	<b>4, 5.19%</b> (6, 7.23%)	Less than 15%	Low is Good	



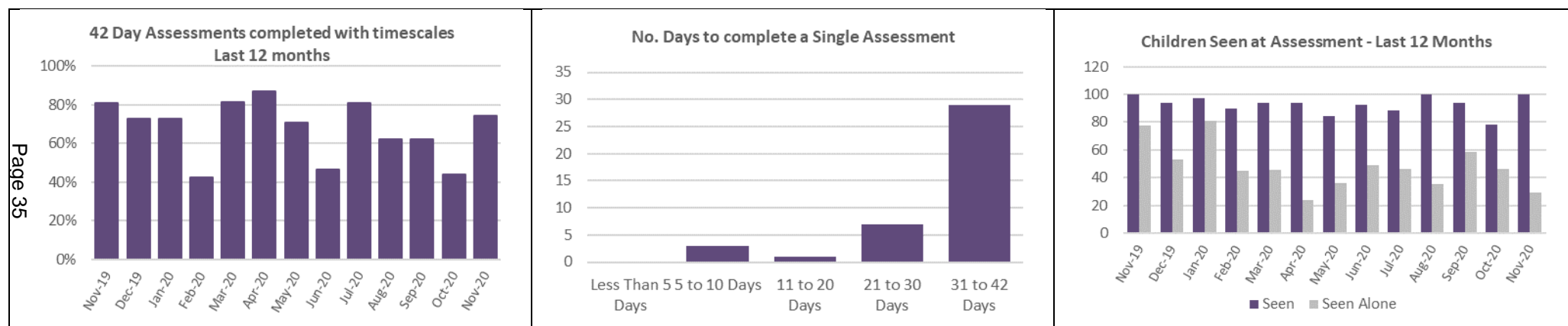
What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>IIAA are now making a threshold decision and redirecting some of the contacts from the inbox for EHH to have the what matters discussion, rather than IAA have it and then redirect to EHH.</li> <li>IIAA are also sending all information on open cases directly to EHH for them to record rather than putting it on as a contact in IAA and redirecting.</li> </ul>		



What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>• IIAA PO report that there has been a decrease in referrals from Education to IIAA however referrals from Education to EHH has increased indicating that families are receiving support from EHH to prevent issues escalating to IIAA. Re-directs now should only be where IIAA have had to have to undertake a proportionate assessment because of escalating worries but then developed a wellbeing plan that can be met by the EHH so it has been passed back to EHH for this work.</li> <li>• Re referral rates remain low indicating that the right cases are being being closed or re directed to the correct service.</li> </ul>		

# Supported Care Planning - Assessments

Measure / Metric	Result	Target	What's Good?	Status
<b>Number of 42 day Assessments</b> Carried out during the month:	<b>54</b> (73)		Lower is Better	
The percentage of <b>42 day assessments</b> carried out <b>within timescales</b> :	<b>40 , 74.07%</b> (32, 43.84%)	90%	High is Good	
The percentage of Assessments where there is evidence the child has been <b>seen by a qualified worker</b> :	<b>34, 100%</b> (39, 78.00%)	More than 90%	High is Good	
The percentage of Assessments where there is evidence the child has been <b>seen alone by a qualified worker</b> :	<b>10, 29.41%</b> (23, 46.00%)	More than 65%	High is Good	

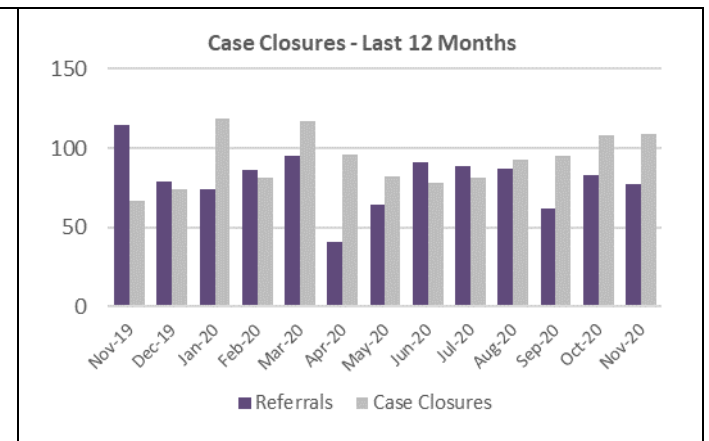
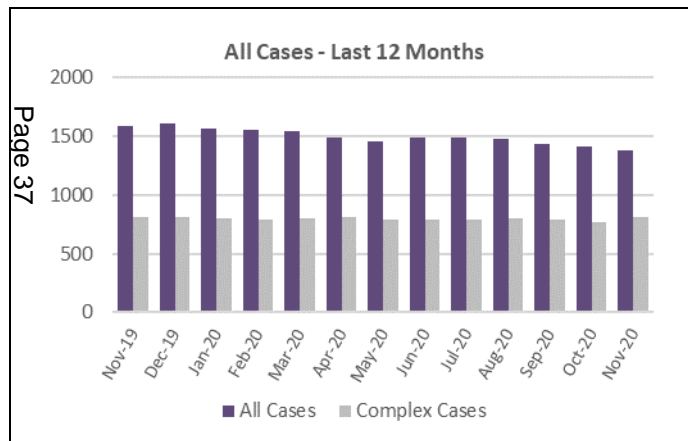


What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>During November, the SCP PO and the Performance Hub have been working with the teams to improve Single Assessment timescales and support the teams to complete a number of overdue assessments. This has led to an improvement in performance.</li> <li>The Performance Hub has also started the monthly meetings with the Manager and Practice Leads to develop a consistent focus around performance.</li> </ul>	<ul style="list-style-type: none"> <li>The weekly performance data has identified that SCP teams are undertaking a high level of assessments.</li> <li>Low staffing of levels (vacancies, sickness and other forms of absence), including business support, has had an impact on the performance of East team who continue to have a number of outstanding assessments over 42 days (East pod 2 currently working at 50% capacity).</li> </ul>	<ul style="list-style-type: none"> <li>The Performance Hub will continue to undertake monthly performance and development review meetings with the teams to support a focus on performance, and developing practice.</li> <li>Consideration to be given to the training available for new Practice Leads to support them with managing performance in their pods.</li> <li>Performance Hub will review data around assessments and identify any trends. This will be completed in the New Year.</li> </ul>

What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"><li>Townhill/West have reduced the amount of assessments out of timescales from 30 down to 6 and have no assessments 70+.</li></ul>		

# Supported Care Planning – Planning, Reviews and Caseloads

Measure / Metric	Result	Target	What's Good?	Status
<b>Number of cases</b> of children needing care and support managed by the service at the end of the month:	<b>1386</b> (1409)	1600	Lower is Better	
Of these, the percentage that represent <b>complex cases</b> (LAC, CP):	<b>811, 58.51%</b> (771, 54.72%)	65%	Higher is Better	
The number of <b>cases closed</b> to Child and Family Services during the month:	<b>109</b> (108)		Higher is Better	
The percentage of <b>reviews of Children in Need of Care and Support held during the month within prescribed timescales</b> :			High is Good	
The percentage of <b>CINCS allocated to a qualified worker</b> at the end of the month:	<b>493, 85.74%</b> (505, 79.15%)		High is Good	



What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>Over the last 4 months more cases have been closed than have been received into the service. This has resulted in an overall reduction of families open to the Child and Family Services for care and support.</li> </ul>		

# Supported Care Planning – Children with a Disability

Measure / Metric	Result	Target	What's Good?	Status
The number of <b>disabled children referred</b> to the Child Disability Team during the month:	<b>1</b> (5)		Range	
The total number of <b>disabled children with a Care and Support Plan</b> at the end of the Month:			Range	
The number of <b>disabled children provided with Direct Payments</b> at the end of the month:			Range	
The number of <b>disabled children transitioning to the Care of Adult Services</b> during the month:			Baseline	
The number of <b>disabled children provided with respite care</b> at the end of the Month:			Range	

**Proportion of Referrals that are CDT - Last 12 Months**

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## Disabled Children by Team

**CDT Cases**

Category	Count
CINCS	202
CP ONLY	18
LAC ONLY	49
LAC & CP	1

What is working well?	What are we worried about?	What do we need to do?



## Supported Care Planning – Signs of Safety

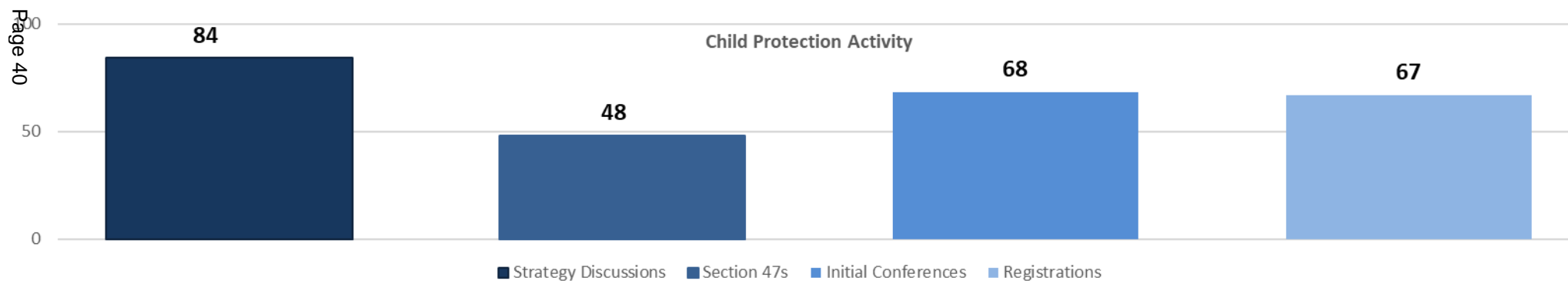
Measure / Metric	Result	Target	What's Good?	Status
Of the assessments completed during the month, the percentage that have Direct Work attached ( <b>Children over 5 Only</b> ):	<b>27, 52.94%</b> <i>(32, 47.06%)</i>	75%	High is Good	
Of the Initial Conferences held during the month, the percentage where there is evidence that a Family Network Meeting has taken place:	<b>34, 50.00%</b> <i>(17, 77.27%)</i>	75%	High is Good	
Of the Conferences held during the month, the percentage where there is evidence of a child friendly explanation of the Safety Plan ( <b>Children over 5 Only</b> ):	<b>33, 58.93%</b> <i>(13, 30.23%)</i>	75%	High is Good	
The percentage of Words and Pictures completed within 5 working days of a child becoming Looked After due in the month ( <b>Children over 5 Only</b> ):	<b>0, 0.00%</b> <i>(3, 60.00%)</i>	75%	High is Good	
Of the Initial LAC Reviews held during the month, the percentage where there is evidence that a Family Network Meeting has taken place:	<b>4, 40.00%</b> <i>(6, 60.00%)</i>	75%	High is Good	

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What is working well?	What are we worried about?	What do we need to do?
<p>There has been a slight increase in the direct work completed with children to explain the worries and the safety plan although this remains low. The weekly safeguarding meeting has identified some excellent work undertaken with children and families.</p>	<ul style="list-style-type: none"> <li>The number of families that have experienced a family network meeting prior to conference has reduced this month. Further to this the weekly safeguarding review meeting has identified some themes around the need to slow down thinking when undertaking child protection work, and explore all safety (through family meetings) before decision making where possible.</li> </ul>	<ul style="list-style-type: none"> <li>Learning has been shared with the Principal Officer group to help identify actions plan to further support practice in this area.</li> <li>Performance Hub will explore in the New Year what is happening that is causing direct work to be at a low level and identify how to support this further.</li> </ul>

# Safeguarding – Child Protection Activity

Measure / Metric	Result	Target	What's Good?	Info
The total number of children <b>added</b> to the Child Protection Register in the month:	<b>70</b> (20)		Low is Good	
The re-registrations of children to the child protection register during the month within 12 months from the end of the previous registration:	<b>7, 10.00%</b> (0, 0.00%)	< 20%	Low is Good	
The total number of children <b>removed</b> from the Child Protection Register in the month:	<b>30</b> (33)		Higher is Better	
The Percentage of <b>Initial Conferences</b> held in timescales during the month:	<b>68, 100%</b> (21, 95.45%)	100%	High is Good	
The percentage of <b>Initial Core Group Meetings</b> held within timescales during the month:	<b>50, 100%</b> (21, 77.78%)	90%	High is Good	
The percentage of visits to children on the Child Protection Register that were on time or not overdue:	<b>231, 89.88%</b> (218, 91.60%)	90%	High is Good	

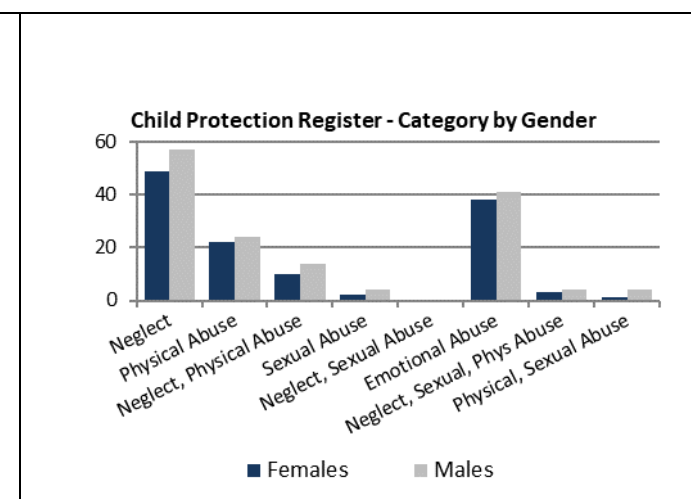
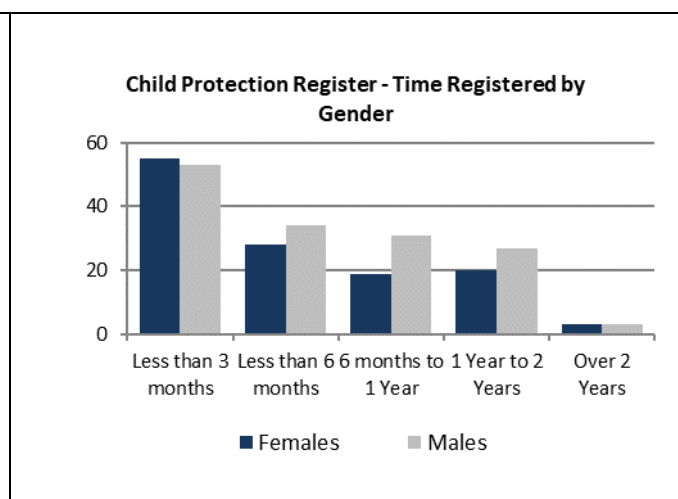
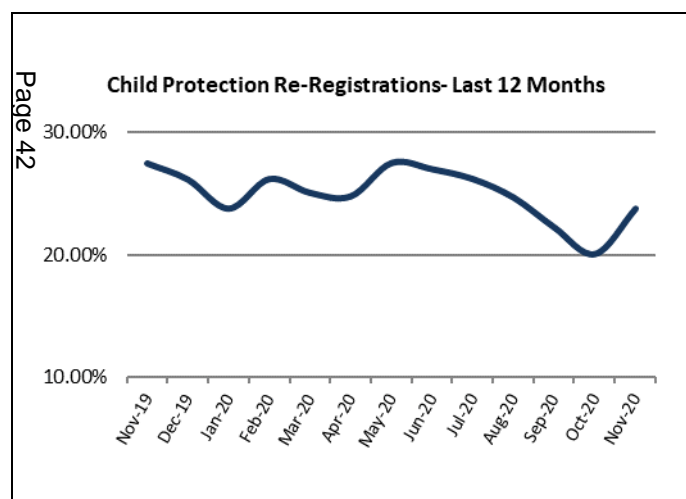


What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>The weekly safeguarding reviews have identified cases where the Integrated Safeguarding Hub (ISH) have been able to work with the family throughout the S.47 process and have shown a clear decision making process. An example was identified where this work altered the decision to go to Conference as a result of the safety achieved by the family.</li> </ul>	<ul style="list-style-type: none"> <li>ISH have struggled at times to manage demand this month due to annual leave and sickness. Staff in IIAA supported ISH to undertake Safeguarding work. ISH will need on-going support to manage planned and unplanned absences so that they are able to provide timely responses to safeguarding referrals.</li> </ul>	<ul style="list-style-type: none"> <li>The weekly safeguarding review meeting will prioritise reviewing Initial Strategy Discussions that have proceeded to S.47 and conference to further identify learning.</li> <li>The Performance Hub are currently working with the Hubs on the timely recording CP visits on the</li> </ul>

What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>All initial Conferences and Core Groups were held within timescales. This is particularly positive given the rise in children going on the register during November.</li> </ul>	<ul style="list-style-type: none"> <li>70 children were added to the Child Protection Register in November. Other Local Authorities report they have also experienced a rise in children registered over recent months.</li> <li>The weekly safeguarding meeting has identified some areas for learning in SCP teams around decision making and slowing down thinking when undertaking child protection activity.</li> <li>The number of children on the register who have received a visit within timescales has reduced slightly.</li> </ul>	<p>system to provide assurance that the children identified as being vulnerable have been seen.</p> <ul style="list-style-type: none"> <li>Work with WCCIS to include reporting performance on all core groups not just initial core groups.</li> </ul>

# Safeguarding – Reviews and Allocations

Measure / Metric	Result	Target	What's Good?	Information
The percentage of children on the Child Protection Register that have been <b>registered previously</b> :	<b>63, 23.08%</b> (47, 20.09%)	Less than 20%	Low is Good	2 families
The <b>length of time on the Child Protection Register</b> for those children removed during the month:	<b>247 days</b> (271 days)	Range of 100-300	180-270 is Optimal	
The percentage of <b>Review Conferences held on time</b> during the month:	<b>54, 100%</b> (81, 100%)	100%	High is Good	
The percentage of children de-registered in the month who were <b>de-registered at the first review</b> :	<b>3, 10.34%</b> (9, 36.00%)	< 15%		
The percentage of children on the Child Protection Register, <b>plus those to be registered at birth, allocated to a qualified worker</b> at the end of the month:	<b>280, 100%</b> (244, 100%)	100%	High is Good	

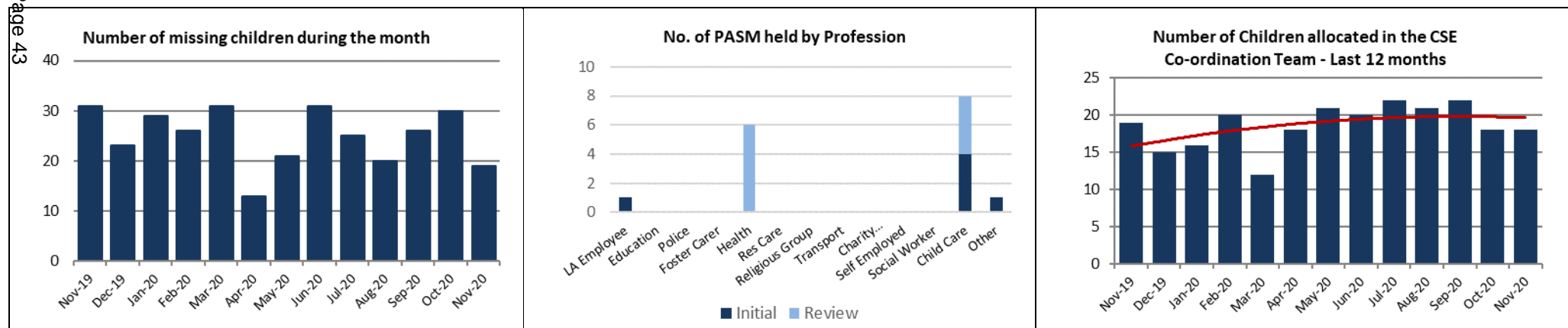


What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>The number of conferences held on time continues to remain at 100% .</li> </ul>	<ul style="list-style-type: none"> <li>There are a higher number of children on the register who have been registered previously.</li> </ul>	<ul style="list-style-type: none"> <li>The Performance Hub are reviewing children who have been registered previously in the last 12 months under the same category and providing feedback to Principal Officers.</li> </ul>

# Safeguarding – CSE, Missing Children and Professional Abuse

Measure / Metric	Result	Target	What's Good?	Status
The number of children allocated in the CSE Co-ordination Team at the end of the month:	<b>18</b> (18)	No Target Set	Lower is Better?	
The number of episodes of <b>children going missing or absent without authority</b> from home during the month:	<b>27</b> (52)	No Target Set	Lower is Better	
The <b>number of children</b> that these episodes related to:	<b>19</b> (30)	No Target Set	Lower is Better	
The number of Strategy Discussions held by the CSE Co-ordination Team during the month:	<b>30</b> (43)	No Target Set		
The number of <b>Professional Abuse Meetings</b> held during the month:	<b>16</b> (9)	No Target Set	Low is Good	

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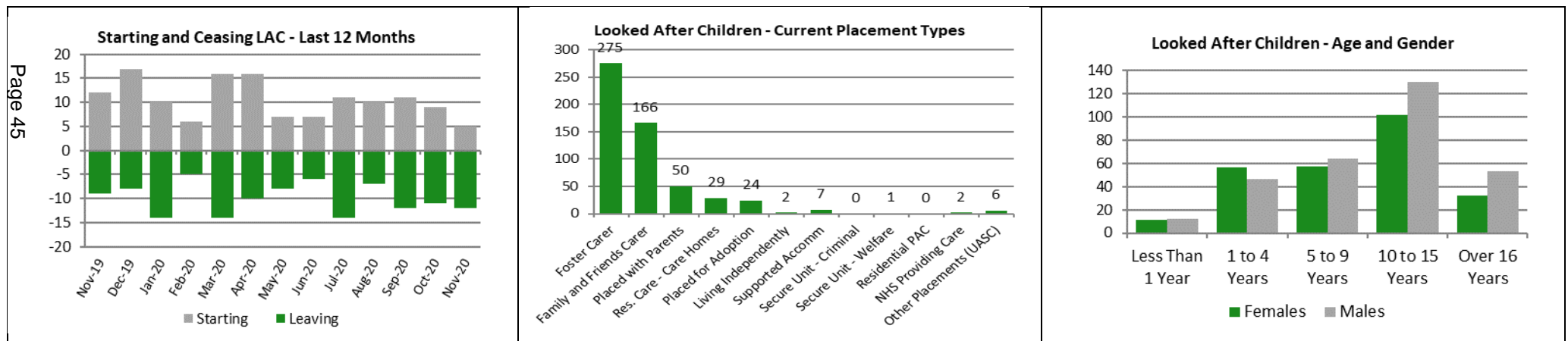


What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>The number of children going missing or absent without authority in November has reduced.</li> <li>Although the number of professional strategy meetings has increased, a review of year by year</li> </ul>	<ul style="list-style-type: none"> <li>CSE practice lead reports that the number of missing episodes should be higher than the figure reported (41). This is because the police do not always send through a PPN if they do not feel there is an apparent risk leading to some</li> </ul>	<ul style="list-style-type: none"> <li>The Performance Hub will review with the CSE practice lead in the New Year how best to consistently capture all missing person and CSE protocol information.</li> </ul>

What is working well?	What are we worried about?	What do we need to do?
<p>analysis shows this is in line with previous trends at this time of year.</p>	<p>inconsistency in how the information is recorded on the system.</p> <ul style="list-style-type: none"> <li>• There are a few young people having multiple missing episodes in a week. Some of these are young people who reside in Swansea who are looked after by other local authorities. There are some cases where young people are being reported missing due to company policy – usually post 16 provisions.</li> </ul>	

# Permanence – Looked After Children

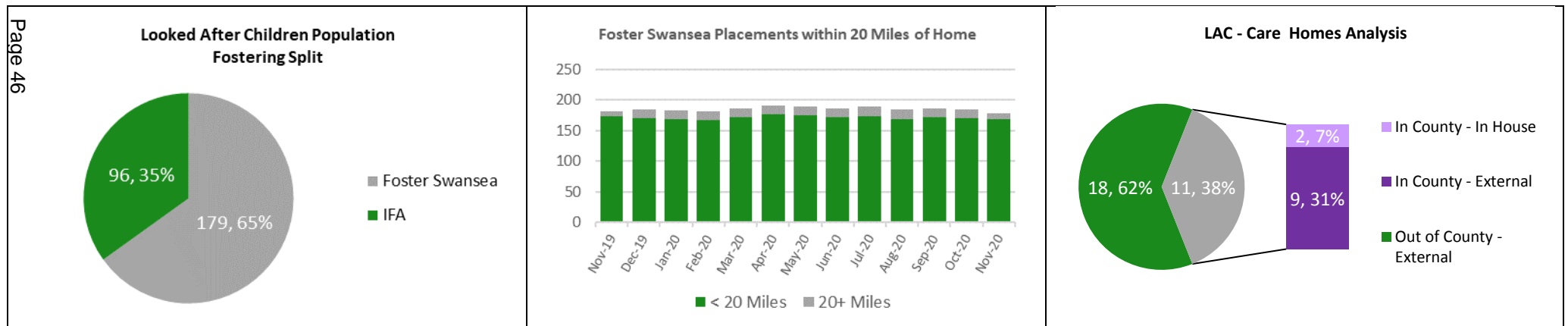
Measure / Metric	Result	Target	What's Good?	Status
The number of children becoming looked after during the month:	<b>5</b> (9)	<10	Low is Good	
The number of children ceasing to be looked after during the month:	<b>12</b> (11)	>10	Higher is Better	
The percentage of children becoming looked after during the month who had a completed Care and Support plan within 10 working days of becoming LAC:	<b>X</b> X	100%	High is Good	
The percentage of LAC Statutory Visits in the month that were completed or not overdue:	<b>514, 95.19%</b> (505, 92.83%)	90%	High is Good	
The percentage of Looked After Children allocated to a qualified Social Worker:	<b>562, 100%</b> (568, 99.82%)	100%	High is Good	



What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>The number of children looked after has continued to reduce with a small number accommodated in November, and 12 leaving care.</li> <li>Performance has continued to improve in respect of the visits to children who are currently Looked After.</li> <li>4 Special Guardianship Orders in were granted in November.</li> </ul>		<ul style="list-style-type: none"> <li>The Performance Hub will review how information is captured on the number of care and support plans in place within 10 days.</li> </ul>

# Permanence – Reviews and Placement Stability

Measure / Metric	Result	Target	What's Good?	Status
The number of LAC Reviews Carried out during the month:	<b>133</b> (129)	No Target Set	High is Good	
The number of LAC reviews that were completed within statutory timescales:	<b>133, 100%</b> (128, 99.22%)	100%	High is Good	
The percentage of 4 month LAC reviews which had a plan for permanence:	<b>7, 100%</b> (9, 90.00%)	100%	High is Good	
The percentage of PEPs received within 20 school days of becoming looked after:	<b>3, 100%</b> (5, 100%)	100%	High is Good	
The percentage of looked after children who have had three or more placements in the previous 12 months of being looked after:	<b>42, 7.47%</b> (43, 7.56%)	Less Than 12%	Lower is Better	
The number of children/young people residing in Bed and Breakfast at any time during the month:	<b>0</b> (0)	Zero	Low is Good	

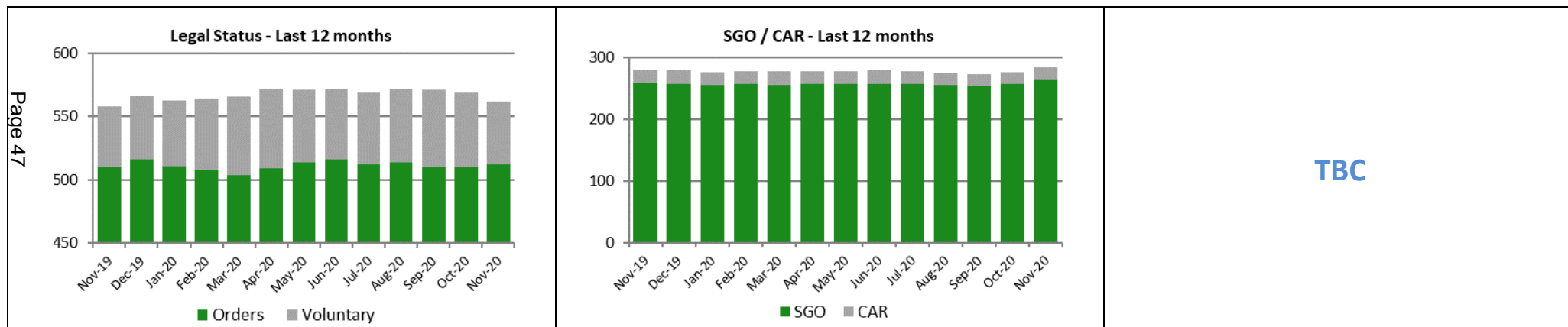


What is working well?	What are we worried about?	What do we need to do?
All areas continue to consistently deliver excellent performance levels.		



## Permanence – Leaving Care

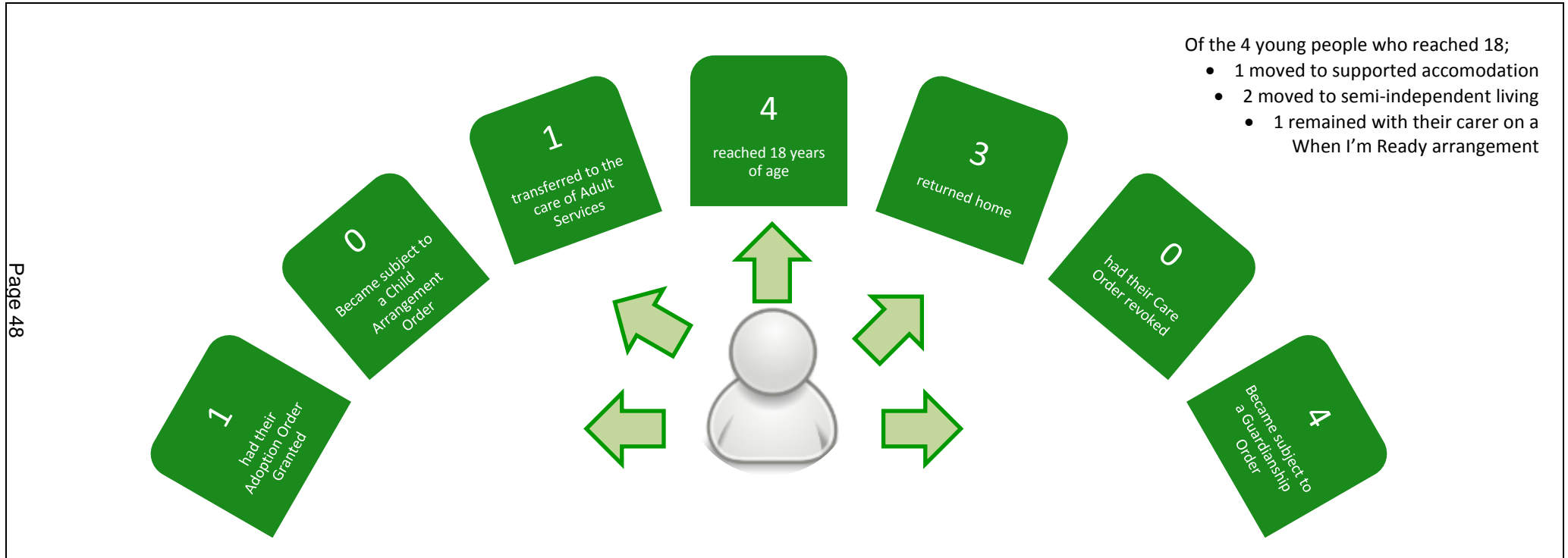
Measure / Metric	Result	Target	What's Good?	Status
The number of cases managed under Special Guardianship Orders and Child Arrangement Orders at the end of the month:	<b>284</b> (277)	No Target Set	Range of 250-300	
The number/percentage of young people becoming category 2-4 during the month who have an up to date Pathway Plan:	<b>7, 100%</b> (11, 100%)	100%	High is Good	
The number/percentage of young people becoming category 2-4 during the month who have an allocated personal adviser:	<b>7, 100%</b> (11, 100%)	100%	High is Good	
The number of young people in category 2-4 at the end of the month who were in Education, Employment or Training 12 months after ceasing to be LAC:	<b>2, 66.66%</b> (0, 0.00%)	No Target Set	High is Good	
The number of young people presenting as homeless during the month:	<b>8</b> (7)	No Target Set	Low is Good	



What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>Consistently good performance prevails in this area</li> </ul>		<ul style="list-style-type: none"> <li>The Performance Hub will be working with the BAYS Hub Manager in the New Year to develop qualitative data to understand the impact of practice on achieving good outcomes for children and young people.</li> </ul>

# Permanence – Destination upon Leaving Care

Measure / Metric	Result	Target	What's Good?	Status
The percentage of children supported to live at home at the end of the month:	<b>824, 59.45%</b> <i>(840, 59.62%)</i>	75%	High is Good	
The percentage of children returning home from care during the month:	<b>7, 53.85%</b> <i>(2, 18.18%)</i>	55%	High is Good	

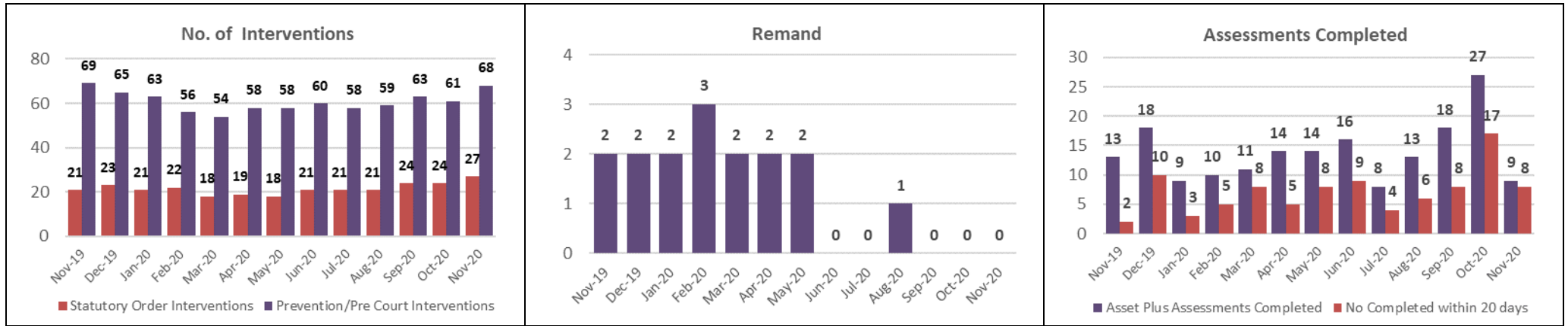


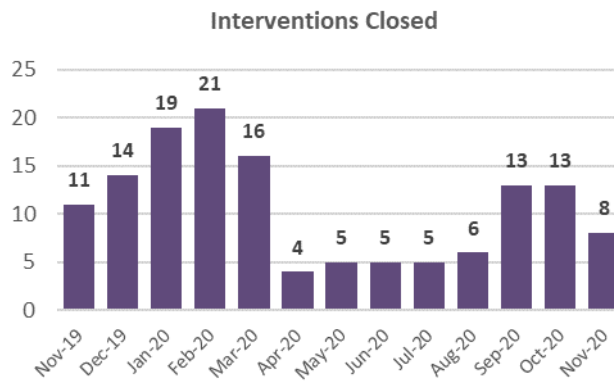
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# Youth Justice Service

Measure / Metric	Result	Target	What's Good?	Status
Total number of Young People open on an Intervention:	<b>95</b> (85)		Lower is Better	
Number of Young People on Remand:	<b>0</b> (0)		Low is Good	
Number of Asset Plus Assessments completed in the month:	<b>9</b> (27)			
Number of Asset Plus Assessments completed within 20 days:	<b>8</b> (17)		Higher is Better	
Number of Supervisions that took place in the month:	<b>28</b> (27)			
Number of Interventions closed in the month:	<b>8</b> (13)			

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### What is working well?

- Continued high levels of supervision evidencing that staff are maintaining a focus on this.
- In this period only one ASSET assessment was completed outside of the 20 day timeframe, by a few days.
- 9 Assessments were due in November and 9 were completed with only 1 out of timescales.
- There have been no young people remanded within the period
- Continued consistent number of interventions.

### What are we worried about?

- Although supervisions are taking place, there is some room for improvement in terms of the quality of supervision.
- While it is really pleasing that ASSET assessments are being completed within the timeframe, improvement is still required in respect of the quality in some cases.
- Some information is not being recorded accurately in assessments and on the case management system.

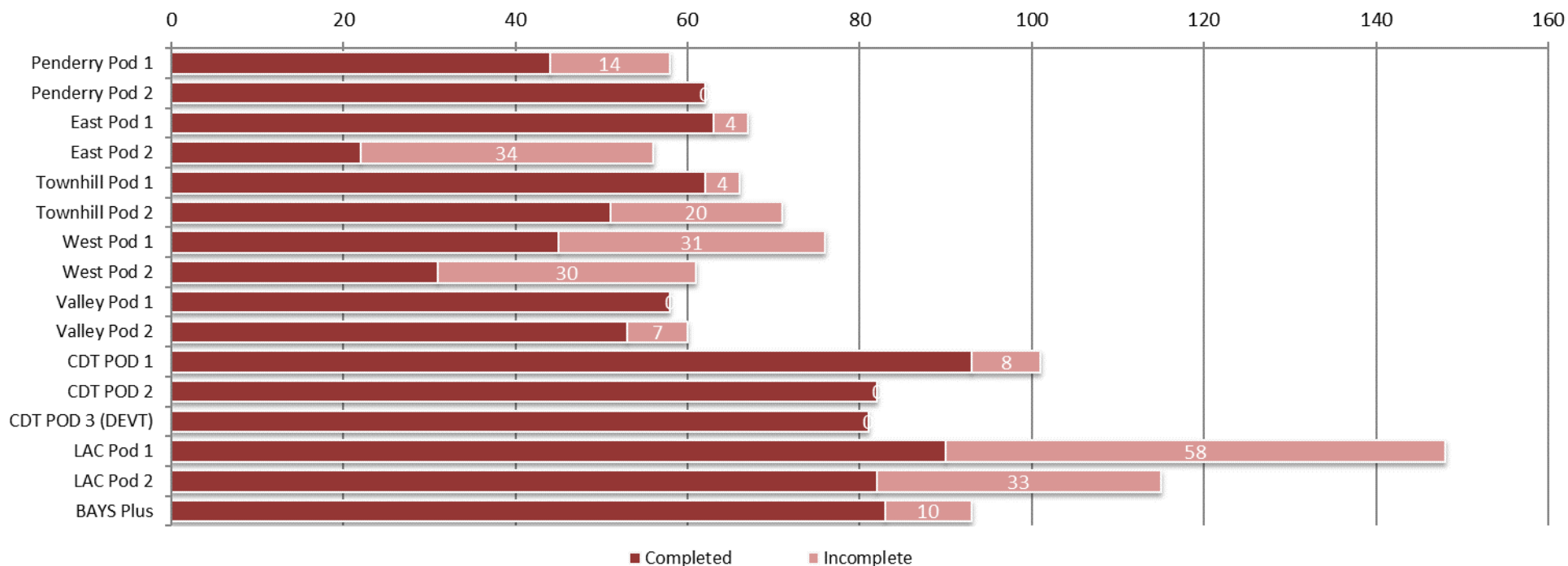
### What do we need to do?

- A supervision workshop will be facilitated in the New Year to build confidence in the supervision process. All seniors will be required to attend formal supervision training when this becomes available.
- Where assessments are going out of timeframe or where there are concerns about quality, case managers are being asked to discuss this with the Practice Manager and Principal Officer so that we can support to address any issues.
- Dip sampling is currently taking place which has highlighted some gaps in recording on the system. These dip sampling sessions are allowing us to highlight the focus of supervision discussions to support staff to ensure all essential information is accurately recorded.

## Quality – Case and Personal Supervision

Measure / Metric	Result	Target	What's Good?	Status
The percentage of children in need of Care and Support whose cases were reviewed during the month:	<b>1002, 79.84%</b> (1097, 85.44%)	90%		

Case Supervision SCP



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What is working well?	What are we worried about?	What do we need to do?
	<ul style="list-style-type: none"> <li>Performance Hub has identified from the team that Annual Review cases have caused some issues with the supervision reports, as these cases do not necessarily require a high level of supervision. A</li> </ul>	<ul style="list-style-type: none"> <li>Performance Hub will discuss annual review cases with other remaining Hubs to ensure this does not impact on supervision performance.</li> </ul>

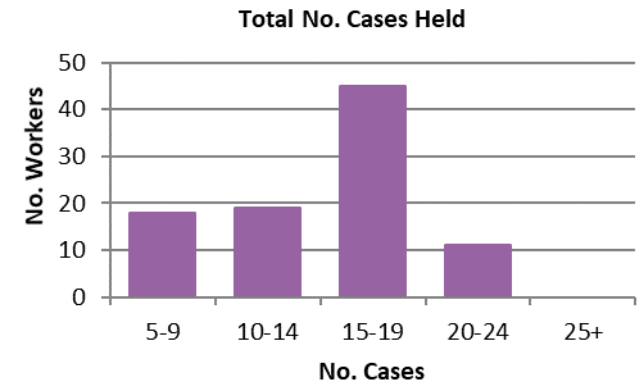
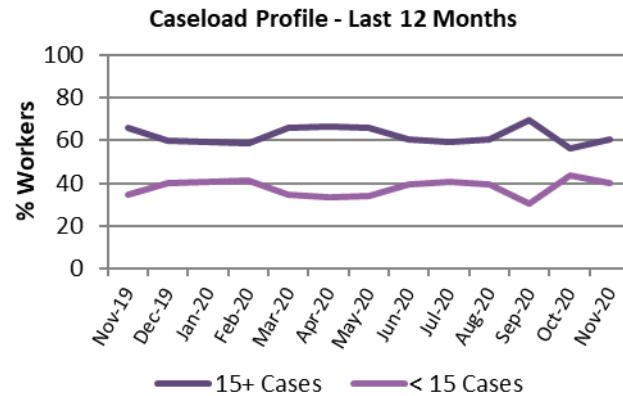
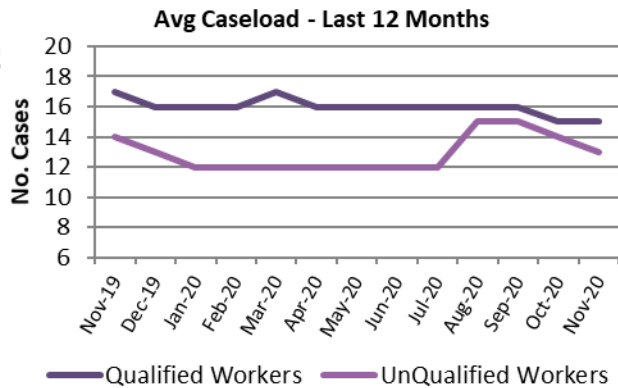
discussion has now taken place with Townhill/West around how to manage this moving forward.

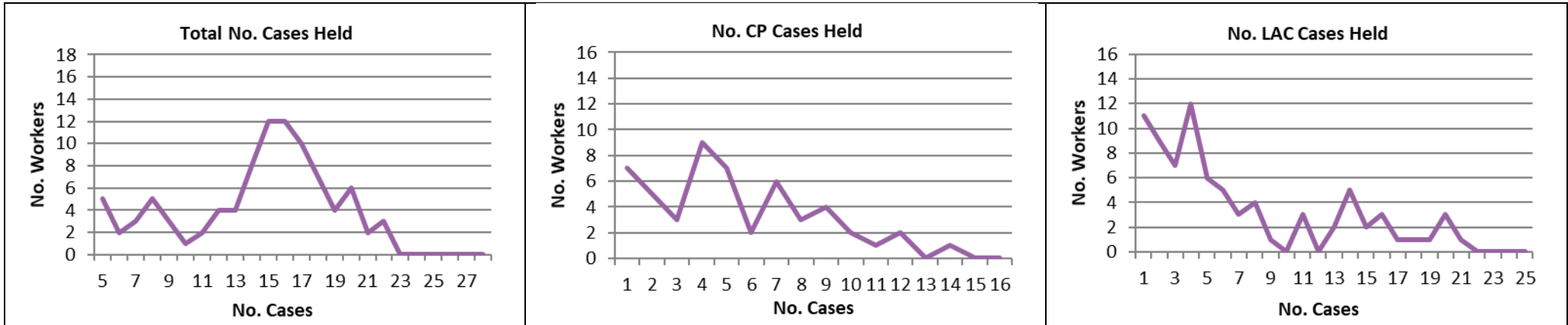
- Performance Hub will be working with the teams to focus on key performance areas including supervision.

## Case Management

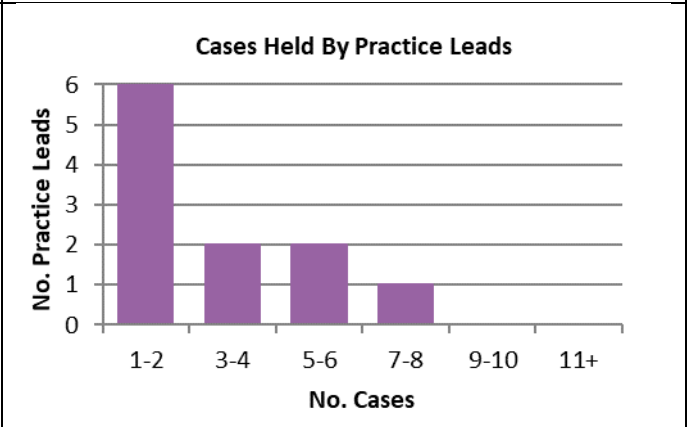
Measure / Metric	Result	Target	What's Good?	Status
Number of Cases of Children needing Care and Support Managed by the Service at the end of the month:	<b>1386</b> (1409)	<1600	Low is Good	
Average caseload of Qualified Workers:	<b>15</b> (15)	<15	Lower is Better	
Average caseload of Unqualified Workers:	<b>13</b> (14)	<15	Lower is Better	
The percentage workers (qualified and unqualified) holding 15+ cases:	<b>60.22%</b> (56.38%)	No Target	Lower is Better	

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What is working well?	What are we worried about?	What do we need to do?
<ul style="list-style-type: none"> <li>Average caseloads remain within the expected range</li> </ul>	<ul style="list-style-type: none"> <li>Higher % of qualified workers with caseloads in excess of 15.</li> </ul>	