

Council Priority: PEOPLE

Supporting residents to realise their potential

Quarter 2 2022/23

Performance and risks by outcome

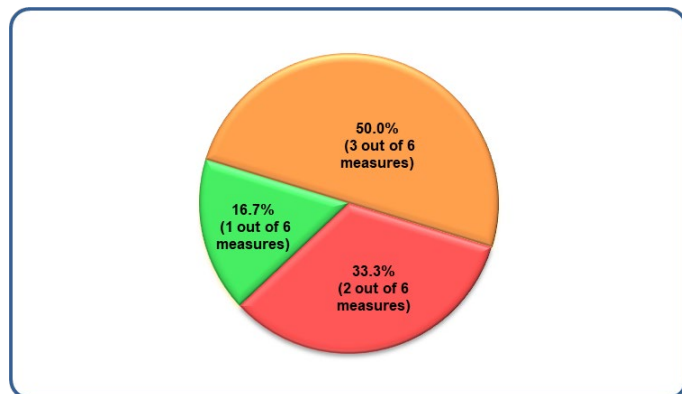
Key

| | | | | | | | |
|------------|----------------------------------|---------------|-----------------------------|--------------|------------------------|-------------------|--|
| Red | Significantly below target (>5%) | Amber | Slightly below target (<5%) | Green | Met or exceeded target | Goldilocks | Optimum performance is in a target range |
| DET | Deteriorating | STATIC | Static | IMP | Improving | NA | Not applicable/available |

Outcome: Healthy and active communities

Performance Summary

Programme: Improving everyone's health and reducing inequalities



The total number of measures is 6

1 measure met its target [PH23]

3 measures were slightly below target [PH13; PH17; PH8]

2 measures were significantly below target [PH14; PH15]

The green measure is deteriorating long term [PH23]

Both red measures are deteriorating long term [PH14; PH15]

| PI code | PI name | Aim to | Value | Target | Status | Short Trend | Long Trend |
|---------|--|----------|--------|--------|--------|-------------|------------|
| PH13 | Rate per 100,000 of self-reported 4 week smoking quitters aged 16 or over (cumulative) (Q1 22/23) | Maximise | 82 | 85 | Amber | DET | IMP |
| PH14 | Excess weight in 4-5 year olds (20/21 annual) | Minimise | 31.5% | 22.6% | Red | DET | DET |
| PH15 | Excess weight in 10-11 year olds (20/21 annual) | Minimise | 44.2% | 34.3% | Red | DET | DET |
| PH17 | Breastfeeding initiation | Maximise | 69.39% | 70% | Amber | IMP | IMP |
| PH23 | Dementia friendly settings (cumulative) | Maximise | 2 | 2 | Green | STATIC | DET |
| PH8 | Percentage of children and young people achieving a lifestyle improvement as a result of completing a young people weight management service | Maximise | 72.4% | 75.0% | Amber | IMP | IMP |

Comments:**PH13:**

- Please note, data runs a quarter in arrears.
- *Note: The 2021 Office for National Statistics (ONS) mid-year population estimate could not be used as a denominator as planned due to delays in its release. This performance measure is currently using the 2020 ONS mid-year estimate.*
- To the end of Q1 22/23 there have been 314 quit attempts providing a 57% success rate.
- Face-to-face delivery has resumed in accordance with the National Centre for Smoking Cessation and Training (NCSCT) guidance, however, the same guidance states that remote support remains a safe and effective alternative. As we move out of the pandemic, face-to-face service delivery is becoming increasingly popular and in Q1 22/23 a total of 21% of all quits have been carbon monoxide (CO) verified.
- General Practitioner (GP) and pharmacy settings continue to see lower activity for smoking cessation. Project officers are working with these settings to understand the barriers and pressures affecting the delivery of the service and to inform a review of the service level agreement from 2023-24 onwards.

- The service is working with local acute and maternity settings as well as the local NHS to implement the NHS Long Term Plan (NHS LTP). The NHS LTP 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.

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:

- Medway NHS Foundation Trust staff collate the breastfeeding initiation rates, recording the feeding status of all new-born infants. Breastfeeding has a positive impact on both the infant and the mother. The data for Q2 22/23 shows an increase in breastfeeding initiation rates.
- The Infant Feeding Strategy group is a multi-partner agency working together to improve breastfeeding rates and other infant feeding outcomes. The group will be commencing a refresh of the infant feeding strategy in October 2022.

PH23:

- No new premises completed the assessment for dementia friendly settings in Q2 22/33, however, work is now underway with the Historic Dockyard to meet the 'working towards dementia friendly' standard. The Dockyard has re-engaged with the Medway Dementia Action Alliance and will be launching a dementia cafe later in the year.

PH8:

- There has been steady progress of children and young people achieving a lifestyle improvement through the young people weight management programmes in Q2 22/23. Although there is still a low uptake of the programmes, we expect to see more referrals come in through the ongoing National Child Measurement Programme (NCMP) alongside other referral pathways.
- We are commencing the delivery of our programmes in Q3 22/23 for Tri Mini, Tri Club and Fit Fix. Retention within these courses remains a significant and ongoing challenge. As part of the interventions to address this, the team has recruited a new member of staff to increase the staff capacity required to deliver more courses across various venues in Medway. This will also help to monitor progress and encourage retainment among the target population (children) to complete the programmes.

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

- The Public Health team have commissioned Food for Life to support the development of Whole School Food programmes across 80 schools over the next three years. In Q2 22/23 the Programme Manager who started the project has been reaching out to schools to get early interest and sign-ups. Schools will be provided with free support to work towards a nationally recognised accreditation through a range of cooking, growing, and eating projects.
- The first phase of the 'Medway Can' healthy weight campaign was launched in Q2 22/23 which focused on a wide-ranging awareness campaign to encourage people to move more. The website included a suite of resources for partners to use in order to promote the campaign. It also included an activity finder and a call for people to log their miles to help Medway get around the world (24,901 miles). The residents' collective efforts have seen us reach Australia by September 2022. The campaign also included micro-commissioning some small community groups to help increase activity levels and promote the campaign. Phase 2 commenced at the end of September 2022 with a focus on schools, low active groups, some targeted events and increasing the social media reach.
- August 2022 saw a highly successful 'Beside You' event that brought together a range of partners, professionals and residents interested in promoting breastfeeding and infant feeding. Expert speakers presented on the benefits and challenges of infant feeding and networking allowed ideas and creative suggestions for how we can improve our current rates. The refresh of the 'Infant Feeding Strategy' will commence Q3 22/23.

Outcome: Resilient families

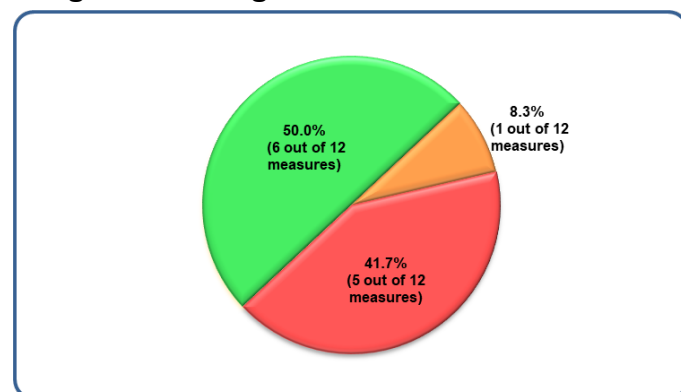
Strategic Risk Summary

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]

1 measure was slightly below target [ILAC1]

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

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

The amber measure is deteriorating long term [ILAC1]

3 of the 5 red measures are deteriorating long term [ILAC3; ILAC4; N23]

| PI code | PI name | Aim to | Value | Target | 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 | 415 | 450 | Green | IMP | IMP |
| CSC0004 | Number of LAC per 10,000 children | Goldilocks | 67.3 | 67.0 | Green | IMP | IMP |
| CSC0006 | Number of CP per 10,000 children | Goldilocks | 34.0 | 37.0 | Green | DET | IMP |
| ILAC1 | Average Caseloads in Assessment teams | Minimise | 22.1 | 22 | Amber | IMP | DET |

| | | | | | | | |
|----------|--|------------|------|-----|-------|--------|-----|
| ILAC2 | Average Caseloads in Post Assessment teams | Minimise | 16.1 | 18 | Green | DET | DET |
| ILAC3 | Completed initial child and family assessments which started as S47, where the child was visited within 1 working day. | Maximise | 61% | 90% | Red | DET | DET |
| ILAC4 | Completed initial child and family assessments which started as S17, where the child was visited within 5 working days. | Maximise | 39% | 85% | 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 | 66% | 60% | Green | STATIC | IMP |
| ILAC6 | Rate of open CIN cases per 10,000 | Goldilocks | 319 | 321 | Green | IMP | IMP |
| ILAC7 | The percentage of CSC Audits graded good or outstanding (Q1 22/23) | Maximise | 30% | 80% | Red | IMP | IMP |
| ILAC7(N) | The percentage of CSC Audits graded RI or higher (good or outstanding) (Q1 22/23) | Maximise | 75% | 80% | Red | NA | NA |
| N23 | The percentage of children social care substantive posts not filled by permanent social workers | Minimise | 32% | 20% | Red | DET | DET |

Comments:**A10:**

- The 3-year average has dropped by 13 days compared to the Q1 22/23 outturn, which has been revised to account for retrospective recording (Q1 22/23 value is now 428).
- Compared to target this performance measure is positive and improving, despite being higher than national or our comparators. The latest national benchmark is 375 days, and the statistical neighbour outturn is 363.

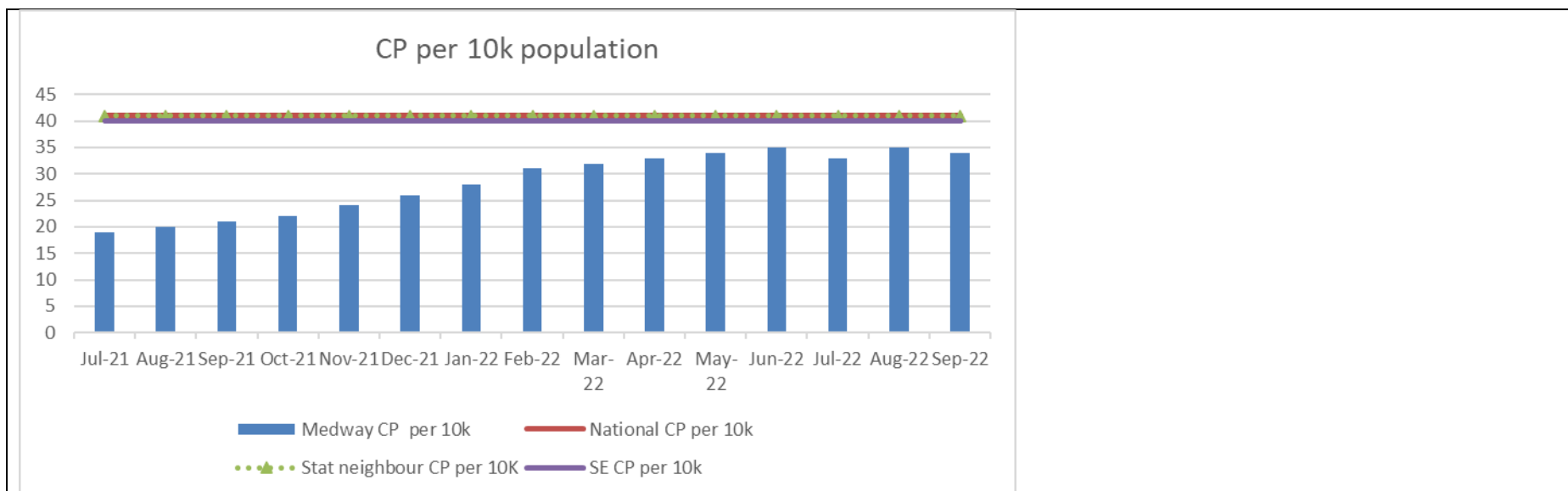
- Medway has now joined with Kent and Bexley into a Regional Adoption Agency (RAA) so the service will work through the RAA to identify adoptive families in a timely way. Panels are held weekly which ensures that children are matched without delay where suitable adopters can be found within the resources of the Adoption Partnership. As this is the 3-year figure this involves children adopted both before and after the RAA went live. Medway's number of children being adopted are low so any lengthy period of family finding will adversely affect the average even if for only one child.
- In this cohort there were groups which took over a year to place. In addition, Covid19 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 441 CiC, which is a rate of 67.3 per 10,000. The figure has marginally increased since the Q1 22/23 position. Medway now has an almost identical rate to the most recent National rate. The performance measure has comfortably achieved target 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 panel, and permanence panels are being further developed to ensure care plans are progressed and to support a focus on supporting children to return home where possible. There is increased tracking and focus on cases in court proceedings to provide greater oversight of early permanence plans and destination.

CSC0006:

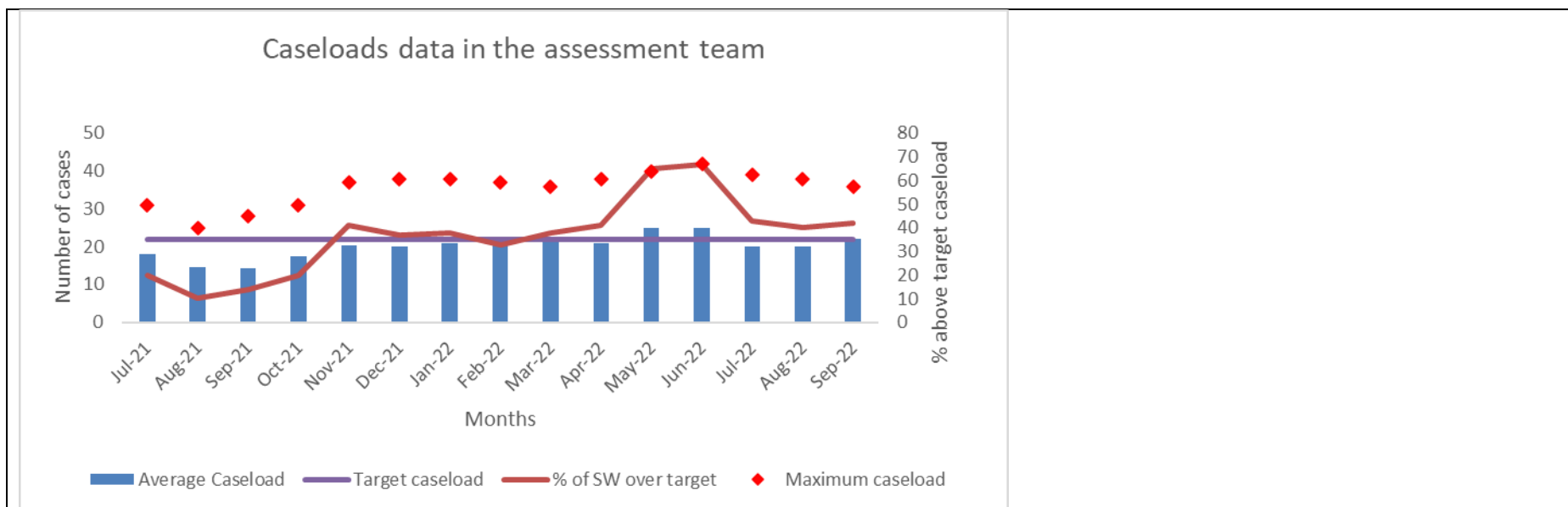
- The rate of Child Protection is now being measured by a "Goldilocks" metric. This is because a rate that is too low is as potentially problematic as a rate that is too high. We have set the upper limit at 42 and the lower at 32.
- The target zone has been revised and set in consultation with the service, as indicated at the target setting stage, in order to provide a meaningful performance measure that aligns Medway with national rates and our statistical neighbours.
- Currently there are 225 children on a child protection plan. This equates to a rate of 34 per 10,000. This value is a small decrease on the Q1 22/23 outturn. Medway is coming into line with our comparators and is achieving target.



- Medway's figure is lower than 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. This has remained stable throughout Q1 and Q2, 22/23.
- We are consistently testing thresholds to ensure risk and harm are appropriately identified and reduced. We want to ensure that the children with whom we work have the right plan to keep them safe. We will continue to monitor our rates per 10,000 children with a child protection plan.

ILAC1:

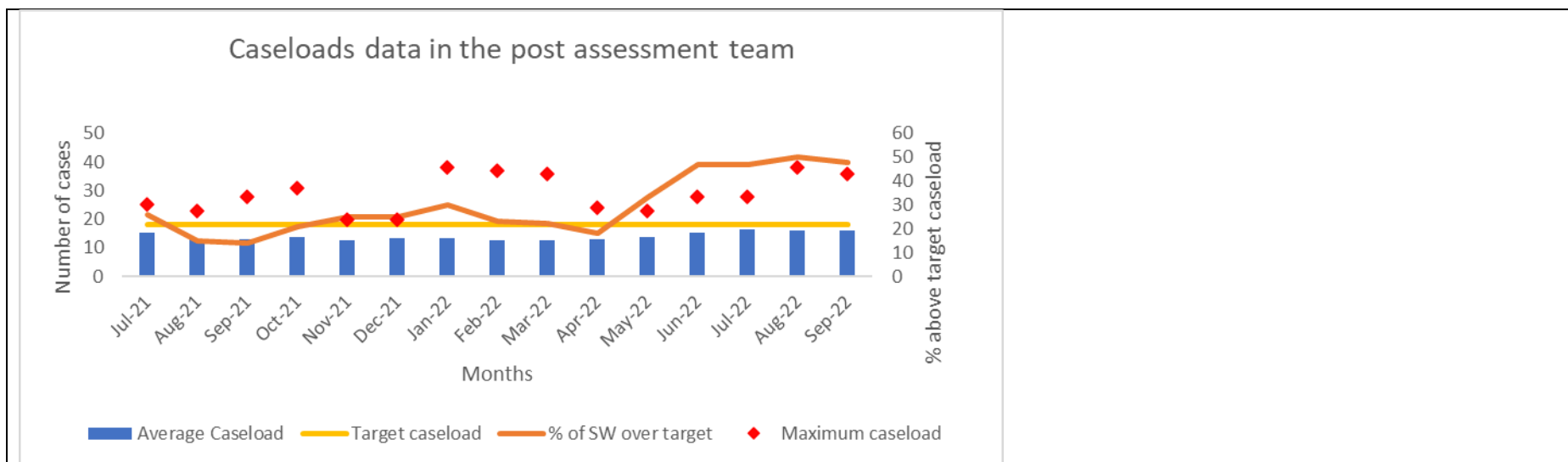
- The average caseload in the assessment teams is 22.1. This is a 12% drop compared to the June snapshot. This decrease has also improved the percentage of workers over target caseload, which has dropped from 67% to 42%. The maximum caseload remains high but the trend over Q2 22/23 is downward and improving.



- The average caseload within the assessment teams has lowered to 22.1. Assessment teams have had up to five unfilled vacancies during Q2 22/23 which has impacted on the number of social workers over target. The Head of Service and Service Manager continue to work with Team Managers to ensure throughput.

ILAC2:

- The snapshot shows post assessment social work teams (Areas CS Teams 1-8) have an average caseload of 16.1. This is a rise of 5% on the Q1 22/23 position. This performance measure remains below target, and continues to achieve it. The highest caseload is 36 – a rise of 29% on Q1 22/23. This is combined with a small rise in the proportion of workers who are over target caseload (48% compared to 47%). The rise in the percentage of social workers above target caseload is an acute feature of this financial year.



- The average caseload within the post assessment teams has increased since Q1 22/23 but the overall numbers are suppressed due to lower caseloads in the adolescent and children in care teams in the children's social work teams. 26 workers have caseloads higher than 18, with 23 workers on caseloads between 18 to 24 and three workers between 24 to 28. This is a direct impact of the increase in referrals, unfilled vacancies, and sickness within the children's social work service.
- Recruitment through the use of bank staff has enabled some of the vacancies to be filled, however unfilled vacancies and a higher range of caseloads than desired still remain. Work continues to recruit staff.

ILAC3:

- The end of quarter snapshot shows that 61% of assessments were visited within one working day. This is a 25% deterioration against the Q1 22/23 position and reverses the positive trend that had been evident in the last six months. There were 21 visits not in timescale out of 54 in total.
- There were 21 children where the S47 visit was not completed within one working day. Seven were within the assessment teams and 14 children were adolescent or Children's social work teams. There is regular oversight by senior managers, drilling down into the data. The reasons identified for delays are recording errors by Social Workers, delays in recording and delays in visits taking place. Where there have been delays in recording or visiting, managers are being asked to provide rationale, increased oversight and a plan to address going forward given the increase in pressures across the services.

ILAC4:

- The end of quarter snapshot shows 39% of S17 assessments were visited within five working days. This is a drop on the Q1 22/23 position of 20 percentage points. 204 children were not visited in timescale. The long-term trend over the last 12 months has been downward, with the rate dropping from 86% in Q2 21/22.
- There were 236 visits undertaken outside of the five working day timescale; 94 of these were post assessment teams (Adolescents 40 visits, 30 CSW visits & 24 0-25 visits) and 142 within the assessment team. The increased caseloads, mixed with the staff vacancies across service areas has impacted on timely visits being undertaken and recorded. Heads of Service are robustly overseeing the area of practice to ensure visits are undertaken and recorded.
- There were 144 children where visits were not completed within five working days. Whilst the majority of these were within the assessment teams, there was 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 date 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:

- The percentage of children for whom permanency has been agreed has remained stable at 66%. Year-on-year the proportion of children with a permanency plan has risen by 3 percentage points. Achieving permanency for children is a key feature of 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 performance measure.
- 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. Heads of Service are reviewing the permanency policy to support improved care planning and ensure better matching.

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 319 which is achieving target and represents a healthy level of CIN. There are just over 2k children counted as CIN. Medway's rate of CIN is fractionally lower than both National and our statistical neighbour but is not dissimilar. The Q1 22/23 figure for Medway has been updated to 324.
- 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 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.

- Nationally there are 321 CIN cases per 10k population. This is slightly higher at 331 for our statistical neighbour group and is 302 in the South East.
- The rate of CIN cases per 10k population has risen, albeit below national averages and statistical neighbours. Compliance with visits and reviews of CIN plans remains strong. We have managed to maintain our overall CIN rate despite the pressures across service areas. Work continues through management oversight, auditing, and review work on children’s cases to ensure that the right children are in receipt of a service.

ILAC7:

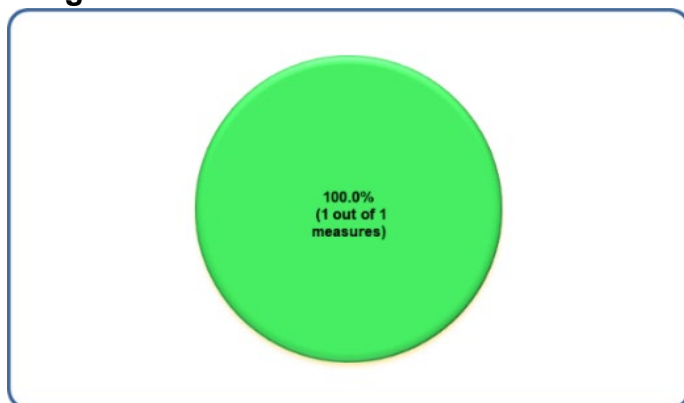
- Data is for April, May and June, 2022. Of the 40 moderated audits, 30% (12) were graded good. This is a considerable improvement on Q1 22/23 where 5% (1) of audits were moderated as good.
- Our aim is to achieve a service where good practice is embedded. The aim of achieving 80% of audits graded good 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 since Q1 22/23. 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 performance measure for 22/23 which looks at the percentage of audits graded at ‘Requires Improvement’ or better over the period to provide additional detail for the council.
- Data is for April, May and June, 2022. Of the 40 audits with a moderated grade, 30 (75%) were rated as ‘Requires Improvement’ or better. Of those 30, 12 were graded good. In Q1 22/23, one audit was 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:

- There has been a considerable rise in the vacancy rate in Children Social Care (CSC). Currently almost a third of positions are not filled with permanent staff. This is comparable to the situation in September 2020.
- 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 green measure is deteriorating long term [PH16]

1 measure is not available this quarter [CASEIEYFS Gap]

| PI code | PI name | Aim to | Value | Target | 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 (21/22 academic year) | Minimise | 21/22 academic year data not available yet | 30% | NA | NA | NA |

| | | | | | | | |
|------|--|----------|--------|-----|-------|-----|-----|
| PH16 | Smoking at time of delivery (SATOD) (Q4 21/22) | Minimise | 11.46% | 16% | 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). Data for the 21/22 academic year has not yet been published.

PH16:

- NHS Digital have suffered delays in the publication of data due to the continuing effects of the pandemic. The Q1 22/23 data for this performance measure is due to be published at the end of November 2022.
- In Q4 21/22, smoking at time of delivery in Medway was within target (16%) with a value of 11.46%.
- 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 exceeded its targets for new birth checks (92%), 6-week checks (94%), 1-year checks (95%) and 2-year checks (90%).
- The MCH School Nursing Service achieved a high level of participation in The National Child Measurement Programme (NCMP). The last full dataset for the 21/22 academic year indicates that 91% of Medway's Reception Year and Year 6 children participated in the programme.

- In Q2 22/23, the Child Health team have delivered eight training sessions on topics such as Adverse Childhood Experiences (ACEs), self-harm, and safeguarding. These sessions were attended by 68 professionals with a higher uptake than usual due to sessions taking place during the school holidays. The pilot 'personal, social, health and economic' education (PSHE) for Parents programme has been nationally recognised as an example of good practice and has been shortlisted for the UK Public Health Register (UKPHR) Award in the category of 'Improving Public Health Practice for Children and Young People'. The updated Medway primary 'Relationships and Sex Education' (RSE) scheme of work has been shared with Medway schools ahead of its national launch in October 2022.

Outcome: Older and disabled people living independently in their homes

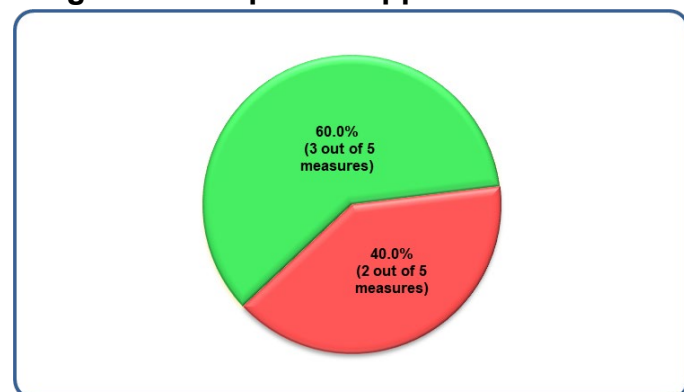
Strategic Risk Summary

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)]

2 measures were significantly below their target [ASCGBT001; ASCOF 1G (n)]

1 of the 2 red measures is deteriorating long term [ASCGBT001]

| PI code | PI name | Aim to | Value | Target | Status | Short Trend | Long Trend |
|--------------|---|----------|-------|--------|--------|-------------|------------|
| ASCGBT001 | % of Long term packages that are placements | Minimise | 33.1% | 30% | Red | DET | DET |
| ASCOF 1C(2i) | Percentage of clients receiving a direct payment for their social care service | Maximise | 32.3% | 30% | Green | DET | 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 | 45% | 77% | Red | IMP | IMP |

| | | | | | | | |
|-------------|--|----------|----------|-----|-------|--------|-----|
| ASCOF 2A(1) | Permanent admissions to care homes per 100,000 pop – 18-64 | Minimise | Redacted | 4 | Green | STATIC | IMP |
| ASCOF 2A(2) | Permanent admissions to care homes, per 100,000 pop – 65+ | Minimise | 119.3 | 145 | Green | IMP | IMP |

Comments:**ASCGBT001:**

- The proportion of clients receiving a long-term service that is a placement has increased by 1.8 percentage points since Q1 22/23. The long-term trend is deteriorating; in September 2021 the percentage was 29.7%. The number in residential or nursing accommodation has risen by 3%, whilst the number of clients receiving long-term care has dropped by 1.5%. There are currently 864 clients in residential or nursing care out of 2,610 clients receiving long term care.
- National data for 20/21 for long term clients in placements is 30.2% - this is a slight increase from 19/20.
- An analysis of Q2 22/23 placements is taking place to understand the reasons for the deteriorating trend and whether the placements are being made from the community or hospital. These could include the increase in acute need and/or that the crisis in home care capacity led to placements to keep people safe.

ASCOF 1C(2i):

- There has been a small drop in the proportion of clients receiving long term services (denominator) as an ongoing direct payment (numerator). 32.3% represents 568 individuals.
- Currently 99.9% of clients receive Self-Directed Support (SDS).
- Nationally 26.6% and for the South East 27.3% of clients with an ongoing long-term service receive a Direct Payment (DP). Our statistical neighbours' performance is 29.7%. All three comparators have seen a decline in performance compared to their 19/20 results.
- The 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):

- Of the current 636 learning disability (LD) clients, 285 (45%) are in their own home or living with family and have had a review in the last 12 months. 181 (28%) are living in their own homes or with family but haven't had a review in the last 12 months. This means that 73% are in the desired type of accommodation. There are 170 clients not living with their families or in their own homes. Of these 120 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 position has improved slightly from Q1 22/23 (44%) and it should be noted that the numbers of clients discounted from the numerator due to not being reviewed has fallen in both number and proportion.
- The current national outturn is 78% and our statistical neighbours' is 82% (20/21 data).
- The service acknowledges a backlog of reviews which has increased as a result of increases in volumes of assessment and safeguarding work as Covid19 restrictions relaxed but also in part as a result of Covid19 when restrictions on visits were in place and where families requested no visits. The service is prioritising assessments and safeguarding and is developing an action plan to increase the number of reviews undertaken in the remaining quarters of 22/23.

ASCOF 2A(1):

- As the number of admissions of working age adults to residential or nursing care in Q2 22/23 is between 1 and 5 this metric is redacted to prevent identification. However, we are able to say that the rate is below 4 per 100k.
- So far this year the number of admissions means the rate is 6 per 100k, below the target of 8. The target of 16 admissions per 100k allows for 27 individuals to be admitted. Although performance is currently on course to remain below that target it is important to remember that delayed recording can see figures in reported quarters rise.
- Nationally the benchmark is 13.3 per 100k for the full year, just under 3.4 per 100k for each quarter and for our statistical neighbours the figure is 15.6 (or 3.9 per quarter) per 100k.
- The service has seen an increase in the number of individuals with higher levels of need. We continue to work with our commissioning 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 performance measure is apportioned (145 each quarter, and 580 for the year).
- There have been 54 admissions in Q2 22/23. Whilst this figure and the rate per 100k population is below target (target is being achieved), retrospective inputting may raise this figure. The number of admissions in Q1 22/23 has been updated to 85 admissions from 51 as recording has caught up. This has seen the rate rise to 187.7 per 100k.
- Our target rate allows for 262 admissions in total. Currently 139 older people have been admitted. This is a rate of 307. This means that although the performance measure has achieved target for Q2 22/23, for the first half of the 22/23 year we have missed the target, by 8 admissions.

- The National rate of admissions is 498.2. This equates to 124.5 per quarter. Our statistical neighbours 2019/20 outturn is 620.8 (155.2 per quarter).
- An analysis of Q2 22/23 placements is taking place to understand the proportion of placements that are made from the hospital or community settings and enable the service to respond appropriately.

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

- Three Social Isolation training modules were delivered in Q2 22/23 with 23 delegates attending in total. One Connect 5 session was delivered with 12 delegates attending. The first Social Isolation Action Alliance was held in May 2022 with 23 stakeholders attending. A Task and Finish group has been set up to take forward the work around 'Chatty Cafes', with the first meeting being planned for November 2022. The Community Projects Officer represented the council at the Chatham Carnival, Safety in Action Day, Mid Kent College Freshers Fair, Department for Work and Pensions Community Engagement event, and Rainham Community Fun Day. Work has begun on redesigning the social isolation webpage and resources with the aim of completing phase 1 by January 2023.
- There were eight referrals to the social prescribing service for Q2 22/23. Overall, 100% of clients reported an improvement on being less isolated via the Office of National Statistics (ONS) scale for loneliness score. In total, 41 delegates received training in social prescribing. As the three-year funding for the 65+ Social Prescribing Service pilot comes to an end in March 2023, we are winding down the intervention element of the project. The 'Better Connected' programme accepted its last referral in August 2022 and will continue to support the caseload of clients until the end of December 2022.

Outcome: All children achieving their potential in education

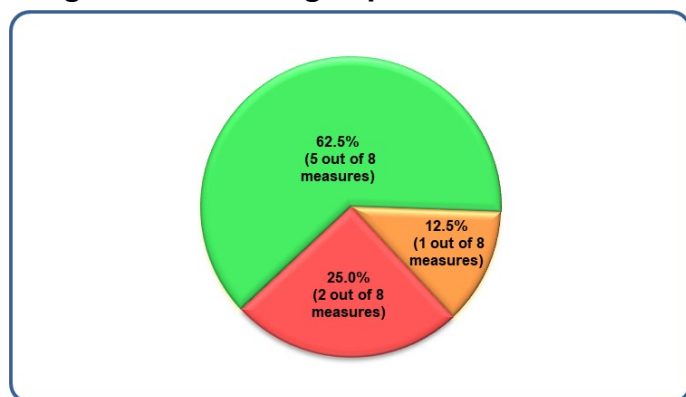
Strategic Risk Summary

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 [CA13; CASEIKS4 Ofsted; CASEISPEC Ofsted; OfstedPrimMnt; SE2 OEPr]

1 measure was slightly below target [SE KS2Mnt]

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

1 measure is not available this quarter [SEKS4A8]

Both red measures are deteriorating long term [EDU3(b); SE KS2]

| PI code | PI name | Aim to | Value | Target | Status | Short Trend | Long Trend |
|-----------------|---|----------|-------|--------|--------|-------------|------------|
| CA13 | The percentage of children permanently excluded from school (upheld only) | Minimise | 0.01% | 0.01% | Green | IMP | IMP |
| CASEIKS4 Ofsted | Partnership measure :Percentage of all Secondary Schools judged good or better, | Maximise | 94.4% | 85% | Green | STATIC | STATIC |

| | | | | | | | |
|------------------|---|----------|---|-------|-------|--------|--------|
| CASEISPEC Ofsted | The percentage of special schools in Medway judged to be good or better | Maximise | 100% | 90% | Green | STATIC | STATIC |
| EDU3(b) | The percentage of children who were persistently absent from school (21/22 academic year) | Minimise | 24.3% | 13% | Red | IMP | DET |
| OfstedPrimMnt | The percentage of Maintained primary schools in Medway judged to be good or better | Maximise | 100% | 93% | Green | IMP | IMP |
| SE KS2 | The percentage of children who the required standard or above in Reading, Writing and Mathematics at KS2 (21/22 academic year) | Maximise | 56.0% | 65.0% | 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 (21/22 academic year) | Maximise | 64% | 65% | Amber | NA | NA |
| SE2 OEPr | Partnership measure: Percentage of all Primary Schools judged good or better, | Maximise | 90.7% | 87.5% | Green | IMP | IMP |
| SEKS4A8 | Average attainment 8 score (21/22 academic year) | Maximise | NA 21/22 academic year data not | 46.6 | NA | NA | NA |

| | | | | | | | |
|--|--|--|------------------|--|--|--|--|
| | | | available yet | | | | |
|--|--|--|------------------|--|--|--|--|

Comments:**CA13:**

- Please note, the annual target of 0.04% is apportioned across each quarter (0.01% each quarter).
- For this academic year (starting September 2022) there have been no upheld permanent exclusions. The process has been started for five pupils. All of these are secondary school pupils. The majority are girls and have been excluded for physical assault against another pupil.
- There were between one and three upheld exclusions in July making the rate for Q2 22/23 0.01%.
- Nationally the rate of permanent exclusions is 0.05% (2020-21).
- In line with the proposals set out in the Green Paper, education system leaders are working with local authority officers to establish appropriate provision that supports more pre-emptive intervention and reduces the need for exclusion. This includes reviewing how alternative provision operates to increase the range of outreach support for vulnerable learners.

CASEIKS4 Ofsted:

- Of the 19 secondary schools in Medway, three are classed as 'Outstanding', 14 are 'Good' and one is inadequate. This means that 17 of 18 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 is not counted in this performance measure in either the denominator or numerator.
- Nationally this figure is 80% and the South East currently has 88% of schools graded 'Good' or better. Medway is the third best authority in the South East, behind Windsor and Maidenhead (100%) and Bracknell Forest (100%).
- One school has been inspected and dropped from 'Outstanding' to 'Good'.

CASEISPEC Ofsted:

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

EDU3(b):

- There are three publications of pupil absence data per year. Only the full year absence data provides a definitive view of pupil absence.
- The absence data is published for statutory school-age pupils only. These are pupil enrolments who are aged five to 15 on the first day of the academic year.

- The most recently published attendance data is for terms 1 to 4 of the 2021-22 academic year. This shows Medway has a combined (primary and secondary rate) persistent absence (PA) rate of 24.3%. These figures include Covid19 related absences. Primary school persistent absence is at 21.5% and secondary school is 27.3%. Removing those children who would not have been persistently absent without Covid19 reduces the PA rate for Medway to 19.9%.
- National benchmarking for the autumn and spring terms is due to be published in October 2022. Data for terms 1 to 2 is provided for reference.

| T1-2 2021-22 | Primary and secondary PA | Primary PA | Secondary PA |
|---------------------|---------------------------------|-------------------|---------------------|
| 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 over PA, a task and finish group consisting of local authority officers, working with headteachers, has been established. This group will be 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 task and finish group will assist in helping schools understand and apply the latest DfE guidance as well as acting as an information sharing conduit.

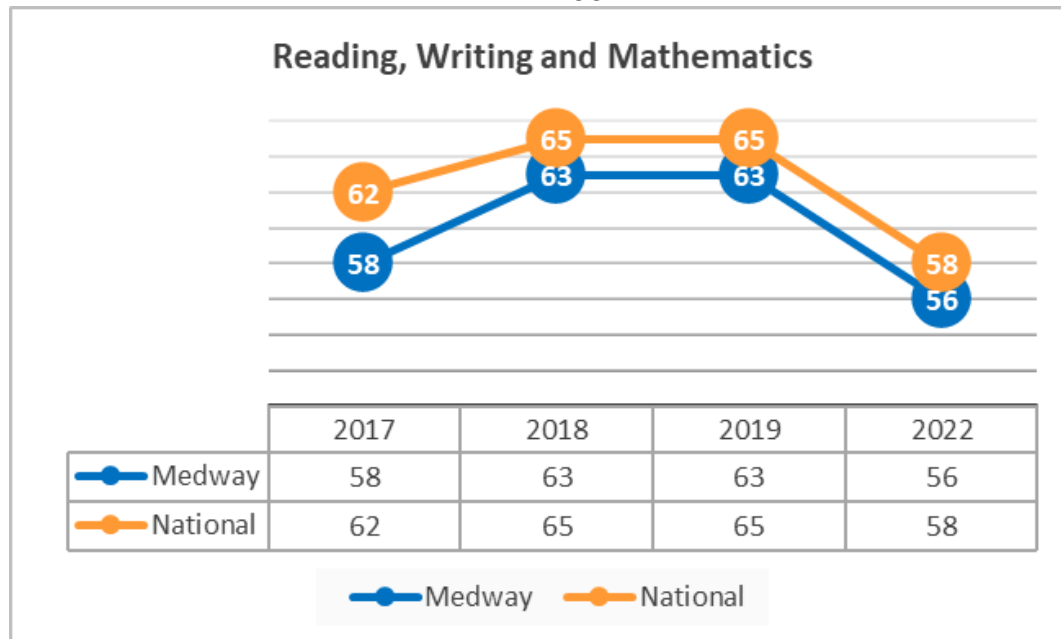
OfstedPrimMnt:

- All local authority maintained primary schools are rated 'Good' or better; four are graded 'Outstanding' and 21 are 'Good'.

SE KS2:

- The Key Stage 2 (KS2) Provisional Statistical First Release (SFR) has been published by the Department for Education (DfE). Data shows that 56.0% of Medway children achieved at least the expected standard in the combined Reading, Writing and Mathematics performance measure.

- Provisional National data indicates that 58% of children achieved at least the expected standard.



- Compared to our statistical neighbours* Medway has had the third best percentage change against 2018-19 (-11%), being in line with the National rate of decline. All local authorities (LAs) have seen their performance drop.

| | 2018-19 | 2021-22 | Percentage point change | Percentage change |
|--------------------|-----------|-----------|-------------------------|-------------------|
| Swindon | 62 | 58 | -4 | -6 |
| Dudley | 59 | 53 | -6 | -10 |
| Rotherham | 59 | 53 | -6 | -10 |
| National | 65 | 58 | -7 | -11 |
| Medway | 63 | 56 | -7 | -11 |
| Thurrock | 70 | 62 | -8 | -11 |
| South East | 66 | 58 | -8 | -12 |
| Telford and Wrekin | 64 | 56 | -8 | -13 |
| Havering | 71 | 61 | -10 | -14 |
| Kent | 68 | 58 | -10 | -15 |
| Southend-on-Sea | 68 | 56 | -12 | -18 |

*our comparator group changed between 2019 and 2022. Only continuous LAs are shown

- To ensure that 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 identified four 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', and 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 DfE.

SE KS2Mnt:

- Data is highly provisional and unvalidated.
- Medway's maintained schools performed better than national and better than the Medway all schools cohort. This was also the case pre-pandemic, 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- vs post-pandemic is also less in maintained schools.

| | Medway (Maintained only) | National (all schools) | Percentage difference between Medway (Maintained only) and National | Medway (Academy only) | Percentage difference between Medway Maintained vs Medway Academy |
|--------------------------|--------------------------------|------------------------------|---|-----------------------------|---|
| 2021-22 draft results | 64% | 58% | +10.3% | 52% | +23.1% |
| 2018-19 final | 71.6% | 65% | +10.2% | 60.1% | +19.1% |
| Percentage change | -10.6% | -10.8% | +1% | -13.5% | +21.1% |

- In addition to all of the actions listed for all schools for the SE KS2 performance measure above, School Effectiveness officers have:
 - ❖ undertaken compliance visits to the statutorily required 10% 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 OEP:

- There are now 75 primary schools, as Stoke Primary School and Allhallows Primary School have become the Peninsula East Primary Academy.
- From a cohort of 75, currently 68 schools are graded 'Good' or better; seven are outstanding and 61 are good. Five schools require improvement and two are inadequate.
- There are 50 academies. Of these 86% are 'Good' or better (three are 'Outstanding' and 40 are 'Good'), five require improvement and two are inadequate.
- Nationally, this figure is 89% and the South East currently is 91%.

SEKS4A8:

- 2021/22 academic year data will be released later in the 22/23 year.