

**Council Priority: PEOPLE**  
**Supporting residents to realise their potential**  
**Quarter 1 2022/23**

**Performance and risks by outcome**

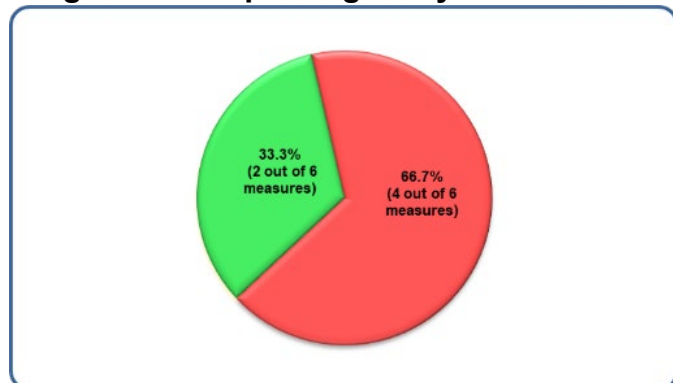
Key

<b>Red</b>	Significantly below target (>5%)	<b>Amber</b>	Slightly below target (<5%)	<b>Green</b>	Met or exceeded target	<b>Goldilocks</b>	Optimum performance is in a target range
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**Outcome: Healthy and active communities**

**Performance Summary**

**Programme: Improving everyone's health and reducing inequalities**



The total number of measures is 6

2 measures met their target [PH13; PH23]

4 measures were significantly below target [PH14; PH15; PH17; PH8]

2 of the 2 green measures are deteriorating long term [PH13; PH23]

3 of the 4 red measures are deteriorating long term [PH14; PH15; PH17]

PI code	PI name	Aim to	Status	Short Trend	Long Trend
PH13	Rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over (cumulative) (Q4 21/22)	Maximise	Green	DET	DET
PH14	Excess weight in 4-5 year olds (2020/21 annual)	Minimise	Red	DET	DET
PH15	Excess weight in 10-11 year olds (2020/21 annual)	Minimise	Red	DET	DET
PH17	Breastfeeding initiation	Maximise	Red	DET	DET
PH23	Dementia friendly settings (cumulative)	Maximise	Green	DET	DET
PH8	Percentage of children and young people achieving a lifestyle improvement as a result of completing a young people weight management service	Maximise	Red	NA	NA

**Comments:****PH13:**

- To the end of Q4 21/22 there have been 1,481 quit attempts, providing a 54% success rate. Face-to-face service delivery has resumed in accordance with the National Centre for Smoking Cessation and Training (NCSCT) guidance and 9% of all quits have been carbon monoxide (CO) verified.
- The service continues to work with acute and maternity settings and the local NHS trusts to implement the NHS Long Term Plan (NHS LTP). This plan is fundamental in making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. The outreach project continues to engage with workplaces and community groups and attend local events to extend the reach of the programme to underserved communities.

**PH14 and PH15:**

- Medway was one of the only areas in the country that achieved a high enough uptake for their Reception Year and Year 6 data to be published.
- The rates for Reception Year and Year 6 have risen significantly in the last six months, both nationally and locally. The data collection was concluded in June 2021, so will cover the impact of the various lockdown periods.

**PH17:**

- The Medway Infant Feeding Strategy will be refreshed in 2022 and will involve a wider stakeholder consultation on how breastfeeding rates and other infant feeding indicator performance can be improved.

**PH23:**

- Two premises within the Pentagon Centre were awarded the 'working toward dementia friendly' status in Q1 22/23. This coincided with a public event to raise dementia awareness and the support services available during Dementia Action Awareness Week in May 2022.

**PH8:**

- Of the 31 children and young people starting one of the under 18s weight management schemes, 21 achieved a significant behaviour change or positive health outcome in Q1 22/23. This could include a significant improvement in diet, activity level, weight status, fitness level, sedentary time or body shape. The programmes include the Tri Club Family Lifestyle Service.
- Work is being undertaken to improve the referral numbers and we are working with stakeholders and partners to encourage this.
- We are seeing an increasing number of referrals into both our primary and secondary age weight management programmes since the Covid19 pandemic. However, numbers continue to be lower than pre-pandemic levels.

**Project for this outcome:****Supporting Healthy Weight:**

- The new Healthy Weight campaign 'Medway Can' was launched in May 2022. This year-long project has been commissioned by the Public Health team to an external marketing company (Hitch) and has been co-designed with a range of stakeholders and residents involved. Split into three phases, the first phase of the campaign focuses on motivating sedentary and low active people to move more. The campaign also aims to target organisations like health bodies, schools and workplaces to encourage physical activity by amplifying the campaign messages and creating awareness. The second phase focuses on the least active populations, and the third phase is scheduled to be focused on healthy eating in January 2023.
- Commissioning also concluded for a new digital weight management service that will complement the existing adult tier 2 weight management offer (Healthy Way and Man vs Fat). This new service will launch in August 2022 and support 500 people with their weight loss goal over the next year.

## Outcome: Resilient families

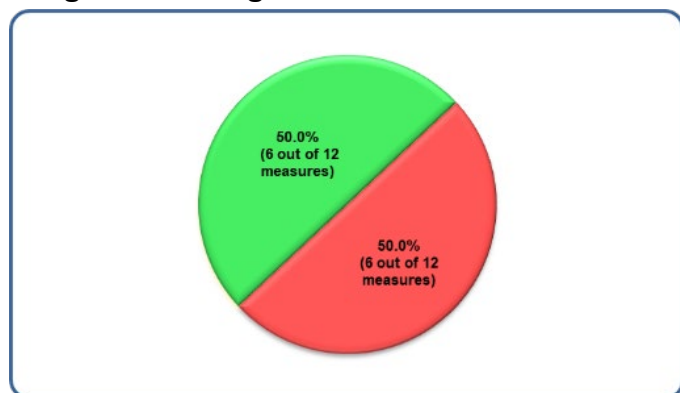
### Strategic Risk Summary

SR09B: Failure to meet the needs of children and young people

Inherent score	Current score	Movement	Likelihood	Impact
BII	BII	→	High	Major

### Performance Summary

#### Programme: Together We Can – Children’s Services Improvement Plan



The total number of measures is 12

6 measures met their target [A10; CSC0004; CSC0006; ILAC2; ILAC5; ILAC6]

6 measures were significantly below target [ILAC1; ILAC3; ILAC4; ILAC7; ILAC7(N); N23]

1 of the 6 green measures are deteriorating long term [ILAC2]

3 of the 6 red measures are deteriorating long term [ILAC1; ILAC4; N23]

The target for CSC0006 has changed from between 25 and 19 to between 42 and 32 as indicated during the 2022/23 council plan refresh

PI code	PI name	Aim to	Status	Short Trend	Long Trend
A10	The average number of days (over the last 36 months) between a child entering care and moving in with adoptive family (fostering adjusted)	Minimise	Green	NA	NA
CSC0004	Number of LAC per 10,000 children	Goldilocks	Green	IMP	IMP
CSC0006	Number of CP per 10,000 children	Goldilocks	Green	IMP	IMP
ILAC1	Average Caseloads in Assessment teams	Minimise	Red	DET	DET
ILAC2	Average Caseloads in Post Assessment teams	Minimise	Green	DET	DET
ILAC3	Completed initial child and family assessments which started as S47, where the child was visited within 1 working day.	Maximise	Red	IMP	IMP

ILAC4	Completed initial child and family assessments which started as S17, where the child was visited within 5 working days.	Maximise	Red	DET	DET
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.	Maximise	Green	IMP	IMP
ILAC6	Rate of open CIN cases per 10,000	Goldilocks	Green	IMP	IMP
ILAC7	The percentage of CSC Audits graded good or outstanding	Maximise	Red	IMP	IMP
ILAC7(N)	The percentage of CSC Audits graded RI or higher (good or outstanding)	Maximise	Red	NA	NA
N23	The percentage of children social care substantive posts not filled by permanent social workers	Minimise	Red	DET	DET

**Comments:****A10:**

- This is a new measure which adjusts for children who have been fostered prior to adoption. This is so that the average is not disproportionately increased by children who have been fostered for many years prior to their adoption.
- The 3-year average has increased fractionally to 408 days. The latest national benchmark is 375 days and the statistical neighbour outturn is 363.
- 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. Panels are held weekly which ensures that children are matched without delay where suitable adopters can be found within the resources of Adoption Partnership.
- In this cohort there were groups that took over a year to place. In addition, Covid-19 has affected the length of proceedings for many recently placed and adopted children.

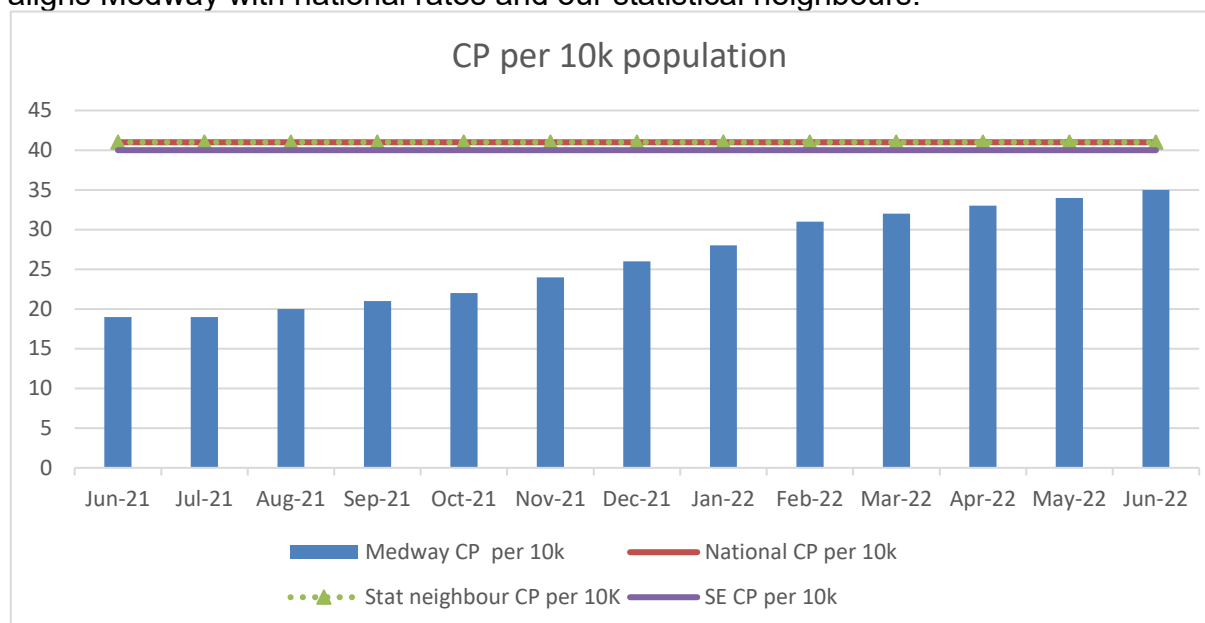
**CSC0004:**

- The rate of Children in Care (CiC) is now being measured by a “Goldilocks” metric. This is because a rate that is too low is as potentially problematic as a rate that is too high. We have set the upper limit at 71 and the lower at 63.
- Currently there are 429 CiC, which is a rate of 65.5 per 10,000. This figure is a marginal decrease on the Q3 position. This rate is comfortably in the green zone and demonstrates that the service is maintaining the number of entries into care well despite a growing level of need.
- Nationally there are 67 Looked After Children (LAC) per 10,000 population. Our Statistical neighbours have 72 CiC per 10,000 and the South East has 53.

- The service has now introduced review access to resources panels, and permanence panels to ensure that all CiC plans are progressed and to support a focus on supporting children to return home where possible.

#### CSC0006:

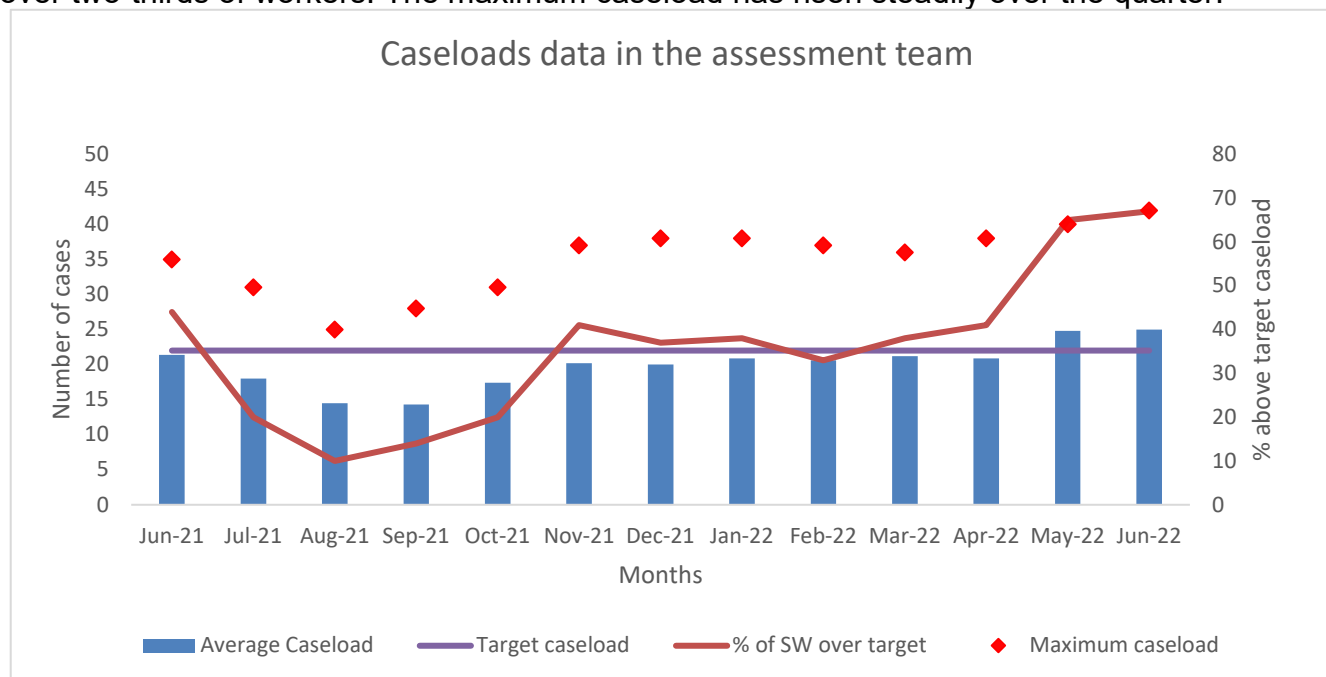
- The rate of Child Protection is now being measured by a “Goldilocks” metric. This is because a rate that is too low is as potentially problematic as a rate that is too high. The upper limit has been set at 42 and the lower at 32. The target zone has been revised and aligns Medway with national rates and our statistical neighbours.



- Medway is below the latest National and Statistical neighbour rate of 41 per 10,000 and South East rate of 40. Comparator rates have decreased over the last year.
- The focus in the Improvement Plan on improving quality of practice, introducing additional scrutiny of child in need plans and working proactively with families led to a reduction in child protection plans after the last inspection. Over recent months, work to strengthen the quality of intervention and planning, combined with an increase in need and an increase in children in proceedings, has led to an increase in child protection, now more in line with our comparators. We are consistently testing thresholds to ensure risk is appropriately identified and responded to. We want to feel confident that the right children are subject to the right plan.
- We will continue to monitor our rates per 10,000 of children subject to a child protection plan.

**ILAC1:**

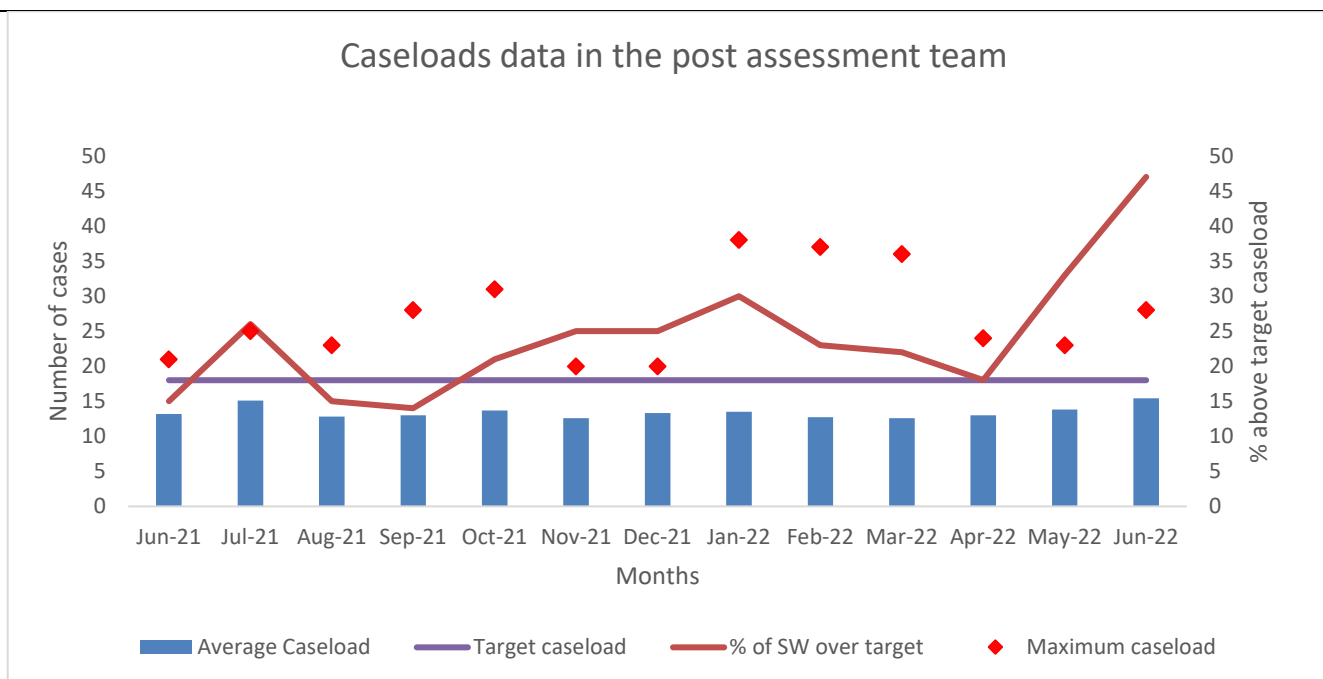
- The snapshot shows the average caseload in the assessment teams is 25. This is a 17.9% increase in average caseloads in Assessment teams on the March snapshot. This increase has also affected the percentage of workers over target caseload, which is now over two-thirds of workers. The maximum caseload has risen steadily over the quarter.



- The average caseload within the assessment teams has increased to 25, the highest seen in the past 12 months. There are 20 workers whose caseloads are above the 22-caseload target; 10 of these have a caseload of over 30. The increased number of referrals in May and June have significantly impacted on caseloads.
- The Head of Service and Group Manager have been working closely with team managers to support social workers to ensure work is progressed.

**ILAC2:**

- The snapshot shows post assessment social work teams (Areas Children's Services (CS) Teams 1-8) have an average caseload of 15.4; this is a rise/worsening of 22.2% on the Q4 position. This remains below target. The highest caseload is 28, a drop of 22% on Q4, but the number of workers over the target has risen to 47%.



- The average caseload within the post assessment teams has increased however the number remains low due to the adolescent team's caseload remaining below target. With the children's social work teams 26 workers have caseloads higher than 18, with 23 workers on caseloads between 18 and 24, and three workers between 24 and 28. This is the direct impact of the increase in referrals, vacancies and sickness within the service.

#### ILAC3:

- The end of quarter snapshot shows that 81% of assessments were visited in one working day. This is an improvement on the snapshot at the end of March, and considering the increase in caseloads in the assessment teams represents strong performance.
- There were five children (three families) where the S47 visits were not completed within one working day. However, all of these took place as part of an agreed plan for delay following appropriate assessment of risk.

#### ILAC4:

- The end of quarter snapshot shows 59% of S17 assessments were visited within five working days. This is a drop on the Q4 position but should be contextualised against the increase in the Assessment team's caseloads and workload and the



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

- There were 144 children where visits were not completed within 5 working days. Whilst the majority of these were within the assessment teams, there were also some delays in children being seen by post assessment teams. A high proportion of these visits were completed within two working days of the target and recorded. Moving forward the Head of Service will be working with managers to ensure that children are seen, and visits are recorded timely.

#### **ILAC5:**

- There has been a small rise in the proportion of children for whom permanency has been agreed. The outturn is now 66%. Year-on-year the proportion of children with a permanency plan has risen by 5 percentage points. 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 on this indicator.
- Performance in this area remains strong and work continues to fully implement the permanence policy and convene regular permanence panels and to implement the fostering strategy to increase supply, choice, and support for carers. Work is underway with Independent Reviewing Officers (IROs) to ensure all children and young people (CYP) have a permanence plan, including looking to those CYP who can safely return home, with effective support in place. Group Managers for Adoption/Fostering and Children in Care are jointly responsible for the tracking of children's permanence plans.

#### **ILAC6:**

- The rate of Children In Need (CIN) is now being measured by a "Goldilocks" metric. This is because a rate that is too low is as potentially problematic as a rate that is too high. We have set the upper limit at 337 and the lower at 305.
- Currently the rate is 312 which is in the green zone and represents a healthy level of CIN. The rate has risen since last quarter, driven by an increase in child protection cases.
- Nationally there are 321 CIN cases per 10,000 population. This is slightly higher at 331 for our statistical neighbour group and is 302 in the South East.
- 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 Looked after Children (LAC) and all children on a Child Protection (CP) plan as well as other children supported by social services who are not, looked after on a CP plan.
- The rate of CIN cases per 10,000 population has risen, although it is below national averages and statistical neighbours. Compliance with visits and reviews of CIN plans remains strong. We have offered targeted support to team managers and social workers on the application of the threshold for a child in need and ensuring that children and families receive the right support at the right time. The support focused on coaching to practitioners so that they complete detailed assessments of

needs and develop appropriate plans to address these needs. Additional support and oversight is provided by the CIN Reviewing Officer to help ensure children's plans are on track.

**ILAC7:**

- Data is for April and May, 2022, only. Of the 27 moderated audits, 29.6% (8) were graded good. This is a considerable improvement since last quarter where 5% (1) of audits were moderated as good. Data indicates improved performance, but this will need to be measured over time.
- Our aim is to achieve a service where good practice is embedded. The aim of achieving 80% of audits graded good or outstanding is the long-term service ambition as it will take a significant change in practice to get to this position, which will take time. Continued focus on practice improvement is beginning to deliver results in some areas, which is evidenced in the improvements seen in Q1. Work continues to drive the quality of practice across the service through regular coaching, training, and support and this is measured through the regular audit programme. The service will continue to strengthen practice through the child focused practice programme and measure impact on a regular basis through quality assurance and audit oversight.

**ILAC7(N):**

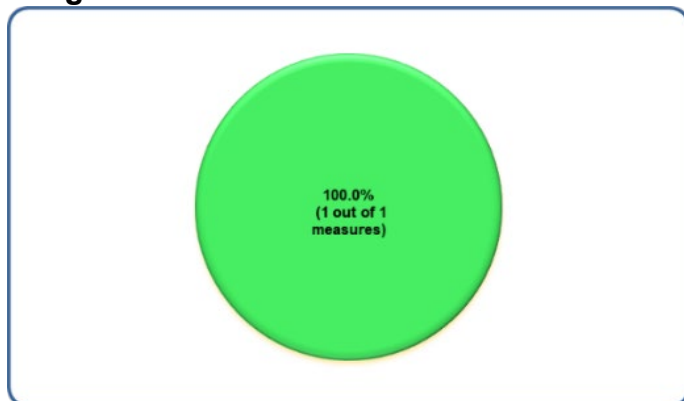
- This is a new measure, and it looks at the percentage of audits graded at 'Requires Improvement' or better over the period in order to provide additional monitoring details for the council.
- Data is for April and May, 2022, only. Of the 27 audits with a moderated grade, 19 (70.4%) were rated as requiring improvement or better. Of those 19, eight were graded good.
- The service is currently in intervention, and it would be expected that at this point in the journey that a high proportion of work would not meet expected standards until practice improves. Dependent on the area of practice that is subject to review, we would expect that performance against the target will fluctuate.
- The service will continue to strengthen practice through the child focused practice programme and measure impact on a regular basis through quality assurance and audit oversight.

**N23:**

- Data shows a snapshot at April 2022. The vacancy rate is 23%, a slight rise on the Q4 outturn. This represents 61.3 social worker full time equivalent (FTE) vacant.
- Medway has a higher vacancy rate than our statistical neighbours (17%) and the National rate (16%). We have been experiencing increasing pressure in being able to recruit permanent staff since the pandemic, like most of our comparator local authorities. Pressures are beginning to increase across the service in being able to recruit locum capacity to backfill vacancies, as nationally the availability of locums is also in decline.

- Recruitment and retention remain a significant issue for Medway and many local authorities. Extensive work is underway across the service to recruit permanent staff, including trying to grow our own workforce, through recruitment of newly qualified social workers, and through backfilling vacancies through locum staff.

### Programme: The best start in life



The total number of measures is 2  
 1 measure met its target [PH16]  
 The measure is deteriorating long term [PH16]

PI code	PI name	Aim to	Status	Short Trend	Long Trend
CASEIEYFS Gap	Percentage achievement gap at Early Years Foundation Stage Profile between the lowest attaining 20 % of children and the mean (2020/21 academic year)	Minimise	NA	NA	NA
PH16	Smoking at time of delivery (SATOD) (Q4 21/22)	Minimise	Green	DET	DET

#### Comments:

##### CASEIEYFS Gap:

- There is no data to report for this measure since the 2018/19 academic year (reported in 2019/20) due to the pandemic. The next anticipated outturn will be for the 2021/22 academic year and it is expected that this will be reported upon later this year (2022/23).

**PH16:**

- Data runs in a quarter arrears. As with previous submissions, data reported represents smoking at time of delivery (SATOD) prevalence for the whole of Kent & Medway in line with the Clinical Commissioning Group (CCG) footprint. Work continues in identifying a process to collect quarterly data for the Medway footprint only.
- The Medway Stop Smoking Service, in line with key partners, continues to offer face-to-face support and associated carbon monoxide screening as a first line offer for all birthing people, partners and significant others undertaking a quit attempt with the service. Telephone, text and digital support is also available, enhancing accessibility and aiming to reduce health disparities.
- Despite ongoing pressures in the acute setting, particularly for maternity colleagues, we have received a total of 148 referrals in Q4 21/22. We continue to prioritise working closely with influential stakeholders to maintain and improve referral pathways, as well as ensuring evidence-based training is delivered at regular intervals.

**Project for this outcome:****Healthy Child Programme:**

- The Health Visiting Service delivered by Medway Community Healthcare (MCH) has continued to meet its directorate targets for the mandated 6-to-8-week checks (target 85%, achieved 88%). This is despite challenges to delivery from staff sickness absence due to Covid-19.
- The National Child Measurement Programme (NCMP) conducted by the MCH School Nursing team generated a total of 1,514 family referrals from September 2021 to the end of March 2022 for Medway's Healthy Weight Programmes.
- In Q1 22/23, the Child Health team developed resources in partnership with Youth Unity to support Year 6 pupils in their transition to secondary school. The resources are designed to assist young people, their teachers, and carers to manage risks and reduce exploitation at a critical time. Other important areas of work have included the completion of the first cohort of 'Personal, social, health and economic' (PSHE) education for parents. Of the two pilot cohorts, a 45% increase in knowledge and understanding was recorded in each subject area. There was also a 60% increase in the overall confidence of the parents and carers who completed the PSHE education for parents course in terms of communicating with their children about core PSHE subjects.

## Outcome: Older and disabled people living independently in their homes

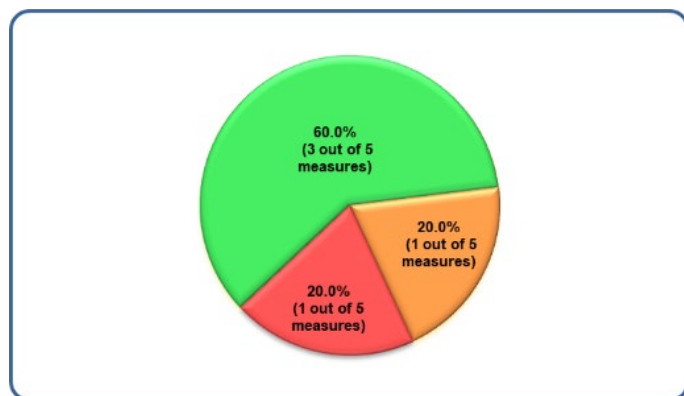
### Strategic Risk Summary

SR09A: Meeting the needs of Older People and Working Age Adults

Inherent score	Current score	Movement	Likelihood	Impact
AI	BII	→	High	Major

### Performance Summary

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



The total number of measures is 5  
 3 measures met their target [ASCOF 1C(2i); ASCOF 2A(1); ASCOF 2A(2)]  
 1 measure was slightly below its target [ASCGBT001]  
 1 measure was significantly below its target [ASCOF 1G (n)]  
 The amber measure is deteriorating long term [ASCGBT001]  
 The red measure is deteriorating long term [ASCOF 1G (n)]

PI code	PI name	Aim to	Status	Short Trend	Long Trend
ASCGBT001	% of Long term packages that are placements	Minimise	Amber	DET	DET
ASCOF 1C(2i)	Percentage of clients receiving a direct payment for their social care service	Maximise	Green	IMP	IMP
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	Maximise	Red	IMP	DET
ASCOF 2A(1)	Permanent admissions to care homes per 100,000 pop – 18-64	Minimise	Green	IMP	IMP

ASCOF 2A(2)	Permanent admissions to care homes, per 100,000 pop – 65+	Minimise	Green	IMP	IMP
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**Comments:****ASCGBT001:**

- The number of clients receiving a long-term service has increased by 1.2 percentage points since last quarter. The number in residential or nursing accommodation has risen by 1.3%. There are currently 838 clients in residential or nursing care, out of 2,649 clients receiving long term care.
- We are now seeing numbers of clients in placements and receiving long-term services returning to pre-Covid-19 levels.
- National data for 2020/21 for long-term clients in placements is 30.2%; this is a slight increase from 2019/20.
- 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, numbers of clients in placements are currently lower than pre-Covid-19 levels.
- The service will closely monitor the number of placements made, continuing to ensure that they are only made when it is appropriate.

**ASCOF 1C(2i):**

- There has been a continuation of the rise in the proportion of clients receiving long term services (denominator) as an ongoing direct payment (DP) (numerator). 32.4% represents 588 individuals. Currently 99.9% of clients receive self-directed support.
- Nationally 26.6%, and for the South East 27.3%, of clients with an ongoing long term service receive a DP. Our statistical neighbours' performance is 29.7%. All three comparators have seen a decline in performance compared to their 2019/20 results.
- The Self Directed Support (SDS) team continue to work with Social Work Locality teams to ensure that they are aware of the benefits of a DP and promote referrals to the SDS team. The team have streamlined the children's short breaks process to ensure quick turnaround of all short breaks' referrals. The team can now focus resources on setting up Adult DP referrals.
- The team have joined up working with the Targeted Review team to support those who want to transfer their care to DPs. There is an ongoing recruitment campaign to secure Personal Assistants (PAs).
- The SDS team continue to work with performance colleagues to ensure that DP data is accurate and recording is up-to-date.

**ASCOF 1G (n):**

- The output of this measure has been recalculated for previous quarters. This recalculation stemmed from a data validation exercise. This exercise established that data on unreviewed clients had been incorrectly excluded from the denominator used to calculate the overall percentage. The effect of this recalculation is a reduction in the percentage of all learning disability

(LD) clients living in their own home or with their family. This percentage has been revised to 44%. Although not as favourable as the figure published prior to the data validation exercise, this is an improvement on the recalculated Q4 figure of 40%.

- Of the current 625 LD clients, 271 (43.4%) are in their own home or living with family and have had a review in the last 12 months. 196 (31.4%) are living in their own homes or with family but have not had a review in the last 12 months. This means that 74.8% are in the desired type of accommodation. There are 158 clients not living with their families or in their own homes. Of these, 123 are in care homes. Accommodation in a care setting is, in many cases, the most appropriate place to provide the care and support needed and should not be viewed negatively.
- The current national outturn is 78% and our statistical neighbours' is 82% (2020/21 data).
- The backlog of reviews has increased as a result of increases in volumes of assessment and safeguarding work as Covid-19 restrictions relaxed, but also in part as a result of restrictions on visits were in place and where families requested no visits during Covid-19. The service is prioritising assessments and safeguarding, and is developing an action plan to increase the number of reviews undertaken in the remaining quarters.

**ASCOF 2A(1):**

- Please note the target for this measure (16) is apportioned across each quarter. As the number of admissions in Q1 is between 1 and 5 this metric is redacted to prevent identification. However, the rate is below 4 per 100,000 and that the number of admissions recorded so far show positive trends.
- Nationally the benchmark is 13.3 per 100,000 for the full year, under 3.4 per 100,000 for each quarter, and for our statistical neighbours the figure is 15.6 per 100,000 (3.9 per 100,000 for each quarter).
- The service has seen an increase in the number of individuals with higher levels of need. We continue to work with our Commissioning team colleagues 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):**

- Please note the target for this measure (580) is apportioned across each quarter. There have been 51 admissions in Q1 22/23. Whilst this figure and the rate per 100,000 population is below target, retrospective inputting may raise this figure. Our target rate allows for 262 admissions in total.
- The National rate of admissions is 498.2. This equates to over 124.5 per quarter. Our statistical neighbours' 2019/20 outturn is 620.8 (155.2 per quarter).
- Whilst a low number of admissions to care homes is a positive, this may in part be due to the challenges in the care sector which has led to a longer period of time waiting for care in a residential setting.

**Project for this outcome:****Social Isolation:**

- In Q1 22/23, three social isolation training modules were delivered with 28 delegates attending in total. Four Connect 5 Sessions were delivered with 34 delegates attending in total. Social media campaigns were run for Mental Health Awareness Week in May 2022 and Loneliness Awareness Week in June 2022. The Community Projects Officer represented the Council at MP Tracey Crouch's information fair for the over 55s, Parkinson's Awareness Week event and the Dementia Action Event held at the Pentagon Centre in Chatham. The Community Projects Officer also supported the Medway Taskforce at their multi-agency door knocking morning in Gillingham, providing information and resources on social prescribing and the Council services. Work has started on mapping out 'chatty cafes' and places of welcome across Medway. The Social Isolation Project Officer is currently supporting Adult Education, Jasper's Café, and the Sunlight Development Trust on setting up tea dances for their communities.
- Overall, 29 referrals were received for the social prescribing service in Q1, and 90 delegates were trained. In total, 78% of clients reported an improvement in being less isolated via the Office of National Statistics (ONS) scale for loneliness score and 84% saw an improvement in their wellbeing. It was identified that there was a lack of social connection opportunities in Strood following a gap analysis. With support from the Project Officer and funding from the community chest grant, Strood Community Centre have set up a chatty café and are now providing coffee mornings, art classes, and 'knit and natter' sessions in the area. There is now a thriving café run by volunteers which has created additional capacity for social prescribing referrals.
- A face-to-face Medway link worker forum was held in May 2022 with 14 link workers across Medway attending. Feedback was positive with one person stating: *"Really beneficial meeting. Really good to talk to others, understand what is working and what isn't and how we can overcome barriers"*. A tablet loan scheme has been rolled out to all Medway link workers.



## Outcome: All children achieving their potential in education

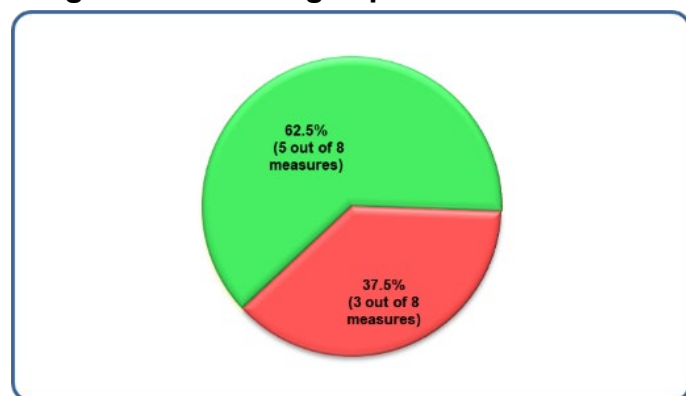
### Strategic Risk Summary

#### SR39: Financial pressures on SEN Budgets

Inherent score	Current score	Movement	Likelihood	Impact
BII	BII	→	High	Major

### Performance Summary

#### Programme: Raising aspiration and ambition



The total number of measures is 9

5 measures met their target [CASEIKS4 Ofsted; CASEISPEC Ofsted; OfstedPrimMnt; SE KS2Mnt; SE2 OEPr]

3 measures were significantly below target [CA13; EDU3(b); SE KS2]

1 of the 5 green measures deteriorated long term [SE2 OEPr]

3 of the 3 red measures deteriorated long term [CA13; EDU3(b); SE KS2]

The target for CA13 has changed from 0.02% to 0.04% (annual) and 0.01% (quarterly) as indicated during the 2022/23 council plan refresh

PI code	PI name	Aim to	Status	Short Trend	Long Trend
CA13	The percentage of children permanently excluded from school (upheld only)	Minimise	Red	STATIC	DET
CASEIKS4 Ofsted	Partnership measure :Percentage of all Secondary Schools judged good or better,	Maximise	Green	STATIC	STATIC
CASEISPEC Ofsted	The percentage of special schools in Medway judged to be good or better	Maximise	Green	STATIC	STATIC
EDU3(b)	The percentage of children who were persistently absent from school	Minimise	Red	DET	DET

OfstedPrimMnt	The percentage of Maintained primary schools in Medway judged to be good or better	Maximise	Green	STATIC	STATIC
SE KS2	The percentage of children who the required standard or above in Reading, Writing and Mathematics at KS2 (2021/22 academic year)	Maximise	Red	NA	DET
SE KS2Mnt	The percentage of children who achieve the required standard or above in Reading, Writing and Mathematics at KS2 in Maintained Schools Only (2021/22 academic year)	Maximise	Green	NA	NA
SE2 OEPr	Partnership measure: Percentage of all Primary Schools judged good or better,	Maximise	Green	DET	DET
SEKS4A8	Average attainment 8 score (2020/21 academic year)	Maximise	NA	NA	NA

**Comments:****CA13:**

- Please note, the annual target of 0.04% is apportioned across each quarter.
- There have been eight upheld exclusions this quarter; all of these were from secondary schools. This means the percentage of children permanently excluded from school (upheld only) is higher than the 0.01% quarterly target. The annual target has been revised to 0.04% and the quarterly targets are 0.01% - the original target for 2022/23 was 0.02%.
- There have been 35 permanent exclusions (0.07%). Nationally the rate of permanent exclusions is 0.06% (2019-20).
- Of the 68 processes started, 35 have been upheld, eight are awaiting an outcome and 25 have been overturned or resolved without a permanent exclusion e.g. a managed transfer.
- 37% of the processes started related to girls and 70% were White British, compared to a secondary school population of 73%. Black ethnicities make up 11% of the secondary school population and comprise 15% of the exclusion processes started.
- Of the 68 processes started, three schools account for 45% of them, where the highest excluding school started 18% of the exclusions.
- The top three reasons for the exclusion process being started were:
  - ❖ physical assault on a pupil (29%)
  - ❖ use of threat of use of a weapon (15%)
  - ❖ verbal abuse of an adult (13%).

- Local authority officers are currently working with Chief Executive Officers (CEOs) and headteachers to establish a culture of consistent high quality inclusive provision. Through co-production, officers and headteachers are working together to develop a system that will increase the range of outreach to support vulnerable learners.

#### **CASEIKS4 Ofsted:**

- Of the 18 secondary schools in Medway, four are classed as 'Outstanding', 13 are 'Good' and one is 'Inadequate'. This means that 17 of 18 secondary schools are good or better. The inadequate judgment applies to the Waterfront University Technical College (UTC) from its time as Medway UTC. The Leigh Academy has not had an Ofsted inspection so it is not counted in this measure.
- Nationally this figure is 79% and the South East currently has 89% of schools graded good or better. Medway is the third best authority in the South East, behind Surrey (96.4%) and Bracknell Forest (100%).
- In Q1 22/23, one school was inspected, and it has remained good.

#### **CASEISPEC Ofsted:**

- There have been no changes to Ofsted ratings this quarter.

#### **EDU3(b):**

- Data is published for term 1-2 of the 2021/22 academic year. Medway has a combined (primary and secondary rate) rate of 25.1% compared to a national rate of 23.2%. These figures include Covid19-related absences. Primary schools' persistent absence (PA) is at 22.5% and secondary is at 28.2%. Both of these are higher than the respective national figures.
- The national Covid-19 X rate in terms 1 and 2 of 2021/22 was 1.6 and Medway's X rate for the same period was 1.4. Nationally 4.0% of pupils had 10% or more sessions recorded as not attending due to circumstances related to Covid-19. This data is not published at local authority (LA) level.

<b>Terms 1-2 of the 2021/22 academic year</b>	<b>Primary and secondary PA</b>	<b>Primary PA</b>	<b>Secondary PA</b>
Medway	25.1%	22.5%	28.2%
National	23.5%	19.5%	27.7%
South East	23.1%	19.5%	27.6%

- In order to address concerns on PA, a Task and Finish Group consisting of local authority officers, working with headteachers, has been established, focusing on identifying improvement priorities for attendance drawing on best practice and national initiatives.
- This group will utilise the data for PA to identify what has worked well and areas for improvement within individual schools and multi-academy trusts. The group will examine operational matters, including the need for attendance policies to refer to the

Department for Education (DfE) guidance i.e. for schools to include a clear escalation process. The group will assist in helping with schools understand and apply the latest DfE guidance as well as acting as an information sharing conduit.

**OfstedPrimMnt:**

- 24 out of 25 local authority (LA) maintained primary schools are rated good or better, with four graded 'Outstanding' and one 'Requires Improvement'. There have been no changes to Ofsted ratings this quarter.

**SE KS2:**

- Provisional unvalidated data shows that 56.2% of Medway children achieved at least the expected standard in the combined Reading, Writing and Mathematics measure at Key Stage 2 (KS2). This is a drop against the target which was set pre-Covid-19.
- Provisional National data indicates that 58.6% of children achieved at least the expected standard.

	<b>Medway</b>	<b>National</b>	<b>Percentage difference between Medway and National</b>
<b>2021/22 1st draft result</b>	56.2%	58.6%	-4.1%
<b>2018/19 final</b>	64%	65%	-1.5%
<b>Percentage change</b>	-12.2%	-9.8%	-24.5%

- To ensure as many learners as possible secure their potential in reading, writing and mathematics, in the absence of national testing, School Effectiveness officers have:
  - ❖ Led on a series of focused workshops supporting the four identified key priorities to improve the teaching of reading across Medway: focusing upon maximising the attainment of reading for all learners through a shared, system leadership approach:
    - P1 Special Educational Needs and Disabilities (SEND) readers in Years 5 and 6
    - P2 Maximising parental engagement
    - P3 'Unsticking Stuck readers'
    - P4 Building rich vocabulary schools
  - ❖ Provided training on key areas of assessment.
  - ❖ Promoted the Thames Gateway Teaching Hub professional development offer that is financed by the Department for Education (DfE).

**SE KS2Mnt:**

- Data is provisional and unvalidated. Maintained schools performed better than national and better than the all-schools cohort. This was also the case pre-Covid-19, however it should be noted that as schools have continued to academise the cohorts are not the same.
- From the table below it can be seen that maintained schools have widened the gap with national compared to 2018/19 and the difference between maintained and non-maintained schools has also widened. The drop in performance pre- versus post-Covid-19 is also less in maintained schools.

	<b>Medway (Maintained only)</b>	<b>National (all schools)</b>	<b>Percentage difference between Medway Maintained and National</b>	<b>Medway (Academy only)</b>	<b>Percentage difference between Medway Maintained and Academy</b>
<b>2021/22 1st draft result</b>	65%	58.6%	+10.9%	51.8%	+25.5%
<b>2018/19 final</b>	71.6%	65%	+10.2%	60.1%	+19.1%
<b>Percentage change</b>	-9.2%	-9.8%	+6.9%	-13.8%	+33.5%

- In addition to the achievements shown in measure SE KS2 above for all schools, School Effectiveness officers have:
  - ❖ Undertaken compliance visits to the statutorily required 10% of schools during national testing periods to ensure consistency in the phonic threshold check, Key Stage 1 (KS1) and Key Stage 2 (KS2) reading, writing, mathematics, and grammar tests.
  - ❖ Completed a rigorous process of moderation and consensus of KS1 and KS2 standards.

**SE2 OEPr:**

- There are now 75 primary schools as Stoke Community School and Allhallows Primary Academy have become the Peninsula East Primary Academy.
- Currently 66 schools are good and better; seven are 'Outstanding' and 59 are 'Good' from a cohort of 75. This is due to the merger and creation of Peninsula East Primary Academy.
- There are 50 academies. Of these 84% are good or better (three are 'Outstanding' and 39 are 'Good'). Five require improvement and three are inadequate.
- Nationally this figure is 89% and the South East figure is currently 91%.

**SEKS4A8:**

- Due to Covid-19 there will be no Key Stage 4 (KS4) data for the 2020/21 academic year. 2021/22 academic year data is expected later on this year.