

Council Priority: PEOPLE

Supporting residents to realise their potential

Quarter 3 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

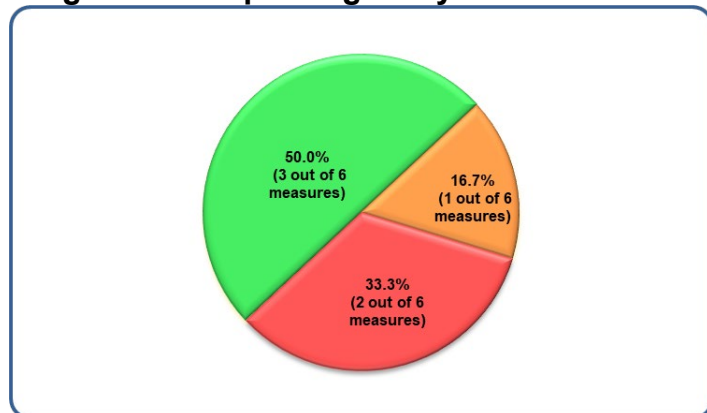
Outcome: Healthy and active communities

Strategic Risk Summary

There are no strategic risks for this outcome.

Performance Summary

Programme: Improving everyone's health and reducing inequalities



The total number of measures is 6
 3 measures met their target [PH14, PH23, PH8]
 1 measure was slightly below target [PH15]
 2 measures were significantly below target [PH13; PH17]
 The amber measure is deteriorating long term [PH15]
 Both red measures are deteriorating long term [PH13; PH17]

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) (Q2 22/23)	Maximise	139	170	Red	DET	DET
PH14	Excess weight in 4-5 year olds (21/22 annual)	Minimise	23.7%	27.7%	Green	IMP	IMP
PH15	Excess weight in 10-11 year olds (21/22 annual)	Minimise	41.3%	40.9%	Amber	IMP	DET
PH17	Breastfeeding initiation	Maximise	64.68%	70%	Red	DET	DET
PH23	Dementia friendly settings (cumulative)	Maximise	4	4	Green	IMP	IMP
PH8	Percentage of children and young people achieving a lifestyle improvement as a result of completing a young people weight management service	Maximise	77.8%	75.0%	Green	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 Q2 2022/23 there have been 501 quit attempts providing a 59% 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 a total of 16% of all quits have been carbon monoxide (CO) verified.
- 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:

- The National Child Measurement Programme (NCMP) data was published in November 2022. This annual data collection has happened since 2007 and allows a detailed analysis of the trends in weight status for children locally and nationally. It also allows comparison of trends between areas and between population groups, for example looking at the differences between boys and girls, or difference in deprivation levels. The most recent data shows an overall reduction of overweight levels for both year groups that are measured, both locally and nationally in the last 12 months. The year R (4–5 year olds) Medway data saw a reduction from 31.5% in 2020/21 to 23.7% in 2021/22 in the overweight and obesity level compared to the 2021/22 England average of 22.3%.
- There was a smaller reduction for overweight and obesity prevalence in year 6 (10-11 year olds) compared to year R (4-5 year olds), with Medway at 41.3% for year 6 compared to the 2021/22 England average of 37.8%.
- Medway has developed a whole system approach to reducing obesity which is delivered by a wide range of partners within the Medway Healthy Weight Network. The network has three subgroups: Medway Infant Feeding Strategy Group, Medway Food Partnership and the Medway Physical Activity Alliance. The network has representation from a number of public, private, voluntary, and academic sector partners. These subgroups meet regularly to work collaboratively on food, activity, and infant feeding projects. The network produces a list of annual priorities at the start of each financial year that is reviewed by the Medway Health and Wellbeing Board.
- Specific priority actions this year include a whole school food programme, a large-scale healthy weight campaign, UNICEF Baby Friendly Accreditation for acute and community setting and many more. For a full list of healthy weight intervention, the <http://www.wholesystemobesity.uk/medway/> website provides a list of interventions and partners engaged in activity.

PH17:

- Data for Q3 2022/23 shows a reduction in the amount of Medway infants that initiate breastfeeding. Initiation data is collected by the Medway NHS Foundation Trust midwifery department who record the feeding status of all newborn infants. The choice of feeding method by the parent or carer is influenced by a number of factors such as the advice from professionals during their antenatal period, their peers and wider support environment, as well as their level of exposure to formula feeding adverts.
- The Infant Feeding Strategy group have begun the process of refreshing the Infant Feeding Strategy, with the first step being to analyse the last year of data to understand the demographics with the lowest breastfeeding rates. Residents will

then be asked about the barriers and enablers for infant breastfeeding and the evidence base will be reviewed to help identify interventions that either need to be scaled up or started, to improve the current position.

PH23:

- Two new locations have reached the 'Dementia Friends' standard to become dementia friendly including one premise on the Isle of Grain connected to wHoo Cares. This work has been aided by the re-engagement of wHoo Cares with the Dementia Action Alliance. The call to action to renew the Dementia Action Alliance Registration has been a leading factor that has contributed to this re-engagement, along with numerous other partners who had gone quiet since Covid19. This will continue into Q4 2022/23.
- The Historic Dockyard continues to engage but has yet to be assessed for the 'working towards Dementia friendly' standard which is hoped will be reached in Q4.

PH8:

- In Q3 2022/23 there has been an increase in the number of participants as well as outcomes within the Childhood Obesity Services. This is due to a new and trained full-time member of staff who is now helping to deliver the available services. There has been continuous progress of children and young people who have achieved a lifestyle improvement in Q3. This could include improvements in diet, activity level, weight status, fitness level, sedentary time, or body shape.
- We have received steady referrals for our Tri Mini and Tri Club programmes in Q3, however, referrals for Fit Fix remains low. Another member of staff has also been recruited and trained which should enable the team to deliver more courses in Q4 2022/23.
- Due to the current cost of living crisis, some families are struggling to bring their children to take part in the programmes. The team have planned for the programmes to run both face-to-face and online in Q4. We will also be offering bus vouchers to families which we hope will encourage them to attend the programmes. We will continue to monitor retainment among the target population (children) who complete the programmes.

Project for this outcome:

Supporting Healthy Weight:

- The annual National Child Measurement Programme (NCMP) data was published in November 2022. The NCMP is an annual data collection that has happened since 2007 and allows a detailed analysis of the trends in weight status for children both locally and nationally. It also allows comparison of trends between areas and between population groups, for example looking at the differences between boys and girls, or differences in deprivation levels. The most recent data shows an overall reduction of overweight and obesity levels for both year groups that are measured, both locally and nationally, in the last 12 months. For year R (4-5 year olds), Medway saw a significant reduction in the overweight and obesity level compared to the

previous year, moving from 31.5% in 2020/21 to 23.7% in 2021/22. This makes the year R prevalence for Medway 23.7%, compared to an England average of 22.3%. There was a smaller reduction for overweight and obesity prevalence in year 6 (10-11-year-olds) compared to year R (4-5-year-olds), with Medway at 41.3% for year 6 in 2021/22 compared to the England average of 37.8%. This reduction may, in part, be influenced by the Covid19 pandemic. In previous years, data was recorded immediately after the lockdown period and when social distancing restrictions were still in place.

- The national and local decreasing trend seen this year may suggest that more typical activity and food intake patterns have returned for a large proportion of children. There have also been several new interventions established locally and more active engagement in the whole system obesity programme in the last year, from a multitude of partners. Although it is not possible to predict future childhood obesity rates or the ongoing trend line, the range of partners within the Medway Healthy Weight Network are committed to further action. For example, the Medway and Swale Health and Care Partnership have named childhood obesity as one of its core priorities.
- In Q3 2022/23, there has been a large focus on school-age children and school-based programmes within the whole system obesity programme. This includes 12 schools registering for the Whole School Food Programme, 14 schools signing up for the Daily School Mile as part of the Medway Can campaign and 15 schools registering for other physical activity interventions.

Outcome: Resilient families

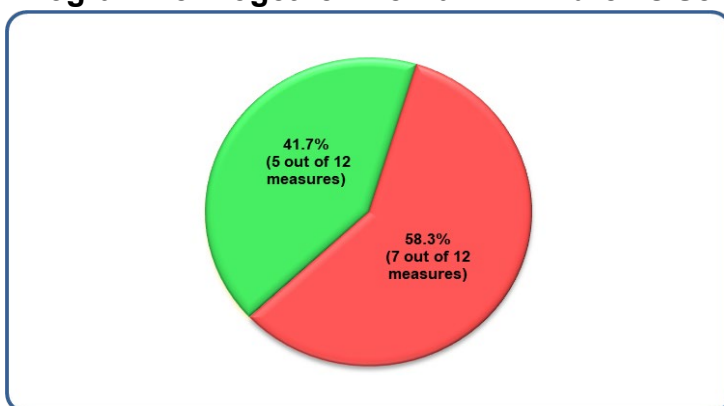
Strategic Risk Summary

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

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

7 measures were significantly below target [ILAC1; ILAC3; ILAC4; ILAC6; ILAC7; ILAC7(N); N23]

2 of the 5 green measures are deteriorating long term [CSC0004; ILAC2]

5 of the 7 red measures are deteriorating long term [ILAC1; ILAC3; ILAC4; ILAC7(N); 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	421	450	Green	DET	IMP
CSC0004	Number of CIC per 10,000 children	Goldilocks	69.5	67.0	Green	DET	DET
CSC0006	Number of CP per 10,000 children	Goldilocks	42.0	37.0	Green	DET	IMP
ILAC1	Average Caseloads in Assessment teams	Minimise	27.8	22	Red	DET	DET

ILAC2	Average Caseloads in Post Assessment teams	Minimise	15.4	18	Green	IMP	DET
ILAC3	Completed initial child and family assessments which started as S47, where the child was visited within 1 working day.	Maximise	62%	90%	Red	IMP	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	STATIC	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	61%	60%	Green	DET	DET
ILAC6	Rate of open CIN cases per 10,000	Goldilocks	377	321	Red	DET	IMP
ILAC7	The percentage of CSC Audits graded good or outstanding	Maximise	13%	80%	Red	IMP	IMP
ILAC7(N)	The percentage of CSC Audits graded RI or higher (good or outstanding)	Maximise	70%	80%	Red	DET	DET
N23	The percentage of children social care substantive posts not filled by permanent social workers	Minimise	30.6%	20%	Red	DET	DET

Comments:**A10:**

- The 3-year average rose by 6 days compared to the Q2 22/23 outturn.
- This measure has achieved target but has deteriorated slightly, despite being higher than the national outturn. The latest national benchmark is 375 days, and the statistical neighbour outturn is 367.
- 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.

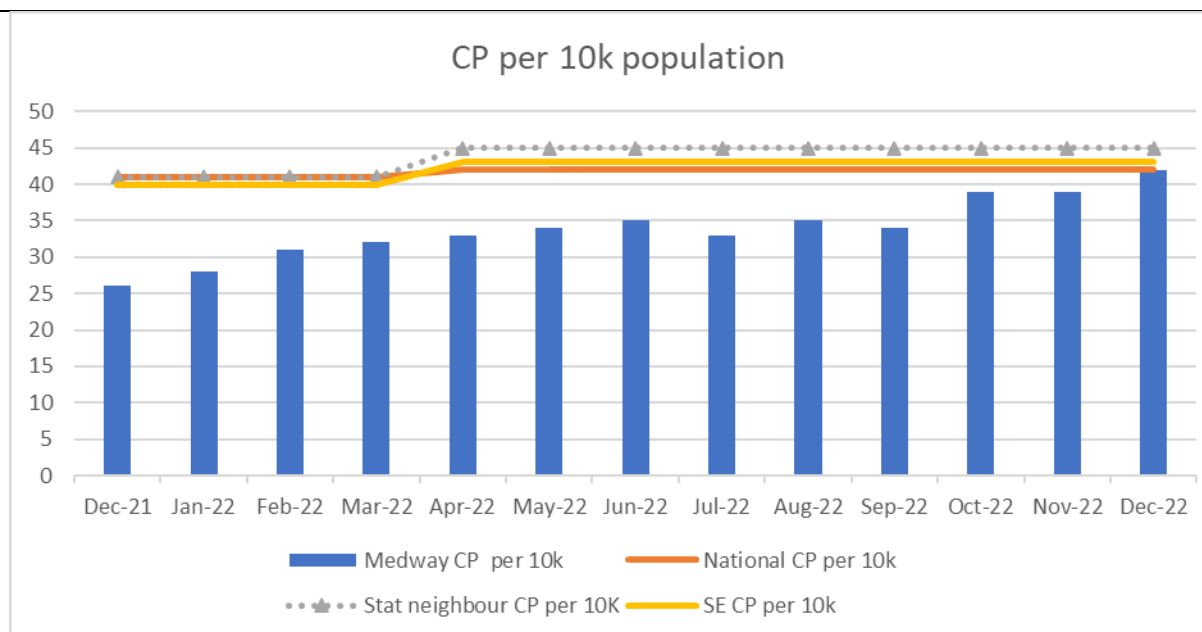
- In this cohort there were a number of sibling groups all of whom were older and with some complex needs and traumatic histories and they all took over a year to place. In addition, Covid19 has affected the length of proceedings for many recent children placed and adopted.

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 455 CiC, which is a rate of 69.5 per 10,000. There has been a rise since September of 4% (16 children). Medway now has an almost identical rate to the most recent National rate.
- Nationally there are 70 CiC per 10,000 population. Our statistical neighbours have 74 CiC per 10,000 and the South East has 56.
- Decisions for all children coming into care have the oversight of the senior leadership team and are reviewed at the Access to Resource panel and Permanency panel. The focus of these panels is to ensure that we continue to review and allocate support that enables children to return home to families as swiftly as possible, therefore preventing children remaining in care unless they need to be there.
- National changes from the Judiciary will see a greater focus on care proceedings needing to conclude within the required 26 weeks. To respond to this, we have implemented weekly care proceedings tracking meetings. The aim of these meetings is to drive early permanence plans, to swiftly be able to identify and respond to barriers that can result in children remaining in care longer than is necessary.

CSC0006:

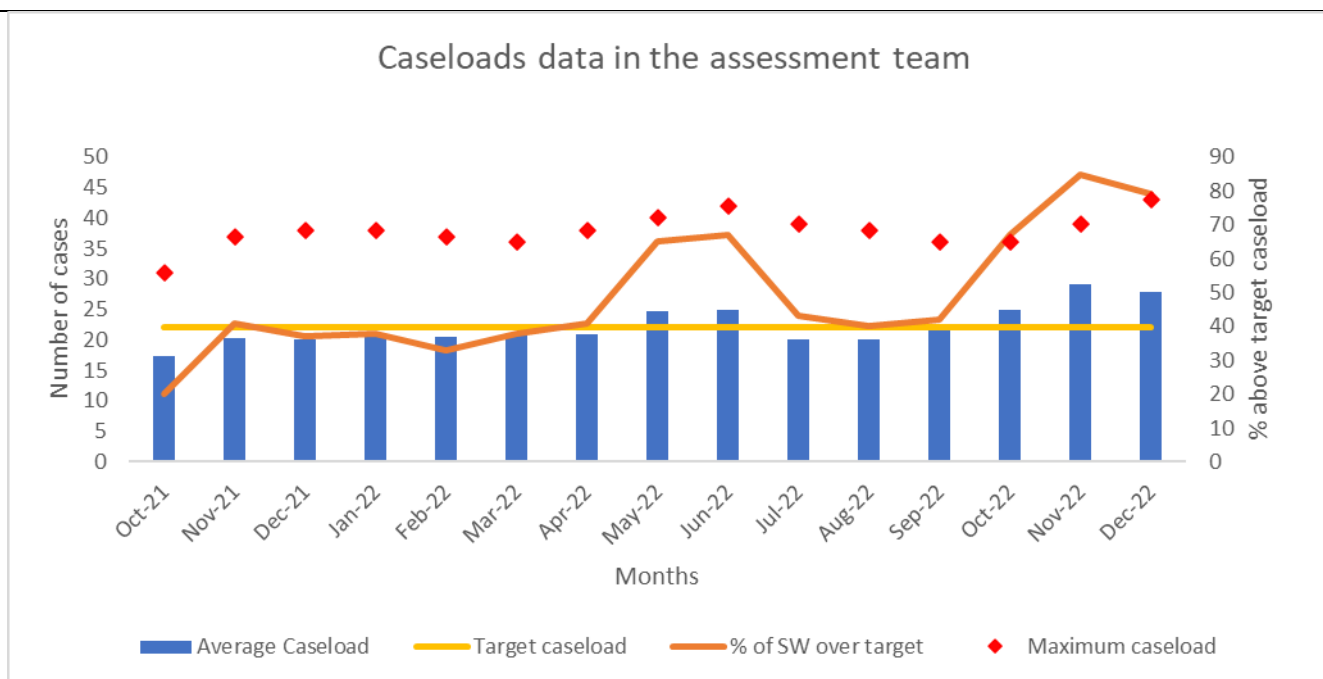
- The rate of Child Protection is now being measured by a "Goldilocks" metric. This is because a rate that is too low is as potentially problematic as a rate that is too high. We have set the upper limit at 42 and the lower at 32.
- The target zone has been revised and set in consultation with the service, 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 277 children on a child protection plan. This equates to a rate of 42 per 10,000, a 24% rise on the Q2 rate, created by an extra 54 children.



- Medway is in line with the latest National rate (42) and below the Statistical neighbour rate of 45 per 10,000. The South East rate has risen to 43, which means all our comparators, like Medway, have seen a rise in the numbers of CP.
- The number of children subject to a child protection plan has increased in conjunction with and is now in line with our statistical neighbours and national. There has also been an increase in the number of transfers in child protection conferences.
- Senior managers and child protection chairs have oversight of decisions for children to be placed on a plan, which is made as part of a multi-agency decision. Dip sampling and review work continues consistently to ensure that the right children are on a plan, but that there is more to do to ensure that our child in need intervention is effective at preventing escalation.

ILAC1:

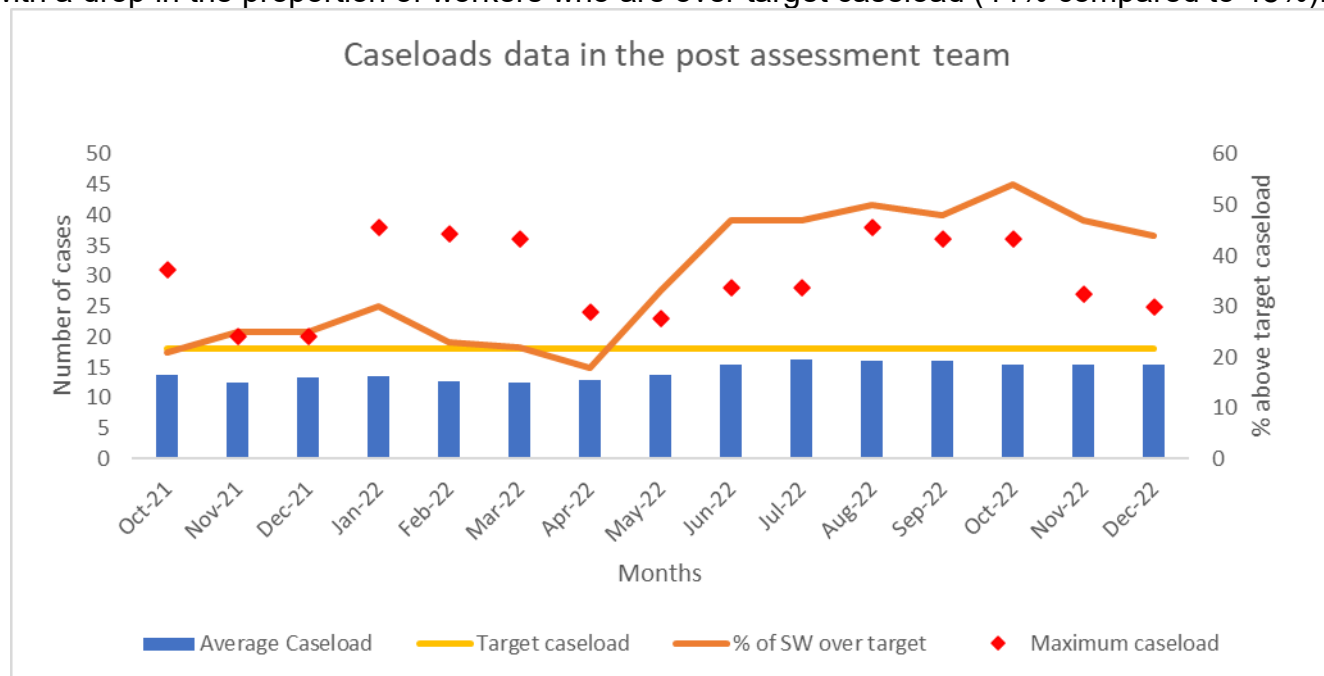
- The average caseload in the assessment teams is 27.8 cases, which equates to a 26.2% rise compared to the September snapshot. This increase has also impacted the percentage of workers over target caseload, which has risen from 42% to 79%. The maximum caseload remains high at 43 and has been rising over the quarter.



- The average caseload within the assessment teams has increased in Q3 which was expected due to staffing shortfalls and the number of unfilled vacancies across other services. During this quarter it was agreed that the assessment teams would hold children's cases longer to prevent transfers to the Children's Social Work teams, due to the number of unfilled vacancies in that part of the service.
- Significant management oversight and action has been in place throughout this period to manage any potential risks and ensure robust oversight of the work.
- The highest caseload of 43, was a worker who had work moved to them following another practitioner leaving the team (this work was ready for closure). The other social worker with caseloads at this level has their student's caseload also allocated in their name (normal policy for student allocation). Considerable investment has been made to enable recruitment to a team of bank staff to provide additional capacity across the whole service, including the assessment teams.
- Additional investment has also been made in commissioning two project teams, given continuing difficulties being able to recruit locum backfill, and when these are mobilised in the coming weeks, they will start to take pressure off the service.

ILAC2:

- The snapshot shows post assessment social work teams (Areas CS Teams 1-8) have an average caseload of 15.4, a drop of 4% on the Q2 position. This indicator continues to achieve target. The highest caseload is 25, an increase of 31% on Q2. This is combined with a drop in the proportion of workers who are over target caseload (44% compared to 48%).



- Caseloads have now started to reduce in the post assessment teams due to action taken to recruit bank staff and an adolescent project team. Whilst the adolescent team have slightly lower caseloads, the increase in sickness and vacancies across both Children Social Work teams and in the adolescent service. Work that has been held in the assessment service has also slowly started to transfer across in December as the bank Social Workers came into post.

ILAC3:

- The end of quarter snapshot shows that 62% of assessments were visited within one working day. This is a 2% improvement on the Q2 22/23 position. 14 out of 37 did not happen in timescale.
- Due to recruitment and retention issues, and increased caseloads across the service there was a delay in the recording of visits undertaken within one working day. Where there was delay in recording or visiting, managers are providing rationale

and an increased oversight. The additional staffing resource will support more timely recording as work transfers out of the Assessment teams, enabling workers to catch up and throughput work.

ILAC4:

- The end of quarter snapshot shows 39% of S17 assessments were visited within five working days. This is static compared to the Q2 position, although 48% and 43% were achieved in October and November, respectively. 205 children were not visited in timescale. The long term trend over the last 12 months has been downward, with the rate dropping from 66% in Q3 2021/22.
- Continuing shortfalls in capacity across the service has resulted in challenges in completing visits within five working days of the referral, as well as a delay in the recording of these visits. Where there was delay in recording or visiting, managers are providing rationale and an increased oversight. The additional staffing resource committed by the Council and in the process of being commissioned and mobilised, will support more timely visiting and recording. Heads of Service continue to monitor this area of practice closely.

ILAC5:

- The percentage of children for whom permanency has been agreed has reduced slightly to 61%. Despite this drop the measure remains above target. 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 above target. Work continues to fully implement the permanence policy, hold regular permanence panels and to implement the fostering strategy to increase supply, choice, and support for carers. Work is also underway with Independent Reviewing Officers 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.
- Service Managers for Adoption/Fostering and Children in Care are jointly responsible for tracking children's permanence plans. Heads of Service are reviewing the permanence 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 377 which is outside of the green zone. There are 2,467 children counted as CIN. This has risen by 24% over the last quarter. Medway's rate of CIN is higher than National and 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 and all children on a child protection (CP) plan as well as other children supported by social services who are not looked after or on a CP plan.

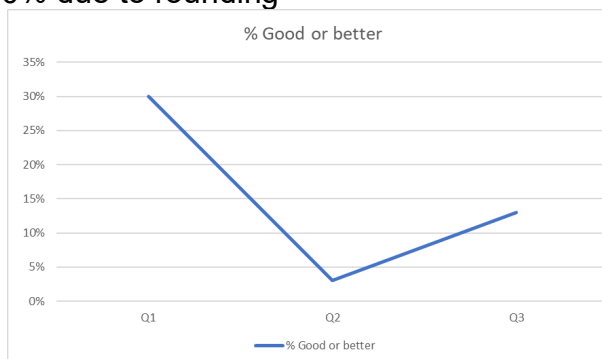
- Nationally there are 334 CIN cases per 10,000 population. This is slightly higher at 347 for our statistical neighbour group and at 329 in the South East. All of these rates have risen over the last year, but not as sharply as Medway’s current rise.
- The impact of staffing, sickness and vacancies has had an impact on the effectiveness with which CIN work is progressed across the service. The increase of staff through the recruitment in the bank and project teams has filled critical gaps and will enable more manageable caseloads for social workers supporting the throughput of CIN work. Service Managers and Heads of Service have strong oversight of this work.

ILAC7:

- In Q3, 4 out of 30 (13%) of audits were moderated as good, 87% required improvement or were inadequate. This is a moderate improvement from Q2.
- The table below shows the audit results for this year to date:

	Outstanding	Good	Requires improvement	Inadequate
Q1	0 (0%)	12 (30%)	18 (45%)	10 (25%)
Q2	1 (3%)	0 (0%)	29 (74%)	9 (23%)
Q3	0 (0%)	4 (13%)	17 (57%)	9 (30%)
YEAR Total	1 (1%)	16 (15%)	64 (59%)	28 (26%)

N.B. The percentages may not sum to 100% due to rounding

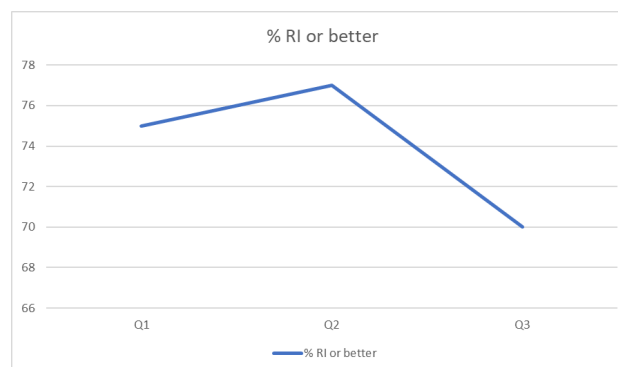


- Our aim is to achieve a service where good practice is embedded. The aim of achieving 80% of audits graded good or outstanding is the long-term service ambition as it will take a significant change in practice to get to this position, which will take time. Continued focus on practice improvement, is 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 decline in performance since Q1, will be linked with the pressures across the service, particularly where there are significant gaps in capacity as there has been across the service over recent months. Unfilled vacancies, sickness and performance issues all impact on the quality, timeliness and throughput of work, and consequently, audit grades.

ILAC7(N):



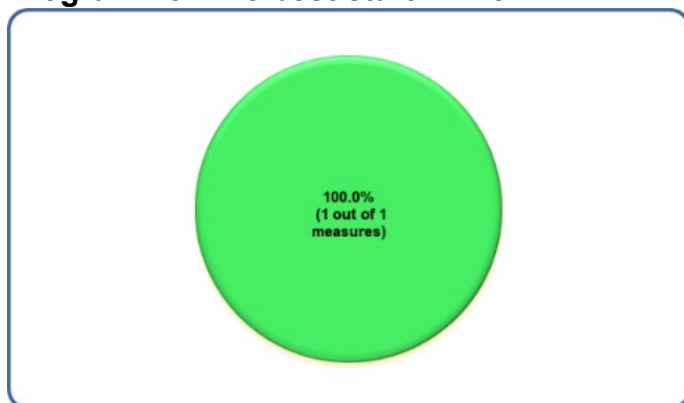
- For the year to date 75% of audits are graded as Required Improvement (RI) or better.
- The service is currently in intervention, and it would be expected that at this point in the journey that a high proportion of work would not meet expected standards until practice consistently improves.
- Dependent on the area of practice that is subject to review, we would expect that performance against the target will fluctuate. Performance will also be impacted in this area by pressures across the service, particularly where there are significant gaps in capacity as there has been across the service over recent months. Unfilled vacancies, sickness and performance issues all impact on the quality, timeliness and thoroughness of work, and consequently, audit grades.
- The extensive work underway to increase capacity through commissioning a team of bank locum staff and project teams, will provide additional capacity, and help to bring work back on track. The service will continue to strengthen practice.

N23:

- There has been a further rise in the vacancy rate in Children Social Care (CSC) since September 2022. This equates to nearly a third of all social work posts. This is comparable to the situation in September 2020.
- The use of agency staff has also increased to 30%. It is expected that this figure will rise further with additional project teams being hired from January to help manage capacity.

- Benchmarking data is from February 2022. New national figures are expected in February 2023. 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.
- The social work offer increased in October 2022 to reflect the current market. Alongside this additional recruitment campaigns have been used to attract candidates. Pressures remain across the whole system nationally.

Programme: The best start in life



The total number of measures is 2
 1 measure met its target [PH16]
 1 measure is not available this quarter

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	NA	30%	NA	NA	NA
PH16	Smoking at time of delivery (SATOD) (Q4 21/22)	Minimise	10%	16%	Green	IMP	IMP

Comments:**CASEIYFS Gap:**

- This measure has now been discontinued by the Department for Education.

PH16:

The data reported represents smoking at time of delivery (SATOD) prevalence for the whole of Kent & Medway in line with the Integrated Care Board (ICB) footprint.

Achievements

- The Medway Stop Smoking Service in collaboration with key partners, continues to deliver predominantly remote/telephone support to maternal smokers, partners, and significant others undertaking a quit attempt with the service. Face-to-face, 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 132 referrals in Q2 2022/23. This is a 25% decrease on Q2 2021/22 (177 referrals), which is likely to be reflective of several factors, including a reducing SATOD prevalence locally, high maternity staff turnover and limited pharmacotherapy options. Experts have also highlighted that nicotine replacement therapy (NRT) has limited efficacy in the pregnant population.
- Medway Council Public Health team are also working closely and supporting clinical colleagues in implementing the ambitions of the NHS Long Term Plan in treating tobacco dependence. In maternity, we expect to see and support an operational in-house model for some of the Medway pregnant population by April 2023/24.

Actions

- As part of the NHS's 'Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality' guidance, reducing smoking in pregnancy is the first element. To embed best practice, the team and service continue to prioritise working closely with influential stakeholders (notably midwives and health visitors) to maintain and improve referral pathways, as well as ensuring evidence-based training is delivered at regular intervals.
- New evidence from a randomised controlled trial suggests that e-cigarettes might help people who are pregnant to stop smoking, and their safety for use in pregnancy is similar to that of nicotine patches (Hajek et al., 2022). An e-cigarette universal offer is currently being considered for implementation into the Medway Stop Smoking Service.
- Furthermore, emerging evidence published in the British Medical Journal (BMJ) has found that the provision of financial incentives alongside regular UK Stop Smoking Services was shown to more than double the number of people who stopped smoking during pregnancy (Tappin et al., 2022). This bolt-on intervention supports new guidance from the National Institute for Health and Care Excellence (NICE). A proposal for the new financial year will be put forwards to ensure our services continue to reflect the gold-standard and are continually improving perinatal outcomes in Medway.

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

- The Health Visiting Service delivered by Medway Community Healthcare (MCH) has met or exceeded all its directorate targets for the mandated checks in Q2 2022/23. These checks are conducted by the Health Visiting Service in accordance with the National Healthy Child Programme to support parents and ensure the child's development is on track. The current performance statistics for these checks are:
 - New Birth Review: 91% (Target – 91%)
 - 6-8 Week: 93% (Target – 91%)
 - 10-12 Months: 94% (Target – 91%)
 - 2-2.5 Years: 88% (Target – 78%)
 - Antenatal: 91% (Target – 91%)
- The MCH School Nursing Service achieved a high level of participation in The National Child Measurement Programme (NCMP). The last full dataset for the 2021/22 academic year shows that 91% of Medway's Year R and Year 6 children took part in the programme. September 2022 saw the full launch of the ChatHealth digital messaging service for children aged 11 to 19. Children accessing the service can send a message (anonymously if they wish) to a school nurse to get confidential help and advice about a range of health concerns, including emotional health, sexual health, relationships, alcohol, drugs, and bullying.
- The Children and Young People (CYP) workforce training denotes 15 courses which are delivered to a total of 227 professionals in Q3 2022/23. These training courses have been developed to deliver support to Medway's Children and Young Peoples workforce (teachers, youth workers, youth group leaders, charity workers) in the work that they do to improve the health and wellbeing of children and young people. Training includes full and half day in-person sessions, online sessions, and webinars and covers a range of topics such as mental health, self-harm, trauma informed practice, and 'Personal, Social, Health and Economic' (PSHE) education. The breakdowns of training and attendance are:
 - Alumina training: One course - 13 delegates attended.
 - Self-harm basic awareness: Two courses - 36 delegates attended.
 - Adverse Childhood Experiences (ACEs) and Trauma Informed Practice (TIP): Nine courses – 130 delegates attended.
 - Youth Mental Health First Aid (YMHFA): One course – 14 delegates attended.
 - Connect 5 CYP Version: One course – seven delegates attended.
 - Relationships and Sex Education (RSE) Whole Day: One course – 27 delegates

- We have seen an increase in membership across our networks including the PSHE education Network with an improved attendance from existing members. Currently, there are 69 members from a cross section of schools, primary, secondary, Special Education Needs and Disability (SEND) settings and alternative provision.
- The Trauma Informed Community of Practice currently has 49 active members, facilitated by two members of the team. Bi-monthly meetings to discuss innovative approaches and share ideas around trauma informed practice (TIP). Members include representatives from Medway and Kent, NHS, Schools, Parenting practitioners, Emerge, LGBTQ+ community, police, probation service, social workers, carers, and youth groups. Programmes discussed and presented in Q3 2022/23 have been adverse childhood experiences (ACEs) and appropriate language within the LGBTQ+ community, DICE (Parenting Support Programme) and the Therapeutic Outreach and Support Team (TOaST) programme. In January 2023, two schools will present their different approaches to TIP.
- To support Care Leavers Week in October 2022, the team delivered health and wellbeing sessions to care leavers at Strood Community Hub. The team also created a wellbeing guide to support care leavers with the transition into independent living. This has been very well received and shared with services locally and nationally.
- Colleagues have supported the Medway South Primary Care Network (PCN) to complete the Social Prescribing Maturity Framework. This is a quality improvement tool to support leaders at a system (Kent and Medway Integrated Care System), place (Medway and Swale Health Care Partnership) and neighbourhood (PCN) level to work together strategically. The results of which have shown some opportunities for partnership working which will be taken forward in the new year.

Outcome: Older and disabled people living independently in their homes

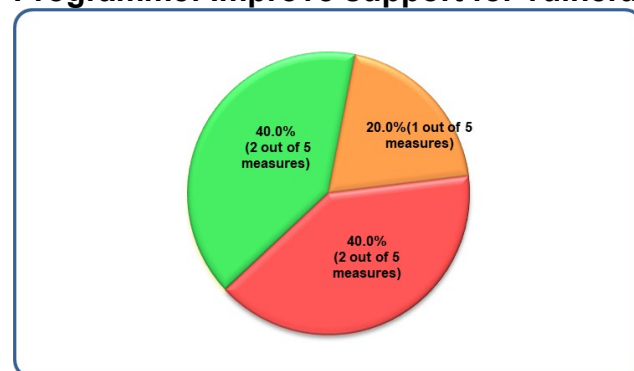
Strategic Risk Summary

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

2 measures met their target [ASCOF 2A(1); ASCOF 2A(2)]

1 measure was slightly below target [ASCGBT001]

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

1 red measure is deteriorating long term [ASCOF 1C(2i)]

PI code	PI name	Aim to	Value	Target	Status	Short Trend	Long Trend
ASCGBT001	% of Long term packages that are placements	Minimise	30.2%	30%	Amber	IMP	IMP
ASCOF 1C(2i)	Percentage of clients receiving a direct payment for their social care service	Maximise	28%	30%	Red	DET	DET
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	52%	77%	Red	IMP	IMP

ASCOF 2A(1)	Permanent admissions to care homes per 100,000 pop – 18-64	Minimise	Redacted	4	Green	IMP	IMP
ASCOF 2A(2)	Permanent admissions to care homes, per 100,000 pop – 65+	Minimise	125.2	145	Green	IMP	IMP

Comments:**ASCGBT001:**

- The proportion of clients receiving a long term service that is a placement has decreased by 0.8 percentage points over the quarter. The long term trend is static with the position in December 2021 being 30.1%. The number in residential or nursing accommodation has dropped by 2%, whilst the number of clients receiving long term care has risen by 0.8%. There are currently 847 clients in residential or nursing care, out of 2,808 clients receiving long term care.
- National data for 2020/21 for long term clients in placements is 29% - this is a slight decrease from 2019/20.
- A desk top deep dive was undertaken to analyse placements made within the last quarter to understand the upward trend in placements. It was found that the majority are being made through hospital discharge due in major part to the increase in acute need. The first review for these placements is critical to ensure that they remain appropriate.

ASCOF 1C(2i):

- There has been a drop in the proportion of clients receiving long term services (denominator) as an ongoing direct payment (DP) (numerator) of 4.3 percentage points to 28%. At the end of December 552 clients out of 1,980 are receiving an ongoing DP.
- Nationally 26.7% of clients with an ongoing long term service receive a DP. Our statistical neighbours' performance is 29.3%. Both comparators have seen a decline in performance compared to their 2020/21 results.
- As predicted, we have seen a decrease in the numbers of people in receipt of a DP. This is due to the transfer of people attending a day service paying by DP to a commissioned service, in order to recoup the 20% VAT cost. The conversion of DP day service clients to a commissioned service is impacting the team's ability to process any new referrals. We have successfully recruited two full time Self Directed Support (SDS) coordinators. Start dates are pending. Once they start work this will help address the backlog of DP referrals and increase the number of people in receipt of a DP.
- 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.

ASCOF 1G (n):

- There has been a 7 percentage point rise since Q2 2022/23 the proportion of Learning Disability (LD) clients who live in their own home or with family.

- Of the current 638 LD clients 329 (52%) are in their own home or living with family and have had a review in the last 12 months. 133 (21%) 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 176 clients not living with their families or in their own homes - over three quarters of these are in residential or nursing 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 79% and our statistical neighbours' is 81% (2021/22 data).
- The service is working with colleagues in both Systems, and Performance and Intelligence to improve the way in which professionals record accommodation status. In addition, communication has gone out to all Locality team managers to ensure teams are recording accommodation status in the correct way to ensure data can be captured.

ASCOF 2A(1):

- Please note the target for this measure is apportioned over the quarter.
- There have been six admissions of working age adults to residential or nursing care this quarter. So far this year there have been 19 admissions in the year, which equates to a rate of 11.1 per 100,000, below the target of 12 (4 per quarter). The annual target of 16 admissions per 100,000 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 (2021/22 data) is 13.9 per 100,000 for the full year, just under 3.5 per 100,000 for each quarter and for our statistical neighbours the figure is 15.2 (3.8 per 100,000).
- 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.
- There have been 58 admissions this quarter. Whilst this figure and the rate per 100,000 population is below target retrospective inputting may raise this figure. The number of admissions in Q1 has been updated based on 96 admissions, from 85 and the Q2 figure updated to 94 from 54 as recording has caught up. This has seen the rates rise to 207.2 and 185.6 per 100,000 respectively.
- Our target rate allows for 262 admissions in total; currently 248 older people have been admitted. This is a rate of 535.3. This means that the indicator is achieving target for Q3. At this point we are exceeding the target rate of 435 and may exceed the target by year end if this rate continues.

- The National rate of admissions (2021/22 data) is 538.5. This equates to 134.6 per quarter. Our statistical neighbours' outturn is 585.6 (146.4 per quarter). In 2021/22 Medway admitted 669.3 people per 100,000. This is 167.3 per quarter and means we are, in 2022/23, in excess of last year. At the end of Q3 2021/22 we had admitted 501.9 people per 100,000 and for this year we have admitted 535.3.
- The desk top deep dive which was undertaken to analyse placements made within the last quarter focused on older people to understand the upward trend in placements. It was found that the majority are being made through hospital discharge due in major part to the increase in acuity of need. The first review for these placements is critical to ensure that they remain appropriate.

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

- In Q3 2022/23, one 'Connect 5' Session was delivered with 10 delegates attending in total. The first Medway Social Isolation Action Alliance newsletter was published. A new training module called 'Loneliness and Social Isolation in Children and Young People' was also produced and dates have been booked for next year.
- No social prescribing referrals were received in Q3 2022/23 as the service is no longer active. Colleagues working in Social Prescribing completed the support and discharge of the remaining client caseload in December 2022. Overall, 100% of clients who completed the intervention reported an increase in their wellbeing through validated wellbeing measurements.
- Three bitesize sessions for social prescribing link workers were delivered on the following topics: Cost of living, Talking Therapies, and Early Help. Additionally, a social prescribing networking event was held in October 2022 with 25 stall holders and 60 attendees.

Outcome: All children achieving their potential in education

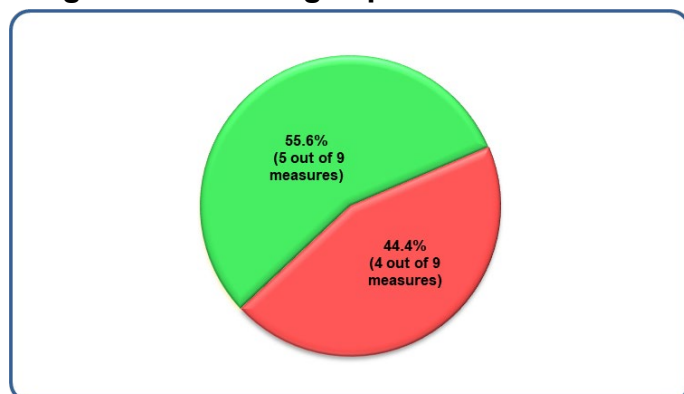
Strategic Risk Summary

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; SE2 OEPr; SEKS4A8]

4 measures were significantly below target [CA13; EDU3(b); SE KS2; SE KS2Mnt]

1 of the 4 green measures is deteriorating long term [CASEIKS4 Ofsted]

2 of the 4 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	0.014%	0.010%	Red	DET	IMP
CASEIKS4 Ofsted	Partnership measure: Percentage of all Secondary Schools judged good or better,	Maximise	88.9%	85%	Green	DET	DET
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	DET	DET
OfstedPrimMnt	The percentage of Maintained primary schools in Medway judged to be good or better	Maximise	100%	93%	Green	STATIC	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	57.0%	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	65%	70%	Red	NA	NA
SE2 OEPr	Partnership measure: Percentage of all Primary Schools judged good or better,	Maximise	92.0%	87.5%	Green	IMP	IMP
SEKS4A8	Average attainment 8 score (21/22 academic year)	Maximise	47.8	47	Green	NA	NA

Comments:**CA13:**

- Please note, the annual target of 0.04% is apportioned across each quarter.
- For the quarter, there has been 16 permanent exclusion processes started. Of these nine have been resolved and seven are awaiting an outcome. Seven have led to the child being excluded and two have not.

- This activity is not counted in the benchmarking data below, which is for the Autumn term of 2021/22. It will form part of the dataset for the Autumn term 2022/23. Exclusion Data is now published three times a year. The most recent published data is for the Autumn term 2021/22.

- The table below shows National, regional, and local data:

	Primary exclusion rate	Secondary exclusion rate	Total exclusion rate
National	0.005%	0.05%	0.025%
South East	0.003%	0.02%	0.01%
Medway (Autumn term 2021-22)	0.00%	0.02%	0.008%

- Education system leaders are working proactively 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 with a view to increase the range of outreach support for vulnerable learners.

CASEIKS4 Ofsted:

- Of the 20 Secondary schools in Medway 3 are classed as outstanding, 13 are good, 1 requires improvement and 1 is inadequate. This means that 16 of 18 are good or better. The inadequate judgment applies to the Waterfront UTC from its time as Medway UTC.
- Since last quarter Brompton Academy has been inspected and moved from good to requires improvement.
- Neither The Leigh Academy Rainham nor the Maritime Academy have had an Ofsted inspection, so they are not counted in this measure, in either the denominator or numerator.
- Nationally this figure is 81% and the South East currently has 88.6% of schools graded good or better. Medway has moved from 3rd to 11th the South East.
- Where there are concerns about schools, including those schools judged less than good, these are discussed during the termly conversation with the Regional Director (formally Regional Schools Commissioner, RSC).

CASEISPEC Ofsted:

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

EDU3(b):

- Local, provisional, data shows that Medway's overall rate of persistent absence (PA) for terms 1-6 (2021/22) is 24.3% - this is 10,059 children. Of these, the primary rate is 21.5% and the secondary rate 27.3%.
- The absence data is published for statutory school-age pupils only. These are pupils on roll who are aged 5 to 15 on the first day of the academic year, Years 1 to 11.

- The most recent published National Attendance data is for terms 1-4 of the 2021/22 academic year.
- Published data collected for terms 1-4 of the 2021/22 academic year shows Medway has a combined (primary and secondary rate) persistent absence rate of 23.8%. Primary school PA is at 21.2% and secondary school is 26.5%.

T1-4 2021-22	Total PA	Primary PA	Secondary PA
National	22.3%	18.2%	26.7%
South East	22.2%	18.2%	26.4%
Medway T1-4 (published)	23.8%	21.2%	26.5%
Medway T1-6 provisional (not published)	24.3%	21.5%	27.3%

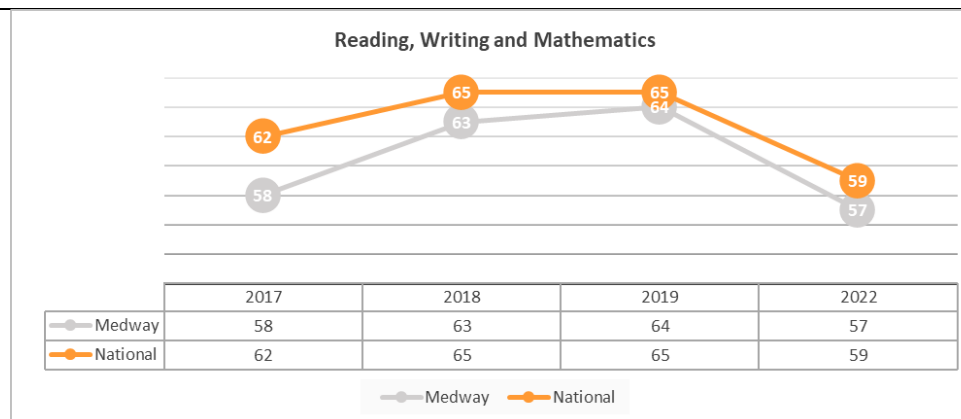
- For terms 1-4 the rate of PA in Medway is higher than both National and the South-East for 5 out of 6 terms.
- The Council has been assigned a Department for Education advisor to work with them on addressing the attendance and PA issues. Council officers have met with the advisor and a deep dive is scheduled for early February which will inform the development of a robust action plan.
- The Task and Finish Group of school leaders continues to collaborate focus on identifying improvement priorities for attendance drawing on best practice and national initiatives.

OfstedPrimMnt:

- All local authority maintained primary schools are rated 'Good' or better; four are graded 'Outstanding' and 21 are 'Good'. There has been no change since last quarter.

SE KS2:

- The revised (final) Statistical First Release (SFR) has been published by the Department for Education. Data shows that 57% of Medway children achieved at least the expected standard in the combined Reading, Writing and Mathematics measure. The target in this report of 65% was set in 2019 pre-pandemic. The gap between Medway's and National performance has increased.
- National data indicates that 59% of children achieved at least the expected standard, as such Medway is 2 percentage points (pp) lower than National.



- Compared to our statistical neighbours* Medway has had the fourth best percentage change against 2018/19, being comparable to the National rate of decline. All Local Authorities (LAs) have seen their performance drop.

	2018-19	2021-22	pp change	% change
Swindon	62	58	-4	-6
Rotherham	59	54	-5	-8
National	65	59	-6	-9
Dudley	59	53	-6	-10
Medway	64	57	-7	-11
South East	66	59	-7	-11
Telford and Wrekin	64	57	-7	-11
Thurrock	70	62	-8	-11
Kent	68	59	-9	-13
Havering	71	61	-10	-14
Southend-on-Sea	68	56	-12	-18

*our comparator group changed between 2019 and 2022, only continuous LAs are shown

- The service supports headteacher associations and the CEO network, in addressing their identified priorities for school improvement, encouraging school-to-school support that utilises best practice identified through performance and standards data.

- The Medway Education Partnership Group (MEPG) has identified and agreed a number of key priority areas, including Quality of Education, which is informed by educational attainment outcomes for children and young people. These measures will be closely monitored, and action plans developed through the MEPG to understand inconsistencies and to support school leadership to address areas of low performance.

SE KS2Mnt:

- Maintained schools performed better than national and better than the 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. Medway's maintained schools continue to outperform academies and the gap between the two groups has widened by 11.6%. The gap between maintained schools and national has narrowed.

	Medway (Maintained only)	National (all schools)	% Difference to national	Medway (Academy only)	% Difference Maintained vs Academy
2021/22	64.5%	59.5%	+8.4%	53.2%	+21.2%
2018/19 final	71.6%	65%	+10.2%	60.1%	+19.1%
% Change	-9.9%	-8.5%	-17.6%	-11.5%	+11%

- School Effectiveness Officers have undertaken focused visits to evaluate, with leaders, the effectiveness of their school curriculum to deliver the required pupil outcomes. These evaluations have been used to inform the Education Service Risk Tracker that is reviewed three times each year with the school.

SE2 OEPr:

- 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 69 schools are graded 'Good' or better; seven are outstanding and 62 are good. Four schools require improvement and two are inadequate.
- In the quarter Elaine Primary School moved from requires improvement to good.
- There are 50 academies. Of these 88% are 'Good' or better (three are 'Outstanding' and 41 are 'Good'), four require improvement and two are inadequate.
- Nationally, this figure is 89.9% and the South East currently is 91.3%.

SEKS4A8:

- The provisional KS4 published data shows Medway's Attainment 8 score is 47.8. This is an increase of 1.2% upon previously published data, comparing performance with pre-pandemic outcomes. Since 2016, the trend of KS4 performance has been broadly below the national profile (with the exception of 2018/19 when it was slightly better).

- Attainment 8 is a whole school performance measure and is calculated based on the grades achieved by students across eight key subjects. Subjects include Mathematics, English and EBacc subjects and certain technical awards. Mathematics and English may be 'double weighted', meaning that they count as two of the attainment 8 subjects. Attainment 8 in Medway is lower than the national (47.8 Medway average versus 48.7 national average). Grammar schools continue to have an Attainment 8 score above Medway and national averages. All non-selective schools have an attainment 8 score below both Medway and national averages.
- Progress 8 captures the progress that pupils in a school make from the end of primary school to the end of KS4. The Progress 8 score is calculated by comparing each student's Attainment 8 score to those nationally of other students who had the same KS2 SATs results. The Progress 8 average in Medway is -0.13, compared with the national average of -0.03. This means that on average students in Medway make one grade less progress compared to their peers nationally.
- Whilst Medway has improved compared to 2018/19 this must be viewed in the context of National and comparator performance:

	2018/19	2021/22	% Change	2018/19 Gap to National (pp)	2021/22 Gap to National (pp)
National	46.8	48.8	4.3%		
South East	48.0	50.0	4.2%	1.2	1.2
Statistical Neighbour	51.0	53.0	3.9%	4.2	4.2
Medway	46.6	47.8	2.6%	-0.2	-1

- Medway has not made as strong progress as the comparators in terms of actual performance and has moved further behind the national outturn, whereas the South East and statistical neighbours have remained static.
- School Effectiveness Officers continue to work in collaboration with education leaders in the Medway Education Partnership Group (MEPG) to understand key priorities in all phases of education. National and LA data is to be collated and shared with schools in order to support individual schools with benchmarking, particularly in relation to more vulnerable groups (e.g., SEND, LAC).