

Council Priority: PEOPLE

Supporting Medway's people to realise their potential

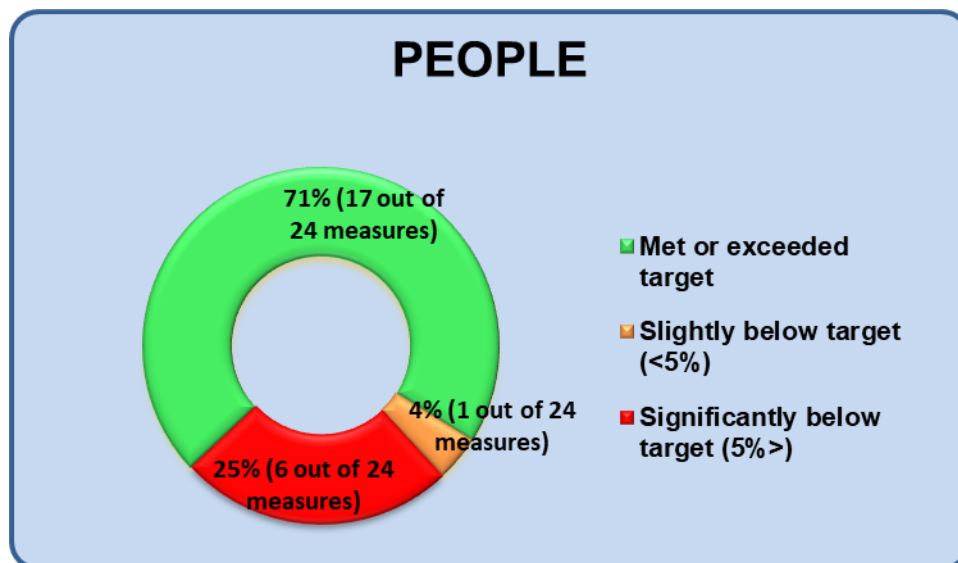
Performance: Quarter 1 2021/22

Key

| | | | | | |
|--------------------|----------------------------------|-------------------|-----------------------------|----------------------|------------------------|
| Red | significantly below target (>5%) | Amber | slightly below target (<5%) | Green | met or exceeded target |
| IMP | Improved | DET | Worsened | STATIC | Static |
| Data | No target | NA | Not available | Not available | Not available |
| Short Trend | Since last qtr | Long Trend | Avg over last 4 qtrs | Avg over last 4 qtrs | Avg over last 4 qtrs |

Council Plan measures: summary performance

There are 34 Council Plan measures for this priority. We are reporting on 24 as data for 10 measures is not available this quarter.



Improved performance

- 39% (9 out of 23*) improved over the short term (since last quarter)
 - 63% (15 out of 24*) improved long term (average of previous 4 quarters)
- * where data available

Measures in target (green)

| Code | Status | Measure | Short Trend | Long Trend |
|------|--------------|--------------------------|-------------|------------|
| PH17 | Green | Breastfeeding initiation | IMP | IMP |

| Code | Status | Measure | Short Trend | Long Trend |
|------------------|--------------|--|-------------|------------|
| CSC0004 | Green | Number of LAC per 10,000 children | DET | IMP |
| CSC0006 | Green | Number of CP per 10,000 children | IMP | IMP |
| ILAC1 | Green | Average Caseloads in Assessment teams | DET | DET |
| ILAC2 | Green | Average Caseloads in Post Assessment teams | DET | IMP |
| ILAC5 | Green | % of children with long-term fostering as a plan, where the child, carer and service have agreed for the placement to last until the child is ready to leave care. | IMP | IMP |
| ILAC6 | Green | Rate of open CIN cases per 10,000 | DET | IMP |
| N23 | Green | The percentage of children social work substantive posts not filled by permanent social workers | IMP | IMP |
| PH16 | Green | Smoking at time of delivery (SATOD) (Q4 2020/21) | IMP | IMP |
| ASCGBT001 | Green | % of Long-term packages that are placements | DET | DET |
| ASCOF 1G (n) | Green | Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family (Q4 2020/21) | IMP | IMP |
| ASCOF 2A(2) | Green | Permanent admissions to care homes, per 100,000 pop – 65+ | IMP | IMP |
| CA13 | Green | The percentage of children permanently excluded from school (upheld only) | STATIC | DET |
| CASEIKS4 Ofsted | Green | Partnership measure: Percentage of Secondary Schools judged good or better | STATIC | STATIC |
| CASEISPEC Ofsted | Green | The percentage of special schools in Medway judged to be good or better | STATIC | STATIC |
| OfstedPrim Mnt | Green | The percentage of Maintained primary schools in Medway judged to be good or better | STATIC | IMP |
| SE2 OEPr | Green | Partnership measure: Percentage of all Primary Schools judged good or better | STATIC | IMP |

Measures slightly below target (amber)

| Code | Status | Measure | Short Trend | Long Trend |
|--------------|--------------|--|-------------|------------|
| ASCOF 1C(2i) | Amber | Percentage of clients receiving a direct payment for their social care service | DET | STATIC |

Measures significantly below target (red)

| Code | Status | Measure | Short Trend | Long Trend |
|---------|------------|---|-------------|------------|
| PH13 | Red | Rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over (Q4 2020/21) | DET | DET |
| A1 | Red | The average number of days (over the last 36 months) between a child entering care and moving in with adoptive family | IMP | IMP |
| ILAC3 | Red | Completed initial child and family assessments which started as S47, where the child was visited within 1 working day. | DET | DET |
| ILAC4 | Red | Completed initial child and family assessments which started as S17, where the child was visited within 5 working days. | DET | IMP |
| ILAC7 | Red | The percentage of CSC Audits graded good or outstanding | IMP | IMP |
| EDU3(b) | Red | The percentage of children who were persistently absent from school | NA | DET |

Measures not available this quarter

| Code | Status | Measure | Short Trend | Long Trend |
|---------------|-----------|--|-------------|------------|
| PH14 | NA | Excess weight in 4–5-year-olds (2020/21 annual) | NA | NA |
| PH15 | NA | Excess weight in 10–11-year-olds (2020/21 annual) | NA | NA |
| PH23 | NA | Dementia friendly settings (Q4 2020/21) | NA | NA |
| PH8 | NA | Percentage of children and young people achieving a lifestyle improvement as a result of completing a young people weight management service | NA | NA |
| CASEIEYFS Gap | NA | Percentage achievement gap at Early Years Foundation Stage Profile between the lowest attaining 20 % of children and the mean | NA | NA |

| | | | | |
|-------------|----|--|----|----|
| ASCOF 2A(1) | NA | Permanent admissions to care homes per 100,000 pop – 18-64 | NA | NA |
| ASCOF 2Cii | NA | Delayed transfers of care from hospital and those which are attributable to adult social care, per 100,000 population | NA | NA |
| SE KS2 | NA | The percentage of children who achieve the required standard or above in Reading, Writing and Mathematics at KS2 (2020/21 annual) | NA | NA |
| SE KS2Mnt | NA | The percentage of children who achieve the required standard or above in Reading, Writing and Mathematics at KS2 in Maintained Schools Only (2020/21 annual) | NA | NA |
| SEKS4A8 | NA | Average attainment 8 score (2020/21 annual) | NA | NA |

Strategic Risks

The quarter 1 21/22 strategic risk register is attached at Appendix 5. The register shows all strategic risks together with mitigation in place to minimise impact and likelihood. The risks pertaining solely to this council priority are shown below (full details in Appendix 5).

| Reference | Risk Register Page (app 5) | Risk | Owner | Current residual risk score | L – Likelihood I – Impact |
|--------------|----------------------------|--|---|-----------------------------|------------------------------|
| SR09A NEW | 16 | Changing Demographics of Older People and Working Age Adults | Director of People - Children and Adults Services | BII | L – high I – major |
| SRO9B | 21 | Keeping vulnerable adolescents safe | Director of People - Children and Adults Services | BII | L – high I – major |
| SR26 | 27 | Non-delivery of Children's Services Improvement | Director of People - Children | CII | L – significant I – major |

| Reference | Risk Register Page (app 5) | Risk | Owner | Current residual risk score | L – Likelihood I – Impact |
|-----------|----------------------------|------------------------------------|-------------------------|-----------------------------|------------------------------|
| | | | and Adults Services | | |
| SR39 | 46 | Financial Pressures on SEN Budgets | Director of People –C&A | BII | L – high I – major |

The following risks pertain to all priorities:

| Reference | Risk Register Page (app 5) | Risk | Owner | Current residual risk score | L – Likelihood I – Impact |
|-----------|----------------------------|--|--|-----------------------------|-------------------------------------|
| SRO3B | 4 | Finances | Chief Finance Officer | AI | L – very high I – catastrophic |
| SR46 | 9 | Medway's Economic Recovery from Covid19 | Assistant Director Regeneration (Recovery Lead Officer for Medway Council) | BII | L – high I – major |
| SR32 | 30 | Data and information | Chief Legal Finance Officer | CII | L – significant I – major |
| SR36 | 34 | Alternative service delivery models | Chief Legal Officer, Chief Finance Officer | BIII | L – high I – moderate |
| SR37 | 39 | Cyber Security | Chief Finance Officer | CI | L – significant I – catastrophic |
| SR02 | 48 | Business continuity and emergency planning | Director of Place, Chief Finance Officer, Deputy | DII | L – low I – major |

| Reference | Risk Register Page (app 5) | Risk | Owner | Current residual risk score | L – Likelihood I – Impact |
|-----------|----------------------------|---------------------------------|-----------------------|-----------------------------|------------------------------|
| | | | Chief Executive | | |
| SR49 | 65 | Income Reduction due to Covid19 | Chief Finance Officer | BII | L – high I – major |

Council Plan Outcome: Healthy and active communities

Programme: Improving everyone's health and reducing inequalities

Council Plan Measures

PH13 Rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q4 2020/21 | 567 | 391 | Red | Maximise | DET | DET |
| Q3 2020/21 | 340 | 185 | Red | Maximise | DET | DET |

Comments

Delivery of Smoking Cessation in GP practices, pharmacies and prison greatly reduced over the pandemic due to the system responding to the crisis. All face-to-face support ceased over 2020/21, with the Public Health team offering remote support. This has led to a decrease in the number of quits for the service beyond what was expected. There will continue to be limited capacity in GP practices and pharmacies as the health system continues to work on the vaccination programme alongside recovery of services. In addition, the number of quits will reduce year-on-year as prevalence continues to reduce. There are currently approximately 30,000 smokers in Medway compared to 10 years ago when there were 49,000. Medway continues to have one of the highest quit rates per 100,000 of the smoking population for the South East Region.

In Q4 2020/21, 441 quit attempts and 250 self-reported quits provide a 57% success rate. The current predominant service option has been telephone support due to Covid19, however, in addition, both the Core and Pregnancy teams have explored group options using digital online video conferencing. In addition, Medway Stop Smoking Service is improving access for Medway residents by offering digital stop

smoking service access points. These include Text To Quit, and an app. The service continues to work closely with Medway Foundation Trust on initiatives such as Pre-habilitation surgery school and a dedicated on-site Stop Smoking Support room. The service also continues to work closely with GP practices and pharmacies in order to support them in delivering the programme or generate referrals into the Public Health team.

PH14 Excess weight in 4-5 year olds

| Annual | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------|--------|-------|--------|----------|-------------|------------|
| 2020/21 | 23% | NA | NA | Minimise | NA | NA |
| 2019/20 | 22.4% | 25.5% | Red | Minimise | DET | DET |

PH15 Excess weight in 10-11 year olds

| Annual | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------|--------|-------|--------|----------|-------------|------------|
| 2020/21 | 35.2% | NA | NA | Minimise | NA | NA |
| 2019/20 | 34% | 36.9% | Red | Minimise | DET | DET |

Comments

Please note, performance has been directly impacted by national regulations that required us not to undertake any work in these areas. The status for this indicator has been temporarily removed due to the impact of Covid19.

Rates of children classified as "overweight" and "obese" are monitored through the National Child Measurement Programme (NCMP), which is delivered through schools. Children's weight and height are measured in reception class (ages 4-5) and again in Year 6 (ages 10-11). For children in reception year, the rates of those with excess weight is 25.5% in Medway for 2019/20 (increasing from 24% from the previous year), which is above the England average of 23%.

Obesity is a complex problem with multiple causes and significant implications for health and beyond. To tackle the increasing issue of obesity in children and adults, national and local action is needed now. With no one single solution available, tackling such an ingrained problem requires a long-term, system-wide approach that makes obesity everybody's business. Medway Council's Public Health team have developed a whole system approach to tackling obesity, based on Public Health England's recently published whole system obesity guidance. Medway Council provide a wide range of services to prevent and treat childhood obesity including:

- A comprehensive range of family and adult support services for tier 2 and tier 3 weight management, offering free support services for people at varying levels of excess weight.
- Healthy eating and cookery programmes for families and children.
- Regular promotion of national and local campaigns such as Sugar Smart, Change4Life and Beside You breastfeeding campaign.

- A planning guidance note that restricts hot food takeaways within a 400m radius of schools.
- Providing a wide range of training to professionals and volunteers on subjects like healthy eating and obesity.
- Commissioning a 0-19 provider to include healthy weight as a priority in health visiting and school nursing contracts.
- Coordination of an annual healthy weight summit that encourages as many public, private, voluntary, and academic sector partners to promote this agenda and take their own actions forwards.
- A Better Medway workplace programme that supports workplaces to create healthy workforces.
- Free swimming for under 16s.
- Multiple sport and physical activity opportunities within schools and in community settings.

Wider system action is integral if we are to realise the national aspiration of halving childhood obesity by 2030. The Medway Healthy Weight Network and its sub-groups are one vehicle where this action can be taken forward. The network has stated the following priorities for 2021/22:

- Increasing the volume of peer supporters to improve breastfeeding rates.
- Enhanced activity for the infant feeding communication campaigns.
- Achieving a higher level of Baby Friendly Accreditation in acute and community settings.
- Extending the existing cooking programme to include some courses that exclusively concentrate on the budget side.
- Enhancing our physical activity provider network.
- Increasing the reach of our infant feeding marketing campaigns.
- Developing a whole school food programme.
- Developing and marketing culturally sensitive eat well guidance.
- Improving the whole school food approach.
- Enhancing the newly established Physical Activity Alliance and the partnership working between the group.
- Understanding and addressing the barriers of why specific groups have the lowest physical activity levels.

PH17 Breastfeeding initiation

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|--------|--------------|----------|-------------|------------|
| Q1 2021/22 | 70% | 70.3% | Green | Maximise | IMP | IMP |
| Q4 2020/21 | 70% | 68.67% | Amber | Maximise | DET | DET |

Comments

Breastfeeding initiation is recorded by midwives shortly after the infant is born indicating if the baby receives breast or bottle milk. A key priority for the infant feeding strategy group is to increase breastfeeding rates year-on-year.

PH23 Dementia friendly settings

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|-----------|----------|-------------|------------|
| Q4 2020/21 | 6 | NA | NA | Maximise | NA | NA |
| Q3 2020/21 | 4 | NA | NA | Maximise | NA | NA |

Comments

Please note, performance has been directly impacted by national regulations that required us not to undertake any work in these areas. The status for this indicator has been temporarily removed due to the impact of Covid19.

It has not been possible to conduct assessments to progress this target due to Covid19 restrictions. The development of inclusive locations for people who live with dementia has been furthered through discussion within the Action Alliance and provision of online dementia friendly training, however no formal assessments have been able to be conducted. Later this year, initiatives to improve areas for all hidden disabilities will impact this work as action taken by organisations is broader than the dementia focus.

PH8 Percentage of children and young people achieving a lifestyle improvement as a result of completing a young people weight management service

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|-----------|----------|-------------|------------|
| Q1 2021/22 | 75% | NA | NA | Maximise | NA | NA |
| Q4 2020/21 | 75% | NA | NA | Maximise | NA | NA |

Comments

Please note, performance has been directly impacted by national regulations that required us not to undertake any work in these areas. The status for this indicator has been temporarily removed due to the impact of Covid19.

The Covid19 lockdown continues to have a serious effect on referrals into Children's Services. The National Child Measurement programme (NCMP) largely generates referrals into our programmes. The NCMP has restarted this year, and telephone calls to parents will be undertaken by the School Nursing teams over the summer.

Plans for our programmes are already in place to recommence face-to-face from September. Work within engaged schools has continued and been successful, and relationships with other schools have been developed as the Public Health team undertook the Year 6 measurements on behalf of the school Nursing teams.

Supporting Healthy Weight

The adult overweight and obesity statistics were published in May showing Medway's rate has risen to 71.2% for all adults, placing Medway the highest percentage of overweight adults in the South East. The data collection for the NCMP was completed in June, with results likely to be verified and published in October by Public Health England. Medway has been allocated funding from central government to increase provision for weight management services, which will be used to commission a new virtual weight management service, increase the capacity in our Man Vs Fat programme and enhance our offer of our tier 2 weight management programme (Healthy Way). NHS England have also launched some new virtual support services for overweight adults who also have diabetes or hypertension. Referrals for these services will only be via primary care staff, but these additional services are likely to increase the capacity in our existing weight management services.

Council Plan Outcome: Resilient families

Programme: Together We Can - Children's Services Council Plan Measures

A1 The average number of days (over the last 36 months) between a child entering care and moving in with adoptive family

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------------|--------|-------|------------|----------|-------------|------------|
| Q1 2021/22 | 450 | 503 | Red | Minimise | IMP | IMP |
| Q4 2020/21 | 450 | 527 | Red | Minimise | DET | DET |

Comments

The 3-year average has decreased to 503 days, an improvement on the Q4 outturn. This has resulted in both short-and long-term trends changing to show positive movement.

Benchmarking

The latest national benchmark is 486 days and the statistical neighbour outturn is 440. Medway is closer in line with the South East benchmark of 529.

Actions

Medway has now joined with Kent and Bexley into a Regional Adoption Agency (RAA) so the service will work through the RAA to identify adoptive families in a timely way.

12 Medway children have been matched since January 2021 at an Adoption Partnership panel. Panels are held weekly which ensures that children are matched without delay where suitable adopters can be found within the resources of the Adoption Partnership.

CSC0004 Number of LAC per 10,000 children

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 70.0 | 68.9 | Green | Minimise | DET | IMP |
| Q4 2020/21 | 70.0 | 68.7 | Green | Minimise | IMP | IMP |

Comments

Currently there are 440 children in care, which is a rate of 68.9 per 10,000. This is a small rise on the Q4 outturn, however the number of children in care are lower than June last year, by 3%.

Benchmarking

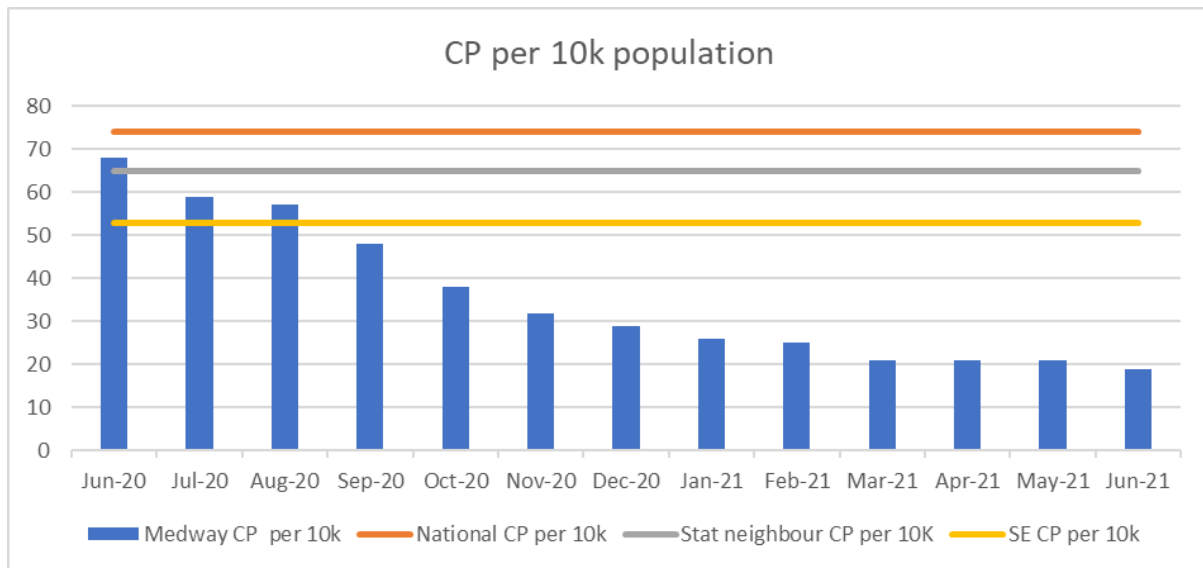
Nationally there are 65 Looked After Children (LAC) per 10,000 population, Medway has a lower rate, 68.9, than our statistical neighbours, at 74 per 10,000. However, the rate in the South East is lower than in Medway, at 53 per 10,000 population. We are updating our LAC (Children in our Care) Strategy and our Sufficiency Strategy to include how we will work towards rehabilitation of children and young people safely, where appropriate, to their families. We will also focus on undertaking effective work with those children and young people on the 'edge of care', to seek to reduce our Children In Care (CIC) population over the next year.

CSC0006 Number of CP per 10,000 children

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 65.3 | 19.0 | Green | Minimise | IMP | IMP |
| Q4 2020/21 | 65.3 | 20.8 | Green | Minimise | IMP | IMP |

Comments

Currently there are 119 children on a Child Protection (CP) plan. This equates to a rate of 19 per 10,000, a reduction from the rate at the end of Q4.



Benchmarking

Medway is below the latest National and Statistical neighbour rate, of 43 per 10,000 and South East rate of 41 per 10,000.

Actions

The focus in the Improvement Plan on improving quality of practice, introducing additional scrutiny of child in need plans and working proactively with adolescents, has led to this reduction, and brought Medway below national and statistical neighbours.

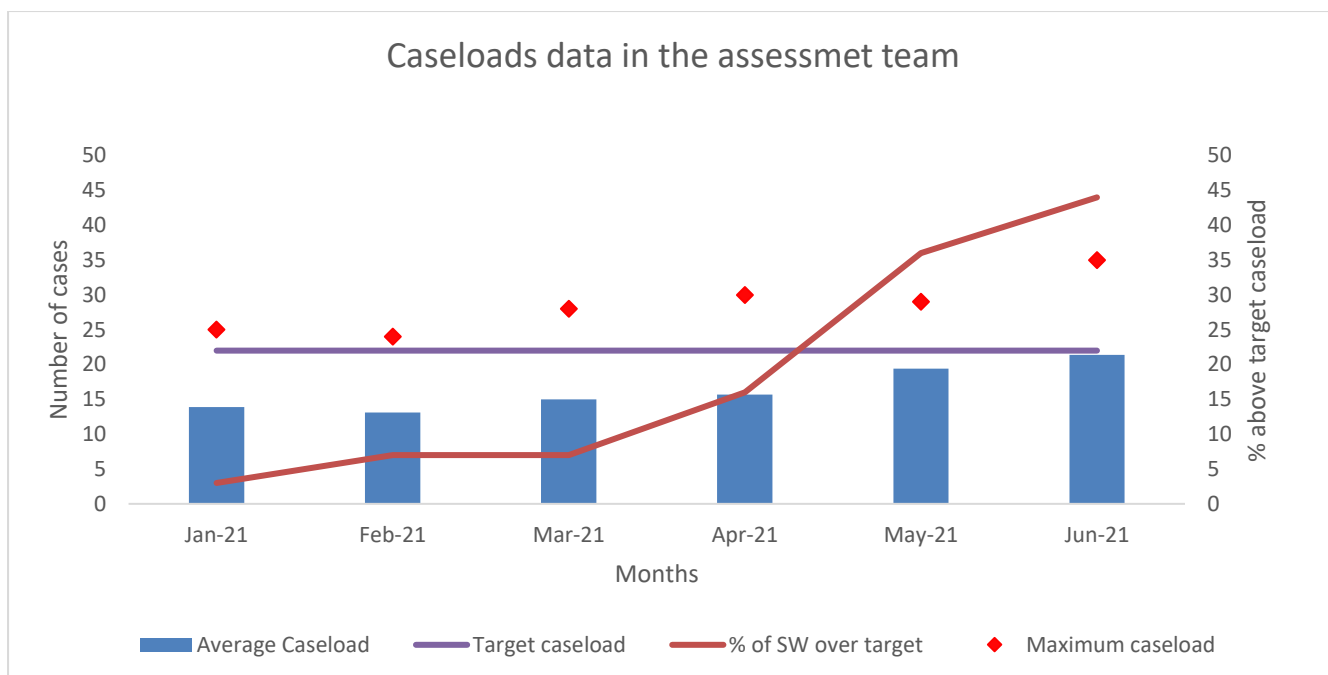
Decision making has been tested by our Partner in Practice, Essex, and decisions to end plans were found to be appropriate. The service is continuing to monitor progress against this and reports monthly to the Improvement Board.

ILAC1 Average Caseloads in Assessment teams

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 22 | 21.4 | Green | Minimise | DET | DET |
| Q4 2020/21 | 22 | 15 | Green | Minimise | DET | DET |

Comments

The snapshot shows that the average caseload in the Assessment teams is 21.4, a rise from 15 at the end of Quarter 4. Currently 44% of social workers are over the target caseload of 22, with the highest caseload at 35.



Actions

Caseloads in Assessment have increased significantly due to the increased volume of referrals and recruitment difficulties. To mitigate some of the challenges within the Child and Family team, assessments were allocated to practitioners in Children Social Workers' teams. Despite this some social workers have reached very high caseloads and in those cases team managers have increased the supervision and support that was offered to them.

Recruitment activity has been more successful in the latter part of June 2021 and, as of 31 July 2021, all posts within the Assessment team were covered with either a locum or permanent worker.

Caseloads in the Children Social Work teams have remained low which has allowed practitioners to support the Assessment teams.

ILAC2 Average Caseloads in Post Assessment teams

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 18 | 13.4 | Green | Minimise | DET | IMP |
| Q4 2020/21 | 18 | 10.3 | Green | Minimise | IMP | IMP |

Comments

The snapshot shows post assessment social work teams (Areas CS Teams 1-8) have an average caseload of 13.4. This is an increase on the Q4 outturn. This PI remains below target. The highest caseload is 21 and 5% of social workers, in these teams, have caseloads over the target.

ILAC3 Completed initial child and family assessments which started as S47, where the child was visited within 1 working day.

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 90% | 72% | Red | Maximise | DET | DET |
| Q4 2020/21 | 90% | 100% | Green | Maximise | IMP | IMP |

Comments

The end of quarter snapshot shows that under three quarters of S47 assessments were visited in 1 day. This is a drop when compared to the previous quarter and below target.

Actions

The exceptions to completing S47 visits in timescales refer to a small number of families and the visits were late by 1 or 2 days. The delays were due to difficulties locating families, workload challenges and staffing difficulties.

We continue to review this indicator regularly at Performance Clinics. Where a delay is identified, each case is scrutinised.

ILAC4 Completed initial child and family assessments which started as S17, where the child was visited within 5 working days.

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 85% | 77% | Red | Maximise | DET | IMP |
| Q4 2020/21 | 85% | 78% | Red | Maximise | IMP | IMP |

Comments

The end of quarter snapshot shows just under three quarters of S17 assessments were visited in 5 days. This is a drop when compared to the previous quarter and below target.

Actions

The exceptions for S17 visits are due to several factors: high vacancy rates in some teams, and difficulties locating some families or engaging them in the assessment process. We continue to review this indicator regularly at Performance Clinics. Managers will maintain overview and scrutiny of all delays and impact on children.

ILAC5 % of children with long-term fostering as a plan, where the child, carer and service have agreed for the placement to last until the child is ready to leave care.

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 60% | 62% | Green | Maximise | IMP | IMP |
| Q4 2020/21 | 60% | 60% | Green | Maximise | IMP | DET |

Please note, the target for this performance measure has since been increased to 70% to enable ongoing improvement.

Comments

There has been a small rise in the proportion of children for whom permanency has been agreed but is now below the stretched target of 70%. Achieving permanency for children is a key issue in the improvement plan and mechanisms have been put in place to review permanency plans and to strengthen the work of the fostering panel to continue to improve the performance of this indicator.

Actions

To fully implement the Permanency Policy and convene regular permanency panels. To Implement the Fostering Strategy to increase supply, choice, and support for carers. To work with Independent Reviewing Officers (IRO) to ensure all children and young people have a permanence plan, including looking to those children and young people who can safely return home, with effective support in place. Group Managers for Adoption/Fostering and CIC are jointly responsible for the tracking of permanency.

ILAC6 Rate of open CIN cases per 10,000

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 382 | 301 | Green | Minimise | DET | IMP |
| Q4 2020/21 | 382 | 277 | Green | Minimise | IMP | IMP |

Comments

The rate of Children In Need (CIN) has risen over the quarter, with 156 more children counted as child in need than at the end of March. There are, however, 219 fewer children counted as CIN than in June 2020. Medway remains below all of our comparator groups. The number of CIN will be affected by the closure of CP plans, if those children then cease to receive a service.

A child in need is defined, under the Children Act 1989, "as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled." This includes all LAC and all children on a CP plan as well as other children supported by social services who are not looked after on a CP plan.

Benchmarking

Nationally there are 324 CIN cases per 10,000 population. This is slightly higher for our statistical neighbour group (331) and it is 304 in the South East.

Actions

Ensuring children can access the right service at the right time is part of the vision for the service and reviewing the threshold for statutory service provision is an action in the Improvement Plan. This has been done in consultation with partners.

The Service launched the revised Threshold Document with partners and support through workshops. The monitoring appropriateness of referrals and re-referral rates continues.

The service has established a Child in Need Reviewing Officer to monitor the quality of practice for children subject to Child in Need plans and support correct application of threshold. As part of the role the Child in Need Reviewing Officer has established a multi-agency panel for Child in Need cases so that risks are robustly addressed, and the children and families receive services early enough before risks escalate as well as offering consultations for operational staff. We have doubled the capacity of this Officer.

ILAC7 The percentage of CSC Audits graded good or outstanding

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 80% | 7% | Red | Maximise | IMP | IMP |
| Q4 2020/21 | 80% | 0% | Red | Maximise | NA | NA |

Comments

The service is committed to completing 10 audits per month selected from across all service areas.

Quarter 1 data covers audits for April to June which resulted in 48.3% graded 'Requires Improvement', 44.8% 'Inadequate' and 6.9% 'Good'.

N23 The percentage of children social care substantive posts not filled by permanent social workers

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 25% | 15% | Green | Minimise | IMP | IMP |
| Q4 2020/21 | 25% | 20% | Green | Minimise | IMP | IMP |

Comments

Vacancy rates are at an all-time low, at 15%. The ongoing positive trend has been maintained over the last 18 months.

Benchmarking

Medway has a lower vacancy rate than our statistical neighbours (17%) and the National rate (16%).

Programme: The best start in life

Council Plan Measures

CASEIEYFS Gap Percentage achievement gap at Early Years Foundation Stage Profile between the lowest attaining 20 % of children and the mean

| Annual | Target | Value | Status | Aim to | Short Trend | Long Trend |
|-----------------------|--------|-------|--------------|----------|-------------|------------|
| 2019/20 Academic year | 30.0% | NA | NA | Minimise | NA | NA |
| 2018/19 Academic year | 30.0% | 28.7% | Green | Minimise | IMP | IMP |

Comments

Due to the pandemic there is no data for this measure for the academic year 19/20.

PH16 Smoking at time of delivery (SATOD)

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|--------|--------------|----------|-------------|------------|
| Q4 2020/21 | 17.5% | 11.6% | Green | Minimise | IMP | IMP |
| Q3 2020/21 | 17.5% | 12.42% | Green | Minimise | IMP | IMP |

Comments

As with previous submissions, data reported represents SATOD prevalence for the whole of Kent & Medway in line with the new Clinical Commissioning Group (CCG) footprint. Work continues in identifying a process to collect quarterly data for the Medway footprint only. For comparison purposes, it should be noted that Pentana data submitted for Q1 2020/21 reflects overall Medway Foundation Trust (MFT) data (Medway and Swale footprints), and not data for the whole of Kent & Medway.

Medway Stop Smoking Service has maintained effective service delivery throughout the Covid19 pandemic by adapting to remote smoking cessation consultations and maintaining provision of stop smoking medication. We have

continued to work effectively with midwifery colleagues, resulting in a total of 534 referrals being received this financial year - a 5% increase on the 2019/20 year. Critically, in 2020/21 we have supported 80 women to successfully quit smoking, the largest number of quits we have seen in this workstream in Medway.

Healthy Child Programme

The service is now back to operating face-to-face as standard. Virtual appointments can be accommodated if requested. Coverage for all five mandated checks is over 90%. The height, weight and hearing screening checks for Reception year children were completed before the end of the school year. Due to the pandemic reducing the timeframe for these screens, the Public Health team worked alongside Medway Community Healthcare (MCH) to ensure that the Year 6 National Child Measurement Programme was also completed. MCH now have an emotional wellbeing support service embedded within the school nursing service. Work is underway to ensure this offer compliments the Mental Health School Support Teams (MHST) that were funded through NHS England, and are due to start operating in January. MCH will provide support to schools which do not have MHST in place. A digital inclusion project providing access to tablets and data for health visiting, midwifery and Early Help is now in place and is already supporting families.

The Child Health team have been providing resource packs and lesson plans to schools. They are now producing monthly return to school packs for both staff and students. The packs cover topics from bereavement to domestic abuse. The team have been shortlisted for national awards, CYP Now for Adolescent Self-Harm project and RSPH for Digital.

Public Health have been working with the Communications team and Digital team and an external media agency to work with the council on innovative messaging and channels. This will be aimed at young people around Covid19. The campaign has been very successful with nearly half a million views of the images and videos on social media, and over a million impressions (advertisements appearing on a user's screen).

Council Plan Outcome: Older and disabled people living independently in their homes

Programme: Improve support for vulnerable adults by working with partners and communities

Council Plan Measures

ASCGBT001 % of Long-term packages that are placements

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------------|----------|-------------|------------|
| Q1 2021/22 | 30% | 29.1% | Green | Minimise | DET | DET |

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------------|----------|-------------|------------|
| Q4 2020/21 | 30% | 28.6% | Green | Minimise | DET | IMP |

Comments

There is minimal fluctuation in the number of clients in long term services but a 5% rise, over the quarter, of the number of clients in placements, therefore this measure remains below target but has risen. Currently there are 794 clients in residential and Nursing homes and a total of 2,651 clients receiving long term care.

Benchmarking

National data for 2019/20 for long term clients in placements is 30.1%, no change from the 2018/19 figure.

Whilst the long-term expectation is that ongoing demographic changes, in particular those relating to an ageing population, will impact on the number of placements needed, the number of clients in placements are currently lower than pre-Covid19 levels.

ASCOF 1C(2i) Percentage of clients receiving a direct payment for their social care service

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------------|----------|-------------|------------|
| Q1 2021/22 | 30% | 29.1% | Amber | Maximise | DET | STATIC |
| Q4 2020/21 | 30% | 29.5% | Amber | Maximise | IMP | IMP |

Comments

29.1% represents 568 individuals. The increase in the number of clients receiving a direct payment was not sufficient in increasing the percentage of clients receiving a direct payment for their social care service because of a higher proportionate increase in the number of clients receiving long term care.

Currently 99.5% of clients receive self-directed support.

Benchmarking

Nationally and for the South East, 27.9% of clients with an ongoing long term service receive a direct payment. This is a drop on 2018/19 from 28.3% and 29.5%, respectively. Our statistical neighbours' performance is higher at 30%.

Actions

The team are now working business as usual but have a backlog of referrals because of changes to their focus during peaks in the pandemic. Due to the nature in how service users are supported to set up direct payments the result will be seen within the next three months.

ASCOF 1G (n) Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q4 2020/21 | 70% | 76% | Green | Maximise | IMP | IMP |
| Q3 2020/21 | 70% | 66% | Red | Maximise | DET | IMP |

Comments

Unpublished data, based on our 2020/21 statutory return work shows 76% of adults with a learning disability live in their own home or with their family, which is a 4 percentage point improvement on our 2019/20 performance of 72%: exceeding our target of 70%.

Benchmarking

The current national outturn is 77.3% and our statistical neighbours' is 83.5% (2019/20 data).

ASCOF 2A(1) Permanent admissions to care homes per 100,000 pop – 18-64

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 3.5 | NA | NA | Minimise | NA | NA |
| Q4 2020/21 | 3.5 | 5.4 | Red | Minimise | DET | DET |

Comments

Please note the target is apportioned per quarter.

As the number of admissions in Q1 is between 1 and 5 this metric is redacted to prevent identification. However, we are able to say that the rate is below 3.5 per 100,000 and that the number of admissions recorded so far show positive trends.

Benchmarking

Nationally the benchmark is 14.6 per 100,000 for the full year, under 3.7 per 100,000 for each quarter and for our statistical neighbours the figure is 13.8 per 100,000 for the full year, and under 3.5 per 100,000 for each quarter.

Actions

The service has seen an increase in the number of individuals with higher levels of need. Working with our commissioning colleagues, we will continue to identify and commission further appropriate alternative forms of accommodation with a view to ensuring that the numbers requiring care home admissions is as low as possible.

ASCOF 2A(2) Permanent admissions to care homes, per 100,000 pop – 65+

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 154.5 | 95 | Green | Minimise | IMP | IMP |
| Q4 2020/21 | 154.5 | 159.6 | Amber | Minimise | DET | DET |

Comments

Please note the target is apportioned per quarter. 42 admissions have been recorded in Q1, so far. This equates to 95 admissions per 100,000 population, which is under target. For the same period last year, 38 admissions were recorded, clearly impacted by the pandemic and lockdown.

Benchmarking

The National rate of admissions is 584. This equates to 146 per quarter. Our statistical neighbour's 2019/20 outturn is 595.2 (148.8 per quarter).

Actions

Whilst a low number of admissions to care homes is a positive, this may in part be due to the impact of Covid19 on our older population, partly in terms of the death rate. We also know that during Covid19 many families chose to continue to care for their loved ones at home to avoid admission to care. We also know that delays in recording impacts the figures. We will continue to monitor the number of and trends in admissions over Quarter 2.

ASCOF 2Cii Delayed transfers of care from hospital and those which are attributable to adult social care, per 100,000 population

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------|----------|-------------|------------|
| Q1 2021/22 | 4.1% | NA | NA | Minimise | NA | NA |

Comments

Data collection has been suspended by Central Government.

Social Isolation

As we prepare and plan for emerging changes to the Covid19 requirements and restrictions, the issue of social isolation and loneliness is crucial. Work has begun on finding information and data for key priorities of work. These include the impact on: young adults; Black, Asian and minority ethnic groups; obesity; learning disability and autism; mental health; and older people.

Engagement with partners continues through virtual meetings, including the two weekly Medway Voluntary Action multi-agency meeting.

We are committed to expanding the delivery of the 'Connect 5' mental health training modules. Following a 'train the trainers' workshop, there will be enhanced awareness and support across Medway.

Two Social Isolation and Loneliness training modules have been held. Attendees have been from departments across the council, and external partners and businesses.

The 'A Better Medway Campaign' provided a range of information, advice, and support services during Loneliness Awareness Week (14 – 18 June) helping to reduce loneliness in Medway.

We are supporting the re-opening of 'Places of Welcome', Chatty Cafés and Dementia Cafés. We are carefully moving from virtual meetings to face-to-face ones, including meeting at Jaspers Café, and at St Augustine's and Christ Church venues.

Social Prescribing is successfully working with clients aged 65+ and there continues to be positive outcomes and evidence of reduced loneliness. For example, four clients are now independently accessing regular activities and social groups following initial support from link workers.

Support is being provided to promote the pop-up vaccine events, and focused work has been done in contacting groups who may be missing. This includes potentially isolated people and minority ethnic groups.

Council Plan Outcome: All children achieving their potential in schools

Programme: Raising aspiration and ambition

Council Plan measures

CA13 The percentage of children permanently excluded from school (upheld only)

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------------|----------|-------------|------------|
| Q1 2021/22 | 0.02% | 0.01% | Green | Minimise | STATIC | DET |
| Q4 2020/21 | 0.02% | 0.01% | Green | Minimise | DET | DET |

Comments

Please note, the annual target of 0.06% is apportioned across each quarter.

This quarter there have been 4 upheld permanent exclusions. 17 processes were started, 10 have been retracted or are to be retracted and 3 still await an outcome.

The 4 upheld exclusions equate to 0.01%. All permanent exclusions were from secondary schools.

Benchmarking

Nationally the rate of permanent exclusions is 0.09% (2018/19).

Actions

During lockdown the Inclusion team continued to offer support via 'The School Support Group' which is held virtually. Once all pupils returned to school, the team members re-engaged with pupils in their home school setting.

Team members also contacted families during lockdown to try and keep links with pupils on their caseload. Virtual meetings were offered to schools and advice and guidance given via telephone and email to support around pupils whose behaviour could lead to an exclusion.

Since schools returned in March team members have met face-to-face with young people where the majority of guidance and support provided to schools has been done virtually.

The School Support Group (SSG) continues to run virtually and has been used by both primary and secondary schools. There have been regular telephone consultation/discussions with schools regarding issues that may lead to an exclusion.

CASEIKS4 Ofsted Partnership measure: Percentage of all Secondary Schools judged good or better

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------------|--------|-------|--------------|----------|-------------|------------|
| Q1 2021/22 | 85% | 94.4% | Green | Maximise | STATIC | STATIC |
| Q4 2020/21 | 85% | 94.4% | Green | Maximise | STATIC | STATIC |

Comments

Of the 18 Secondary schools in Medway, 4 are classed as outstanding, 13 are good and 1 is inadequate. This means that 17 of 18 are good or better. The inadequate judgment applies to the Waterfront UTC from its time as Medway UTC.

Benchmarking

Nationally this figure is 76% and the South East currently has 86.6% of schools graded good or better.

Actions

There have been no new inspections this quarter.

CASEISPEC Ofsted **The percentage of special schools in Medway judged to be good or better**

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------------|--------|-------|--------------|----------|-------------|------------|
| Q1 2021/22 | 90% | 100% | Green | Maximise | STATIC | STATIC |
| Q4 2020/21 | 90% | 100% | Green | Maximise | STATIC | STATIC |

Comments

There have been no new inspections this quarter.

EDU3(b) **The percentage of children who were persistently absent from school**

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------------|--------|-------|------------|----------|-------------|------------|
| Q1 2021/22 | 11.4% | 19.6% | Red | Minimise | NA | DET |
| Q4 2020/21 | 11.4% | NA | NA | Minimise | NA | NA |

Comments

This data is for terms 1 and 2 of the 20-21 academic year. The primary rate is 18.4% and the secondary rate is 19.8%.

The statistical release for the 19-20 academic year was cancelled due to Covid19.

Benchmarking

Nationally, persistent absence rates are 13%, with primary at 12% and secondary at 14%.

Actions

All schools whose persistent absence is above the national percentage will be contacted and offered support and guidance from the local authority in addressing their persistent absence (PA). This is not dependant on their purchasing our attendance advisory service.

OfstedPrimMnt **The percentage of Maintained primary schools in Medway judged to be good or better**

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|---------------|--------|-------|--------------|----------|-------------|------------|
| Q1 2021/22 | 93% | 96% | Green | Maximise | STATIC | IMP |
| Q4 2020/21 | 93% | 96% | Green | Maximise | STATIC | IMP |

Comments

24 out of 25 local authority (LA) maintained primary schools are rated good or better; 4 are graded outstanding and 1 requires improvement.

There have been no changes to Ofsted ratings this quarter.

SE KS2 The percentage of children who achieve the required standard or above in Reading, Writing and Mathematics at KS2

| Annual | Target | Value | Status | Aim to | Short Trend | Long Trend |
|-----------------------|--------|-------|--------------|----------|-------------|------------|
| 2019/20 Academic Year | 65.0% | NA | NA | Maximise | NA | NA |
| 2018/19 Academic Year | 64.0% | 64.0% | Green | Maximise | IMP | IMP |

Comments

Due to Covid19 there will be no Key Stage 2 (KS2) data for the 19-20 and 20-21 academic year.

SE KS2Mnt The percentage of children who achieve the required standard or above in Reading, Writing and Mathematics at KS2 in Maintained Schools Only

| Annual | Target | Value | Status | Aim to | Short Trend | Long Trend |
|-----------------------|--------|-------|-----------|----------|-------------|------------|
| 2019/20 Academic Year | 65% | NA | NA | Maximise | NA | NA |

Comments

Due to Covid19 there will be no data for the 19-20 and 20-21 academic year.

SE2 OEPr Partnership measure: Percentage of all Primary Schools judged good or better

| Quarter | Target | Value | Status | Aim to | Short Trend | Long Trend |
|------------|--------|-------|--------------|----------|-------------|------------|
| Q1 2021/22 | 87.5% | 89.5% | Green | Maximise | STATIC | IMP |
| Q4 2020/21 | 87.5% | 89.5% | Green | Maximise | STATIC | IMP |

Comments

There has been one academy inspection this quarter.

Currently 68 schools are good or better from a cohort of 76; eight are outstanding and 60 are good.

There are 51 academies. Of these 86.3% are good or better (four are outstanding and 40 are good), four require improvement and three are inadequate.

Benchmarking

Nationally, this figure is 87.9% and for the South East currently it is 90.9%.

SEKS4A8 Average attainment 8 score

| Annual | Target | Value | Status | Aim to | Short Trend | Long Trend |
|-----------------------|--------|-------|--------------|----------|-------------|------------|
| 2019/20 Academic Year | 46.6 | NA | NA | Maximise | NA | NA |
| 2018/19 Academic Year | 46.6 | 46.6 | Green | Maximise | IMP | IMP |

Comments

Due to Covid19 there will be no data for the 19-20 and 20-21 academic year.