



**Committee and Date**  
**People Overview & Scrutiny**  
**15 November 2023**

Item

Public



# People Directorate Demand Activity and Performance

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## Synopsis

The report provides an update to The People Scrutiny Committee on areas of demand activity and performance across the People Directorate. The performance captured in the report aligns to the Shropshire Plan to help inform the committees understanding of current activity, challenges and an opportunity to assess local performance and impact.

## Executive Summary

This report will highlight areas of demand for Children’s Social Care (CSC) and Adults Social Care (ASC), and in addition, will identify growth in demand for Education, Health and Care Plans (EHCP) for 0–25-year-olds. We aim to illustrate current demand, trends and pressures across the service. This will include Transformation programmes of work to evidence impact and performance across ASC and CSC. The work detailed within the report aims to meet The Shropshire Plan priorities and improve outcomes across all ages. This report should be considered alongside the dashboard of performance measures that are being developed.

## Recommendations

The committee considers the report and dashboards and

- Triangulates the information and key messages against the information in financial reporting
- Identifies specific areas of focus that it may want to explore in more detail, to be included in their work programme

# Report

## Risk Assessment and Opportunities Appraisal

### 1. Risk table

<i>Risk</i>	<i>Mitigation</i>
Demographic demand pressure in ASC	Transformation programme to support people earlier in the customer journey
Gap in funding to support hospital discharge	Transformation programme on reablement to ensure the right pathway for the individual. Additional funding has been secured from health; further external funding will also help mitigate the current gap.
Increased complexity of people needing support.	Partnership working on health on jointly funded packages of care and support.
Demand for support for children and young people.	Refocus on prevention and early intervention. Increased support through Stepping Stones programme.
Demand for EHC plans is increasing and impacting pressure on SEND Team Officers, Educational Psychologists, Social Workers (CSC and ASC) and health providers.	Development of the Shropshire Ordinarily Available Provision (SOAP) framework, in partnership with schools and parent carers, to outline the support that should be provided before an EHC plan is requested. Engagement and implementation of the SEND and AP National Change Programme policies to explore new ways of working and enhance the ability of mainstream schools to meet a wider range of SEND needs.

## Financial Implications

The People Directorate is currently on target with its savings plan with the total currently at £11,475,463m as at period 6.

The demand across Children's and Adults continues to present challenges with the current budget pressure as detailed within that narrative of this report.

The table below details the current Qtr 2 financial monitoring cabinet report and provides the current position for the People Directorate and current pressures.

Directorate / Service	Forecast Outturn Variance at Q1	Budget at Q2	Forecast Outturn at Q2	Forecast Variance at Q2	Movement from Q1 to Q2	Reasons for Movement
	£'000	£'000	£'000	£'000	£'000	
<b>People</b>	<b>Overall £25.4m budget pressure in People Directorate continues to be driven by higher than anticipated demand for social care services, often with more complex needs. However, this position is after improvement arising from rapid delivery of agreed spending reductions (currently £17.7m). Other linked mitigations include expanded use of Direct Payments to promote autonomy and support people to be at home where possible. This level of demand and cost increase is being experienced across the local government social care sector.</b>					
Children's Social Care and Safeguarding	10,400	51,364	64,464	13,100	2,700	<p><b>Overall pressure changes from Q1 to Q2 amount to £2.700m increase and are summarised below.</b></p> <ul style="list-style-type: none"> <li>£2.376m - External Residential Placements - Increase in External Residential Placements (14 new external placements)</li> <li>£0.248m - Staffing - Increased agency social workers and social worker retention payments. The service has experienced difficulties in recruiting qualified social workers to vacant posts.</li> <li>£0.178m - PLO Support Packages, caused by an increase in items ordered by the Court (e.g. medical assessments and social worker assessments)</li> </ul>
Adult Social Care	11,552	129,873	139,574	9,701	(1,851)	<p><b>Overall pressure changes from Q1 to Q2 represent a £1.9m reduction and are summarised below.</b></p> <p>Purchasing Costs: net reduction of £1.547m</p> <ul style="list-style-type: none"> <li>(£2.398m) increase in CHC (NHS) income and improved joint working arrangements.</li> <li>(£1.414m) increase in one-off grant funding applied (additional Market Sustainability Improvement Grant and Emergency Care Support Grant above previously advised levels)</li> <li>(£1.211m) forecast increase in income from client contributions reflecting increased activity levels</li> <li>£3.086m expenditure increase in forecast placement costs. The majority of this is within care homes (£2.372m), but also in the Direct Payments and Domiciliary Care (£0.936m). Increased direct payments and domiciliary care is positive as these are more efficient ways to deliver suitable care and result in more people being supported at home.</li> </ul> <p>Non-purchasing Reduction - (£0.304m)</p> <ul style="list-style-type: none"> <li>(£0.200m) additional reserves applied</li> <li>(£0.219m) planned expenditure reduction across Internal Day Services, Four Rivers and START</li> <li>£0.171m forecasted increase in Passenger Transport Costs (mitigation plans being explored).</li> </ul>
Learning and Skills	181	22,347	22,643	296	115	<ul style="list-style-type: none"> <li>Home to School Transport costs increased further above budget, due largely to Statutory and Post 16 SEND. Mitigating actions are being developed.</li> </ul>
Directorate Management	2,702	553	2,956	2,403	(299)	<ul style="list-style-type: none"> <li>Housing Services have been moved to the Place Directorate, leading to some changes to income, spending, and target savings (£0.151m)</li> </ul>

						• 5% target reduction in staffing for Early Help now achieved through a (one-off) contribution from Supporting Families Grant Reserve (£0.161m)
Children's Early Help, Partnerships and Commissioning	25	3,629	3,506	(123)	(148)	• -£0.056m – Spending reductions now achieved through (one-off) contribution from the Supporting Families Grant Reserve • -£0.082m - Increased underspend on Family Hubs Staffing (vacancies extended through Q2 as the service is redesigned)
<b>People Total</b>	<b>24,860</b>	<b>207,767</b>	<b>233,143</b>	<b>25,377</b>	<b>517</b>	

## Climate Change Appraisal

The People's directorate is working to support people within their communities to reduce the need to travel and therefore reduce carbon emissions.

Climate consideration is embedded in all commissioning reviews.

## Background

### Adult Social Care

Adult Social Care monitor performance through a range of measures. The Adult Social Care Outcomes Framework (ASCOF) measure how well care and support services achieve outcomes which are reported nationally.

The new CQC assessment framework for local authority assurance has launched and will seek assurance in 4 areas; how we work with people, providing support, ensuring safety within the system and leadership. Preparation for that is taking place with support from West Midlands ADASS who have identified common challenges across the West Midland authorities including rises in new requests for support and higher long-term admissions to residential care.

We monitor and review performance through governance arrangements by having monthly Director and Senior Management focus sessions on Performance and Finance. There are monthly Finance and Performance Business partner meetings, and Quality assurance reports presented quarterly to Director Assurance meetings.

For the purposes of this report, we have selected key areas that highlight demand trends and the performance activity to meet that demand.

### Recruitment and Retention

We understand the recruitment challenge currently facing the sector. 94% of the budget in Adults Social Care is on employed staff and 6% on agency staff.

We explore ways of advertising posts and engaging people who may wish to come and work with Shropshire Council. This includes identifying and contacting people who are interested in completing an application; redesigning the advert to emphasise the benefits of working with Shropshire Council and using rolling adverts for the vacancies we have.

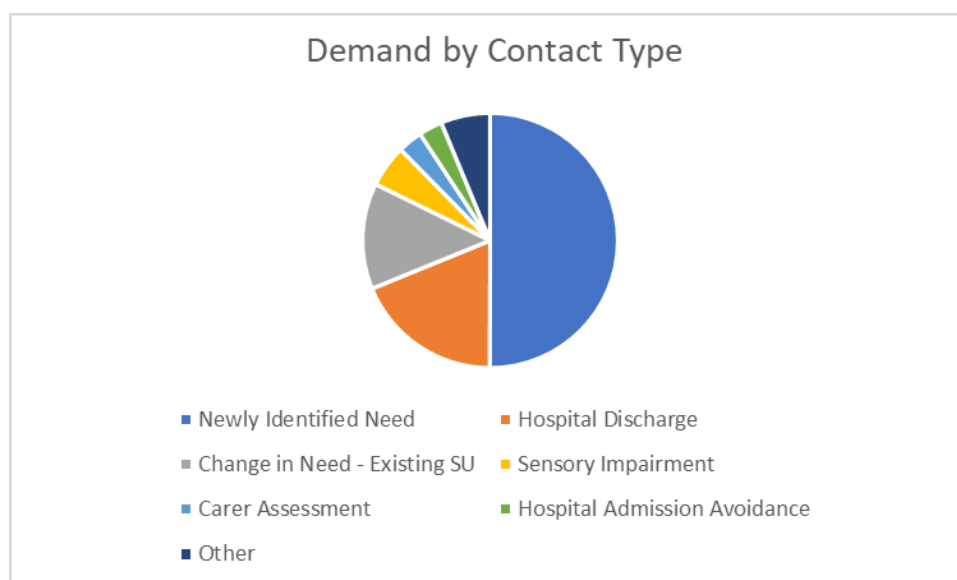
We attend Job's Fairs to engage with people directly and talk about the roles and opportunities; and working with our in-house Communication Team to review and the wider corporate shop window work.

We offer 6-8 Social Work Apprenticeships each year through Upskill Shropshire, this is open for internal Social Care Practitioners (unqualified) to apply. They complete a 3-year degree and have two placements across children's and adult's social care. At the end of their qualification, they are open to apply for internal social worker posts. We are currently looking at how we ring fence roles to guarantee them a position and reduce the risk of them applying for employment outside of Shropshire Council.

Further work to support the wider social care market is also needed with a reliance upon agency staff which drives up costs to deliver care and support.

### **Adult Social Care Front Door**

The contacts to adult social care show higher numbers of people now presenting with new needs and those coming through the Hospital Discharge pathways. We are reviewing how people contact us to make referrals, exploring our community offer to ensure our communities know who to contact at the right time.

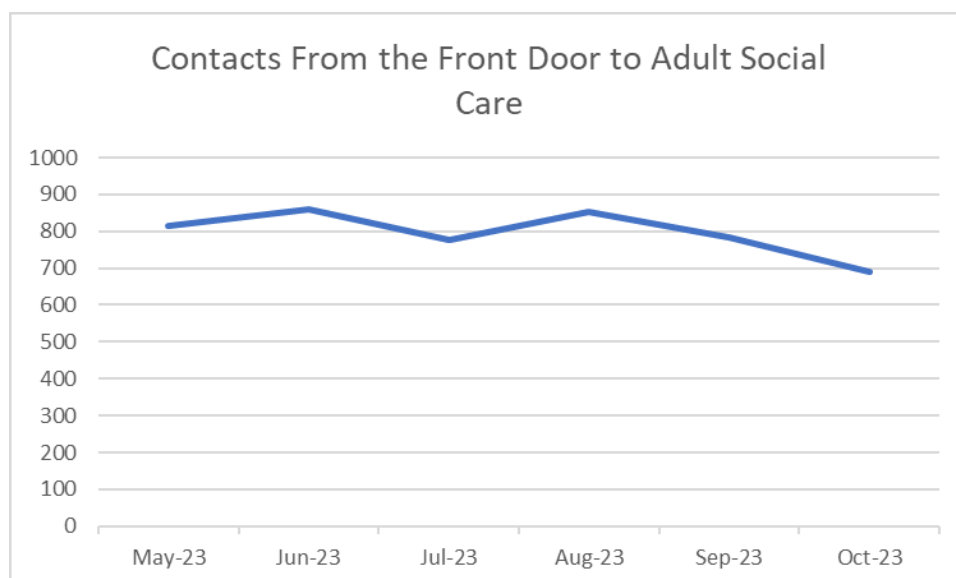


We understand that the right people need to come to us for support at the right time and appreciate that the impact of early intervention results in better outcomes for people.

We have trialled new ways of working at the Front Door such as working collaboratively with Social Prescribing to support people with advice and information, connecting people to their local communities. Our newest technology offer, Virtual Care Delivery, recognises people at the point of referral, we have aligned a dedicated resource to assess individuals.

By getting this right we can assure ourselves that the right people are coming through to Adult Social Care and those who would be better supported by other agencies are given the right advice and information.

The current contact trend shows that the activity at the Front Door is effective at managing demand so that those who need Social Care receive an intervention, and those who need other services are supported to access them:



The table above shows that the new ways of working at the Front Door has reduced demand by 19.5% when compared to the highest month this financial year.

### **Waiting times**

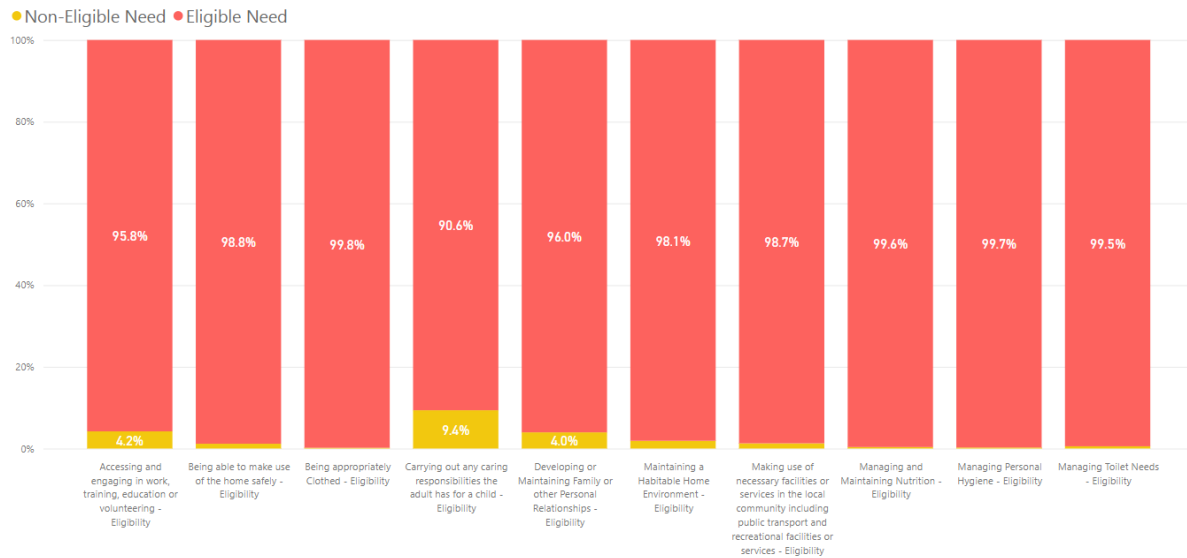
Across the Adult Community teams there has been a reduction of 26% on the waiting list since the beginning of the financial year. The Mental health Team have no people on the waiting list. There have been 969 new referrals since the 1<sup>st</sup> April and by the 5<sup>th</sup> November the service had 192 people on the waiting list. This figure does not include reassessments, reviews (see below) and specialist teams which is additional demand activity across the service. The reductions have been impacted by changing the way we work at the front door and trialing new ways of working during Innovation Week. Regular performance meetings led by the senior management team monitor operational progress and risk.

### **Care Act Eligibility**

The Care Act and supporting regulations and guidance set out the process of assessing an adult's needs for care and support, and set out the national minimum threshold for eligibility, deciding whether a person is eligible for funded care and support. A person will have eligible needs if they meet the following:

- They have care and support needs, as a result of a physical or a mental condition
- because of those needs, they cannot achieve two or more of the outcomes specified in the regulations
- as a result, there is a significant impact on their wellbeing

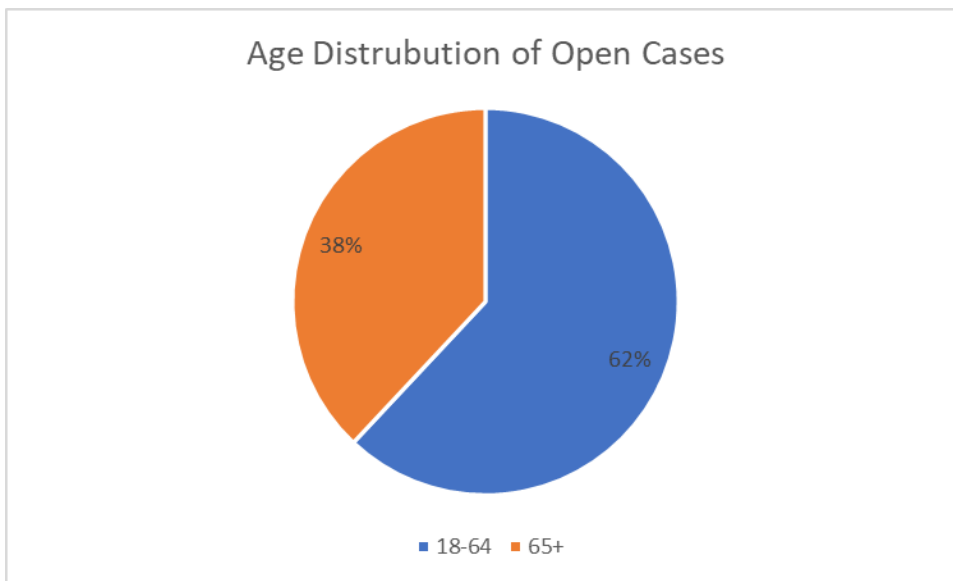
For those people we are assessing under the Care Act the data reflects individuals have eligible needs indicating the referrals to the service are appropriate.



The population of Shropshire has increased at a similar rate to the national average over recent years. Latest official population projections published by ONS suggest that the total population will reach 354,500 by 2030 which is almost 10% higher than the current population (323,600 in 2021).

ONS projections suggest that the rapid ageing of Shropshire’s population will continue and that by 2030 those aged 65 and over will account for nearly one in three of the population. The growth in numbers of residents aged 85 and over in particular represents a significant and growing challenge in terms of health and social care. By 2030, there are expected to be over 15,245 Shropshire residents who are 85 and older, which is 4,422 more reported at the time of the 2021 census.

This chart shows the demography, by age, of the people we are currently supporting:

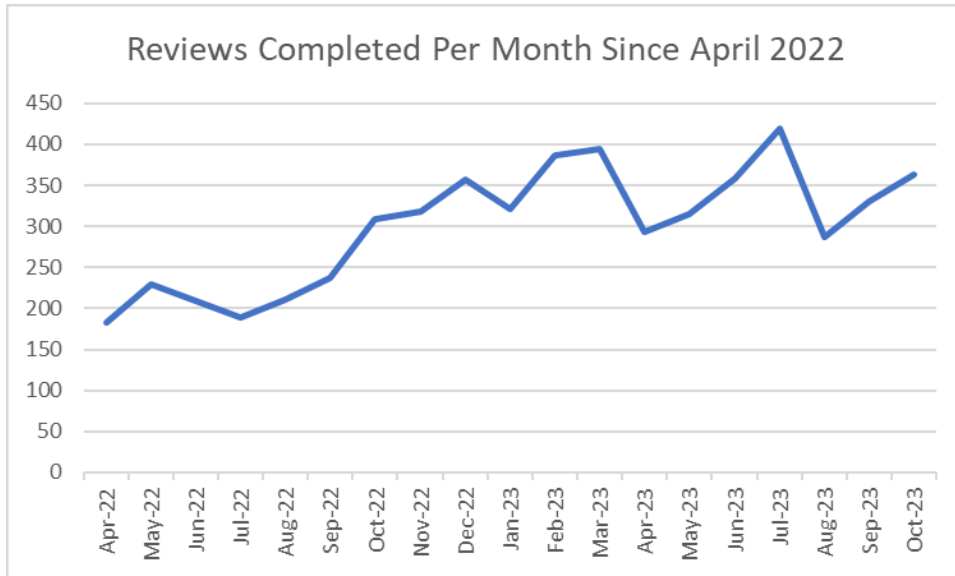


We are keen to further explore the demographic data to predict future demand in Adult Social Care so that new models of delivery and transformation are focussed in the right areas. We are currently supporting people aged 65 +, however, due to the complexity of needs within the 18 – 64 group they account for half of the spend in Adult Social Care.

**Reviews**

Completion of timely reviews is important to ensure people have the right support to meet outcomes but also to understand any changes in a person’s needs.

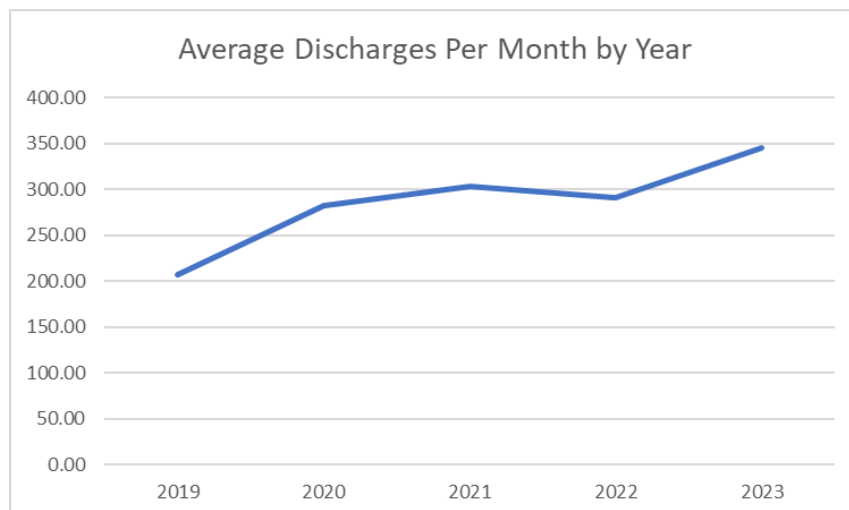
Shropshire Council focusses on a strength based, person centred approach, to meet needs in a bespoke way for the individual.



We have invested in continuous improvement for review performance, in 2022/23 we completed an average of 278 reviews per month, so far in 2023 we have averaged 338. This represents a 21.6% increase in performance.

**Hospital Discharge**

There has been an increased level of demand from the hospitals since pre covid and discharges supported by Shropshire Council have increased. Our staff work in the hospitals and attend wards to have Strength’s Based conversations earlier in the patient’s journey, this combined with the reablement transformational work, is having success in increasing the discharges we provide and the numbers of people we support to return home.

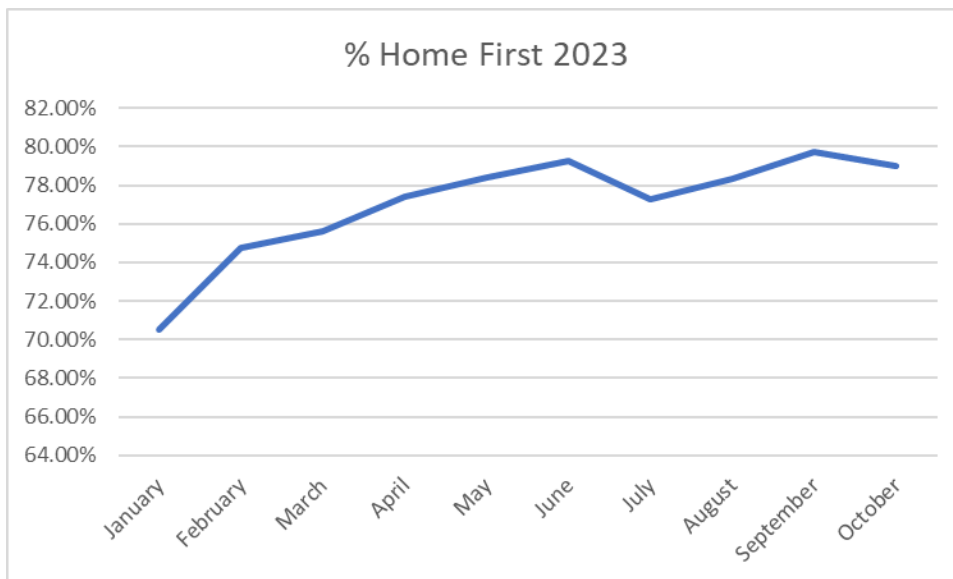




In 2019, we discharged a total of 2,478 people from hospital settings, so far, this financial year we have discharged 3,458 people, this is an in-year increase of 43.2%.

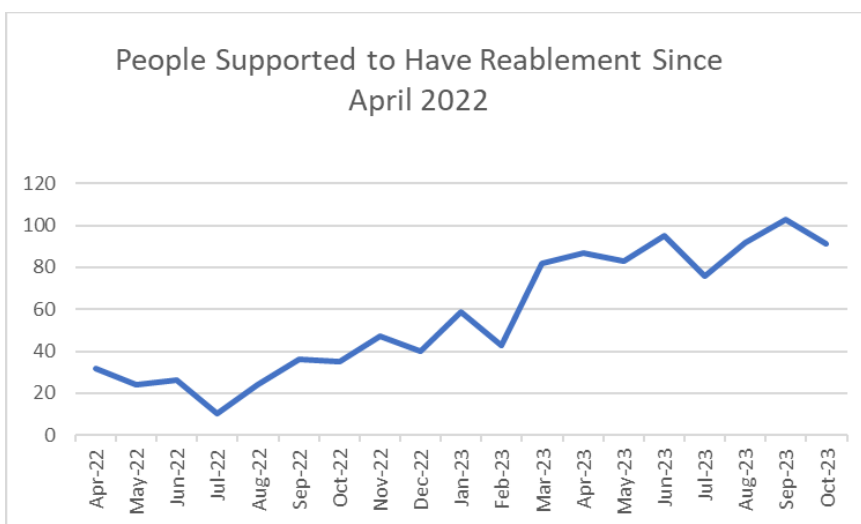
This financial year we have averaged 345.8 hospital discharges each month. Using that trend, we will deliver safe and effective discharges for 4,150 people an increase of 67.5% compared to pre pandemic levels.

There have been high referrals from the hospital for Pathway 3, for people to be supported in a residential or nursing placement. We have embarked on a transformation programme in Reablement with the support of PWC to adopt a robust 'Home First' approach to discharges since January 2023. The trend is:



January resulted in 70.5% of discharges being to a person's home, with that trend increasing, current discharges in September 2023 being at 79.7%. From April to September 2023 the average is 78.38% of people now being supported home from hospital.

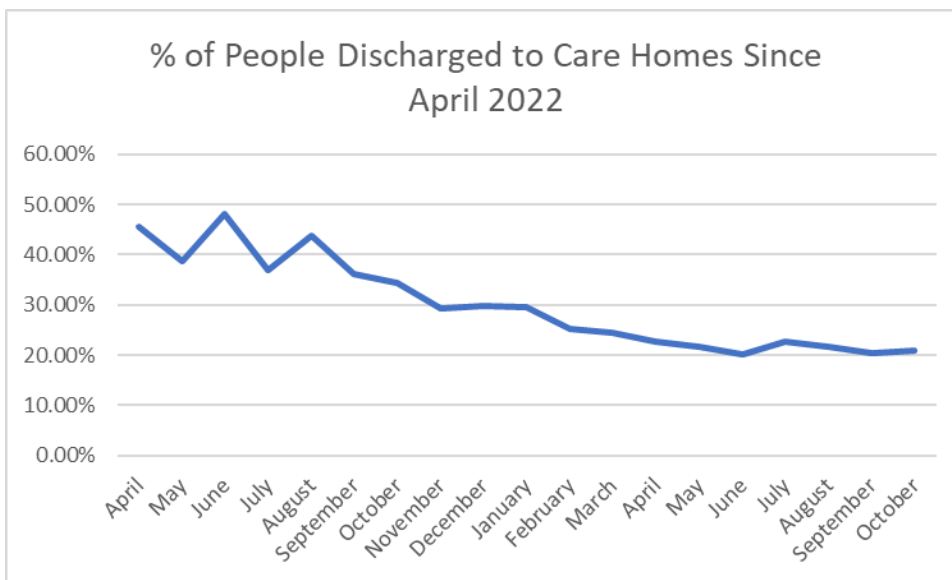
We have improved and increased our reablement (START) offer to the people of Shropshire through the Reablement Transformation programme, the impact of this work means that more people have been supported to have reablement. This has enabled us to be more responsive to referrals from hospitals:



We are now consistently supporting a significantly higher number of people to be as independent and physically able than we have done in previous years. The average number of people we supported per month in 2022/23 was 38, because of the investment Shropshire Council has made the average since April 2023 is 90 people per month. This is an evidenced trend that is showing sustainability and using the average to project for the full year, Shropshire Council will be aiming to support over 1000 people to have reablement and continue their lives as independently as possible.

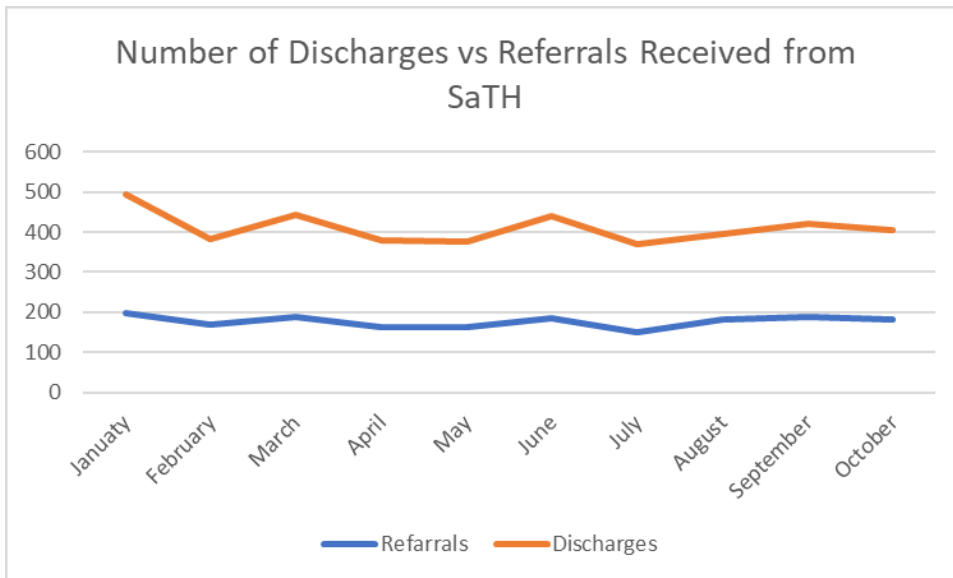
Of the people that have been supported by START, the latest outcomes measures show that 76% of people who received reablement, left the service with no ongoing services.

The number of people we discharged from hospital to a care home has significantly decreased, we know that people prefer to be home and achieve better outcomes and greater levels of independence when they are in their own communities, which are familiar and are close to their support network. This is mainly due to several factors including an improvement in the domiciliary care capacity.

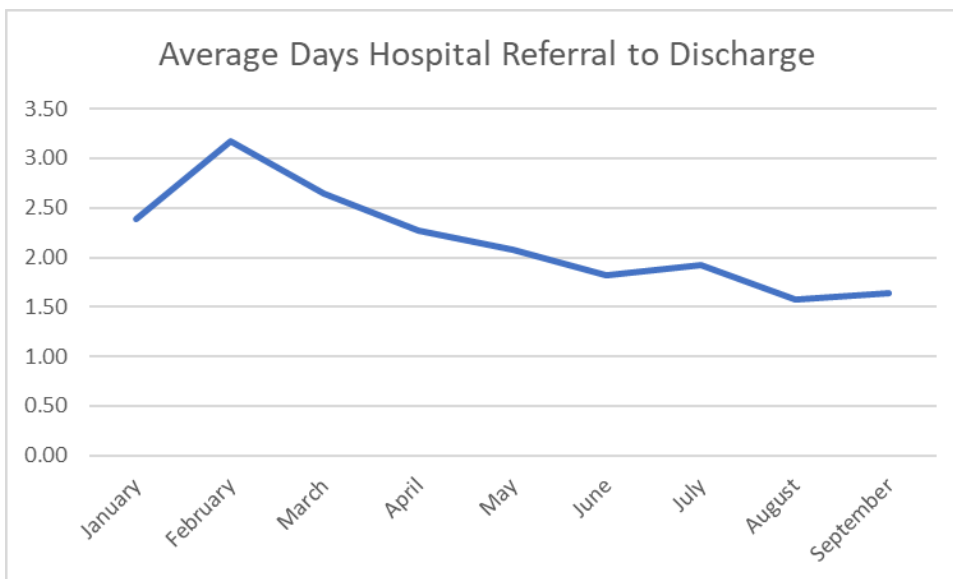


We have consistently discharged people over and above the referrals we have received. Some patients are more complex and required more specialised support, to develop a safe discharge plan.

Whilst we acknowledge a decrease in people discharged to a care home from hospital, we do recognise there is still an ongoing pressure across the adult social care service for people with more complex needs requiring a residential or nursing placement. In addition to this we are working on our demand and capacity planning as a system with external support to ensure that we are not over reliant upon bedded capacity and our numbers align to similar comparator groups.



We have improved our performance in relation to length of stay in hospitals for people once we have received a referral.



We are now consistently supporting people with discharge out of hospital less than 48 hours after receiving a referral.

### Market capacity and future planning

Whilst we have reduced demand for beds from hospital, there is a trend of general increase in the complexity of people's needs which results in more people receiving a service. We have an increased demand for Nursing EMI beds which is at a higher level than we have seen before. As a Council, we are also affected by providers having increased costs to maintain their businesses to safe and effective levels, however, this is a national trend.

Shropshire Council commission approximately 30% of the 3,571 care home beds in the county. We are commissioning alternative support pathways to be developed. It is expected that this will provide sustainability for the Council as we develop more alternatives. We continue to work with providers, CQC and planning colleagues, to

maintain quality and sustainability in the market and the number of services with a CQC rating of Good or Outstanding is at 80%, above the regional average.

Shropshire Council also commissions approximately 45% of the domiciliary care provision in the county. The domiciliary care market has a large amount of relatively small local providers which, whilst typically higher cost, is advantageous in a large rural county. During the last few years domiciliary capacity had significantly reduced, at this current time it had improved due to Shropshire Council working with providers and a 12% uplift in the Council's fee rates from April 2023. We are seeing much improved capacity in the market and are currently sourcing 94% of all required POC compared to an average of 62% last year.

Shropshire has a higher cost supporting those aged 18 to 64 and therefore as part of the transformation plans, we are looking at how the supported living model needs to be reviewed and reflect a more strength-based approach. Looking at the model in a locality basis; using technology to increase independence and resilience; working with housing colleagues to develop more core and cluster sites of accommodation units to ensure best value and efficiencies.

Childrens and young people's social care market is made up differently to the adults, with more national and regional frameworks and national organisations. Work is underway to focus on children's commissioning and work with the market specifically on early intervention and support; ensuring the right support and importantly, advice is available to access when it is needed to prevent crisis and escalation.

Shropshire Council understands the importance of the voluntary and community services, such as social enterprises. We are actively working with those organisations to provide support that is local to where people live, part of the community people live in and in line with the Shropshire Plan, supporting Healthy People and a Healthy Economy. We have developed joint working groups, which involve bringing in the VCS to work directly with social care colleagues to create joint support plans for people, for example into our reablement service.

In addition, further work to look at joint opportunities to commission with health and also where appropriate Telford and Wrekin LA to collectively support the market and over consistency to Providers as well as individuals on a larger scale to bring in economy of scales to all partners.

### **Children's Social Care, Safeguarding and Early Help.**

From 1<sup>st</sup> April 2023, Targeted Early Help and Supporting Families came under the line management of the Assistant Director of Childrens Social Care & Safeguarding and a Service Manager from that Leadership Team took over responsibility. A transformation programme has commenced and that includes development of a data set.

As a service area we have access to a wide range of data that runs daily (a live dashboard), it is collated weekly, monthly, quarterly & annually. Senior Leadership Team scrutinise data in live time to manage demand, workload and performance. Team Managers use it day to day to manage throughput.

There are clear governance arrangements in place for oversight through monthly Directorate performance Meetings, Quarterly Assurance Meetings with the Director of People.

A performance report is run Monthly called CHaT (Children’s Services Analysis Tool) – this is the performance report that tracks the Key Performance Indicators (KPI’s) for OFSTED and is discussed at quarterly liaison meetings, the Annual Conversation with OFSTED inspectors and forms the basis of the data submission when we get an inspection visit. Alongside this we submit Annex A to OFSTED when inspected which covers 12 – 15 data lists for every child open to the service and all those closed in the past 6 months. This is scrutinised by OFSTED analysts and used to inform the inspectors key lines of enquiry. The CHaT is used by Senior Leaders in the Service to track the journey of the child, test the health of the system and to understand the partnership interface as well as our own services performance.

The most recent CHaT is attached as Appendix 1 for information and reference.

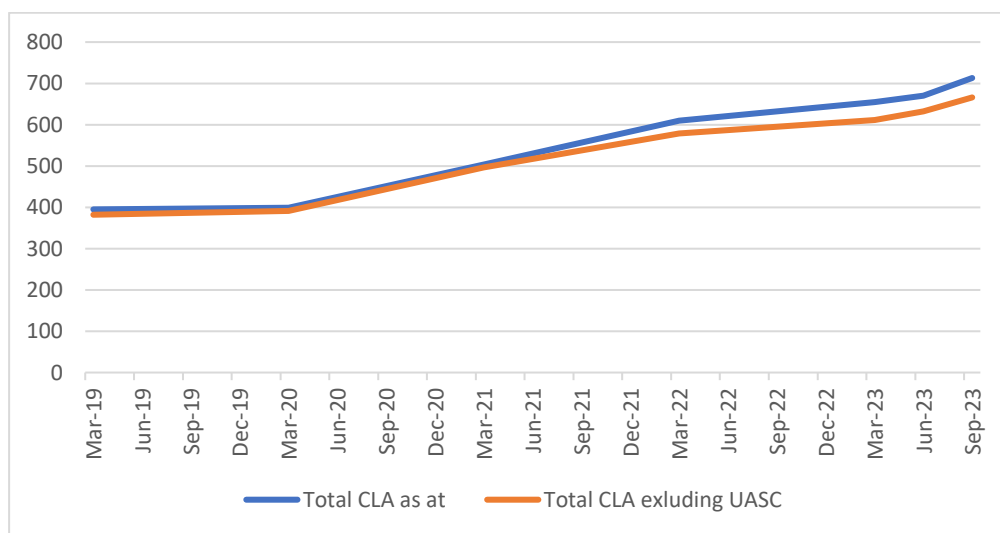
In addition we submit data for National collections several times a year so that we have access to benchmarking data and we have access to a range of regional data sets that we use to track and compare performance.

Total Children Looked After Numbers Over Time

NB figures taken from snapshot at 31<sup>st</sup> March each year to 2023, then additionally the end of Qs 1 and 2 for 2023-24.

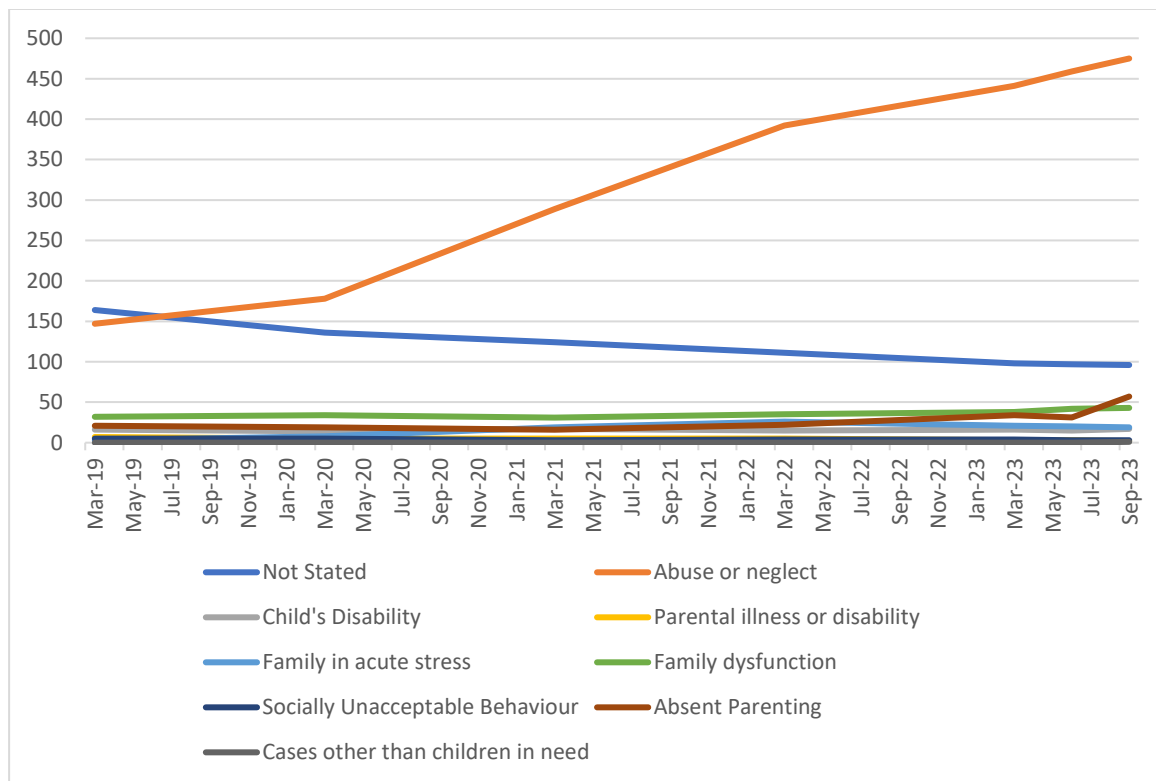
This also applies to all following charts.

Total Children looked after (CLA) since March 2019 (pre-covid pandemic). The graph below shows the rise in looked after children, following a period of stability in 2019. This is a direct result of the covid pandemic, as well as an increase in Unaccompanied Asylum-Seeking Children (in March 2019 we only had several at any one time).



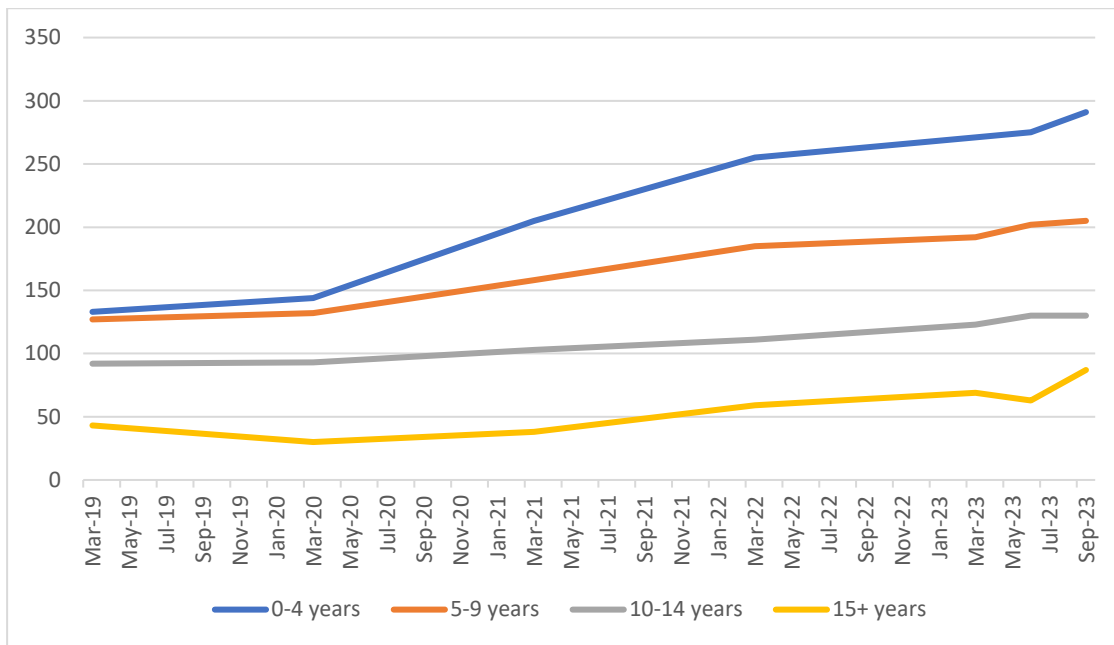
### CLA by reason

The Graph below shows the significant increase in children becoming looked after due to abuse and neglect. In response to this concerning increase the Shropshire Safeguarding Partnership has led a partnership priority in relation to addressing neglect within the community and enabling professionals to have the knowledge, skills and experience to respond.



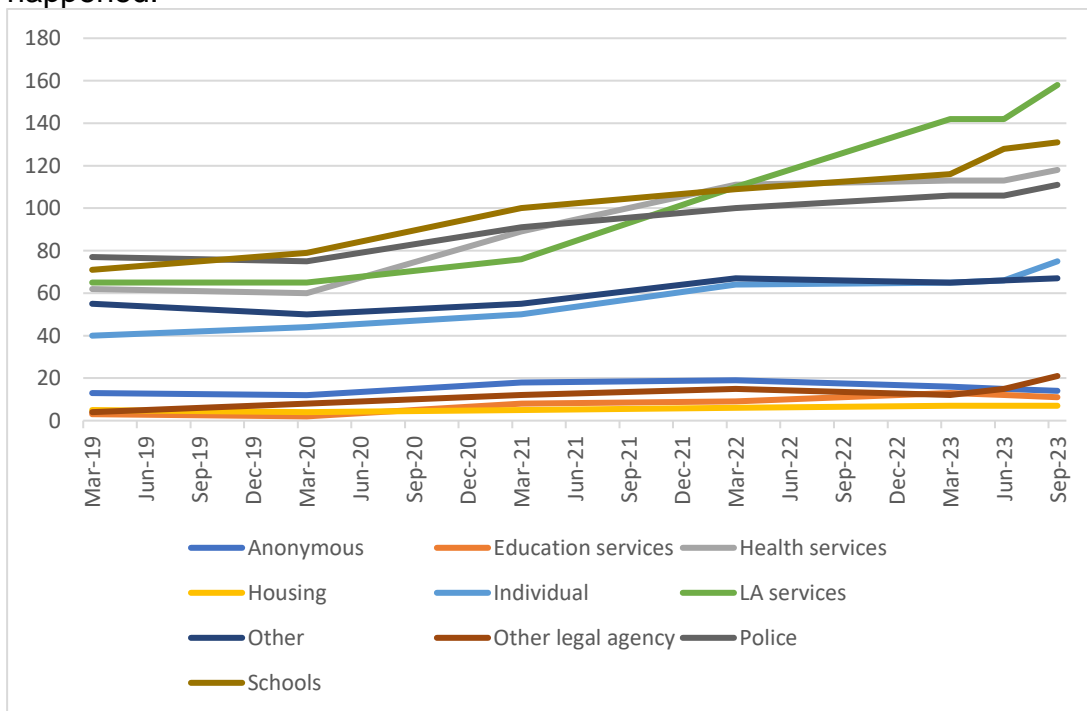
### CLA by age group

The increase in 0-4 years is most noticeable and should be considered with the recent work and reduction in 0-4 years old contacts progressing to referral (30% reduction from Q1 to Q2). During Covid, universal and targeted services (Health Visiting, Midwifery, Early Help etc) were significantly reduced. The impact has been significant. In April 2023 the Executive Director of People led a partnership Health Summit to share the concerns and address the issues in relation to babies and children 4 and under. Clear actions were agreed and are being progressed.



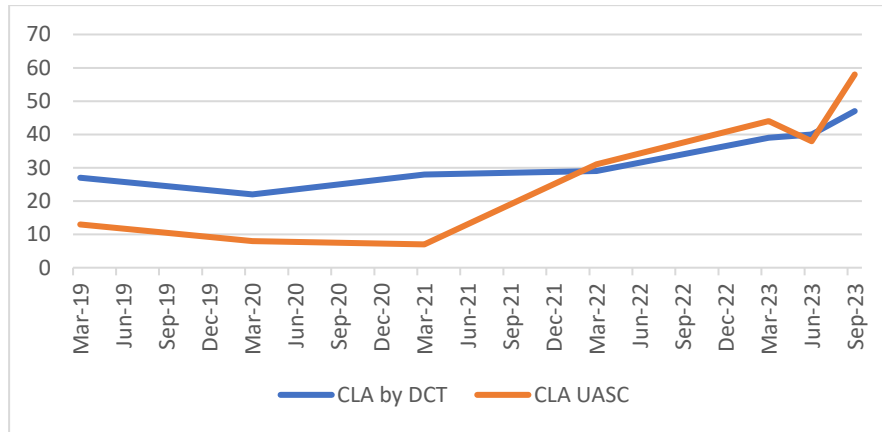
CLA by referral source

Work as part of the Health Summit has been taking place to increase referrals from Health Services, as they are the universal services it means that they can often spot issues earlier and refer to enable help and support to be offered at an earlier opportunity. With many of our looked after children the referral has been coming in so late that the harm has already happened.



CLA by Unaccompanied Asylum Seeking Children and Disabled Children’s Teams.

This year has seen an increase in Unaccompanied Asylum Seeking Children following a mandatory requirement for all LA’s to participate in the National Transfer Scheme, the arrival of young people through the hotel dispersal and we have taken several young people from Kent.

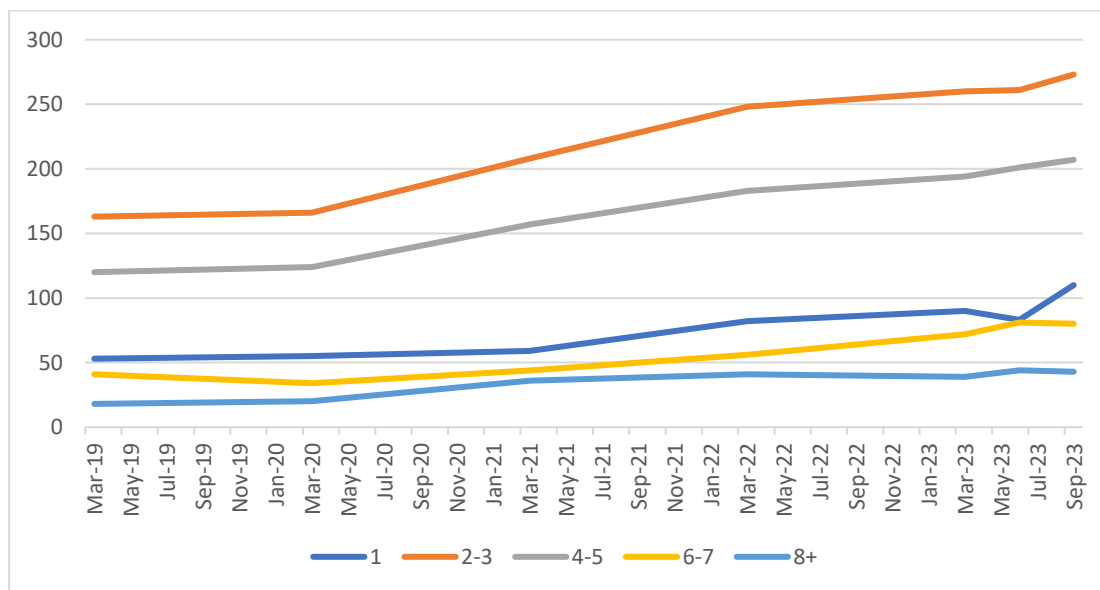


CLA from larger sibling groups

This shows the size of sibling groups that looked after children are from, including half-siblings and across both parents.

NB not all siblings within any group are necessarily looked after.

Shropshire seems to have a higher rate of large sibling groups than the National Average. Larger sibling groups and neglect are a common reason for them having to become looked after.

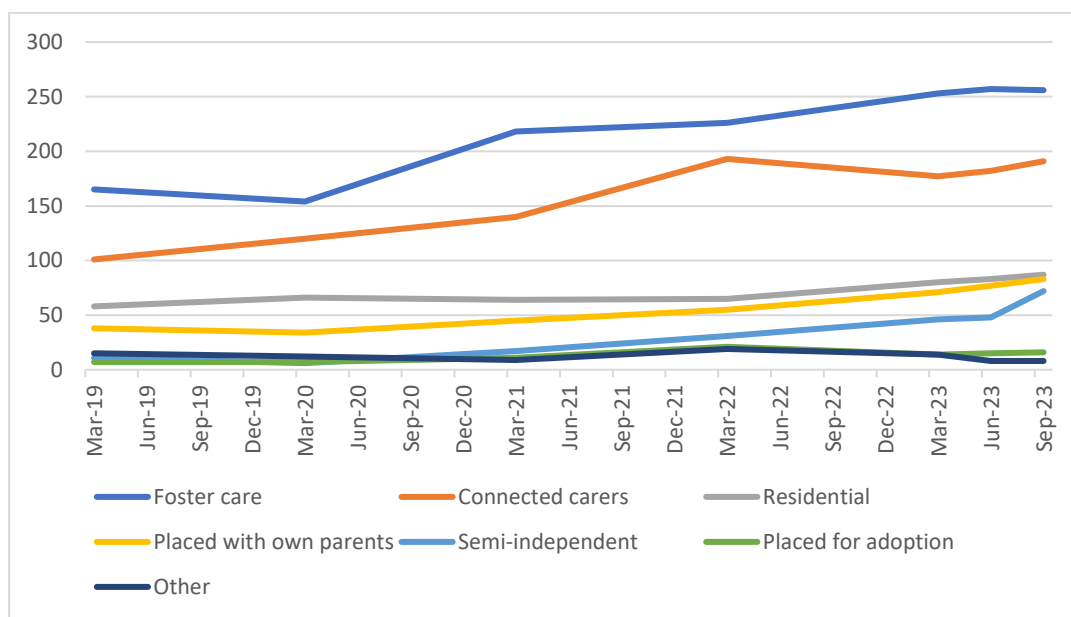




## CLA by placement type

NB these are placement types at start of CLA. 'As at' breakdown is less straightforward to report historically but the trends are comparable.

It is apparent here that the vast majority of children looked after are in foster care, placed with family / connected carers or placed with parents. These are the 3 most cost-effective options for care as well as having the best outcomes for children.



## Comparative cost of External Residential Placements and In House Residential Placements.

The cost of residential placements is high in comparison to foster care, connected care, Special Guardianship or Adoption.

We have a block contract with a private provider who offer care to less complex children at a cost of £3998 per week.

The average cost of an external provider is £5,407 per week. This varies from £4500 to £11,000 per week depending on complexity of need, level of risk, levels of care and supervision, waking night needed, number of children placed, 2 bed or solo provision etc. A 2:1 staffing in a 2 bed home would be a minimum of £8,500.

### **Internal Residential Home Costs:**

All of our internal homes are OFSTED Graded Good or Outstanding, 1 is awaiting inspection.

Our 4 bed Home: £3,913 per week – this works as part of Stepping Stones to support children who can return home once work has been completed with them and their parents and family or can move onto foster care.

2 bed therapeutic homes - £7,500 / week – these homes offer therapeutic 2:1 care as needed to complex children with high levels of need, risk and trauma experience. The homes aim to enable the child or young person to make progress and enable them to

move onto foster care or to return to family, but often this can take 1 to 2 years as it takes time. Sometimes young people will move on to semi independence from these homes.

Semi-independent home: £4223 per week – this home brings young people who have been living in high cost residential out of county placements, we support them to move back to Shropshire, develop independence skills, rebuild links in the community so that they can transition into adulthood. This is also supported by Stepping Stones so that we prioritise the children who need it most and are in higher cost placements.

We are currently exploring a 3 bed home for children aged under 12 as we have a number placed in high cost residential at a distance and this is of concern to us as corporate parents.

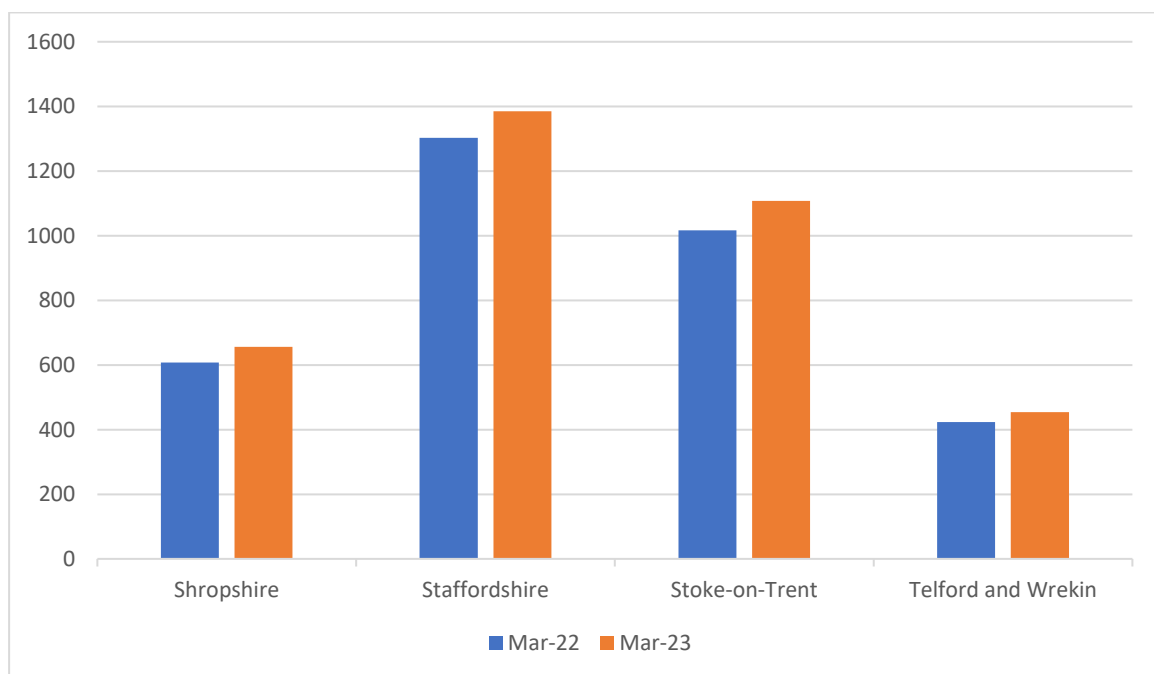
Internal residential homes are able to be delivered at a lower cost than external provision, albeit for some children only marginally. It is important to note that all of our provision is good quality and provides high quality consistent care, whereas we have had a number of providers where children are placed that requires improvement or become inadequate. Children being cared for in our own provision enables us to work proactively with families and the child/young person if there is the option of them returning to the care of their family.

### Regional CLA increases

Increases for those Local Authorities within our RAA (Regional Adoption Agency) local Authorities are shown here from Mar 22 to Mar 23, our increase of 8% in this period is consistent with these particular regional neighbours (8%, 7%, 6%), with whom we are partnered with.

Quarter 1 2023 Regional Data shows our rate of Children Looked After of 112/ 10,000 as the same as Herefordshire, Telford & Wrekin and just below Solihull. The West Midlands Average is 100/ 10,000 children and the England Average is 67/10,000.

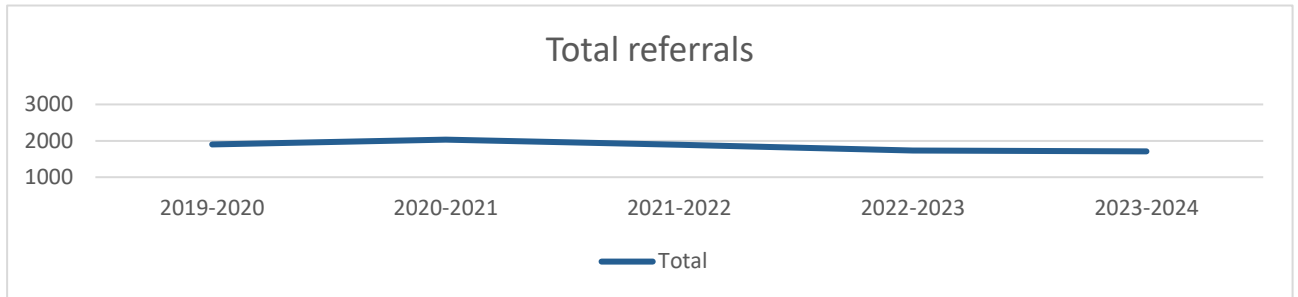
Our rates for new children becoming looked after and children leaving care are in line with other local authorities and the West Midland and England Average.



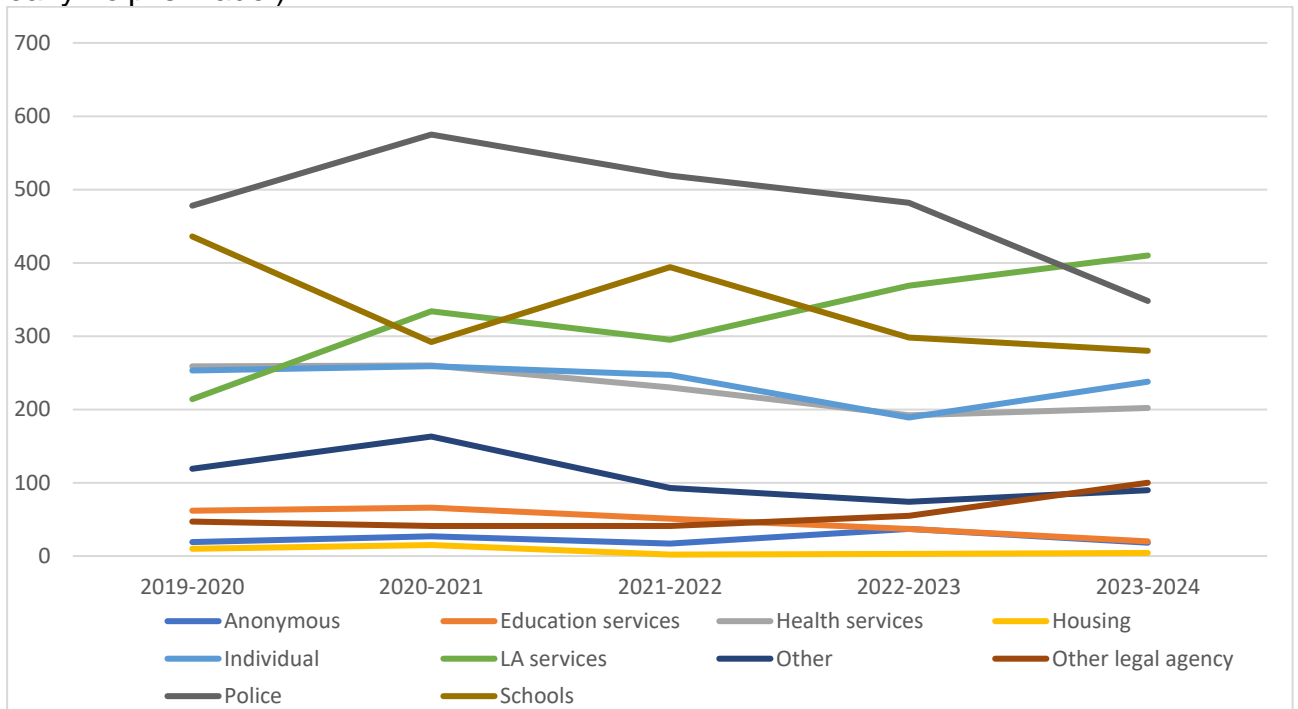
Referrals into Childrens Social Care, total and by source

NB 2023-24 is projected to year end from referrals to end of Q2 on all referral charts, and reporting has commenced from April 2019 from when we adopted LCS.

As we have come out of the pandemic we have seen a gradual decrease in referral rate and as we have introduced the new Early Help Front door (EHAST) we hope to see this trend continue.



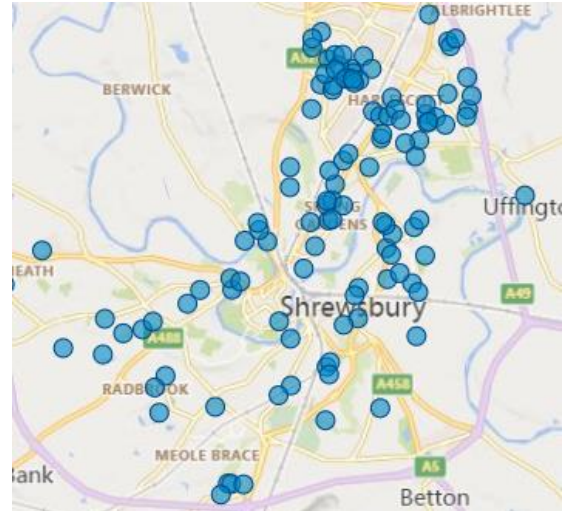
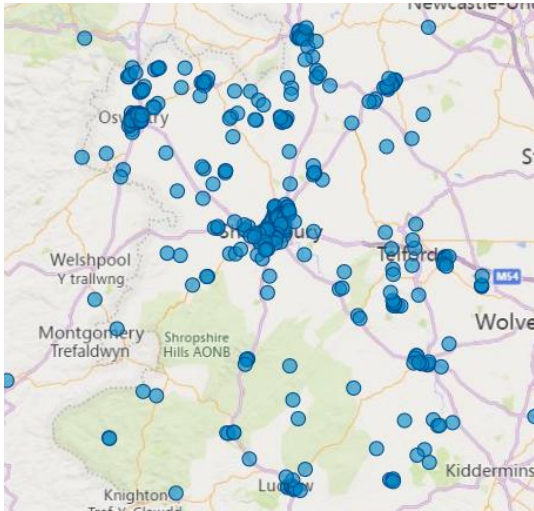
Referral by source: referral is defined as where there is a safeguarding concern and the threshold is met for a referral.(a contact is where information is shared or a request for early help is made.)



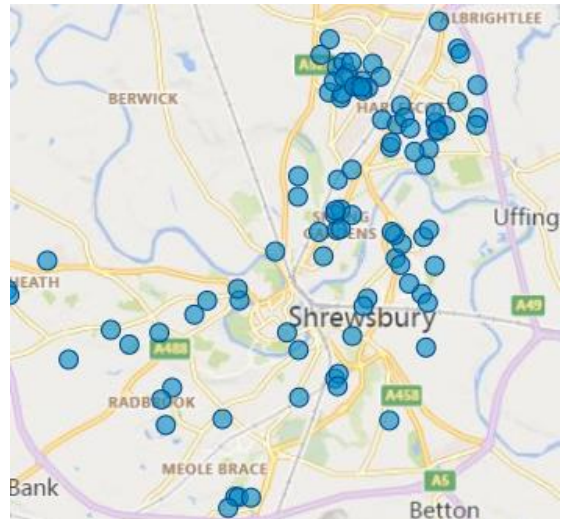
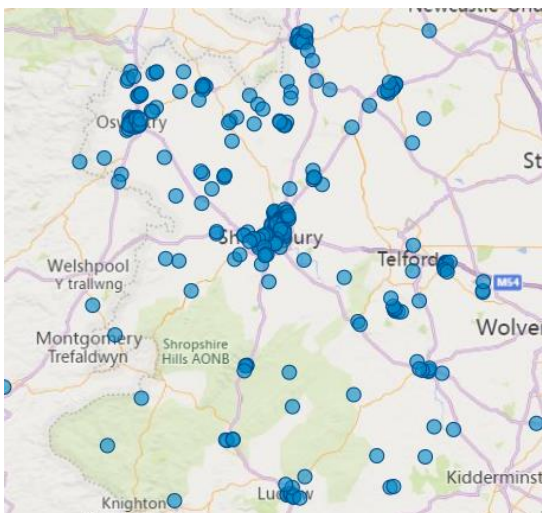
## Referrals by geography

The maps below show all referrals in year-to-date, followed by those referred due to category of abuse or neglect. We are seeing an increase in referrals in the North of the county.

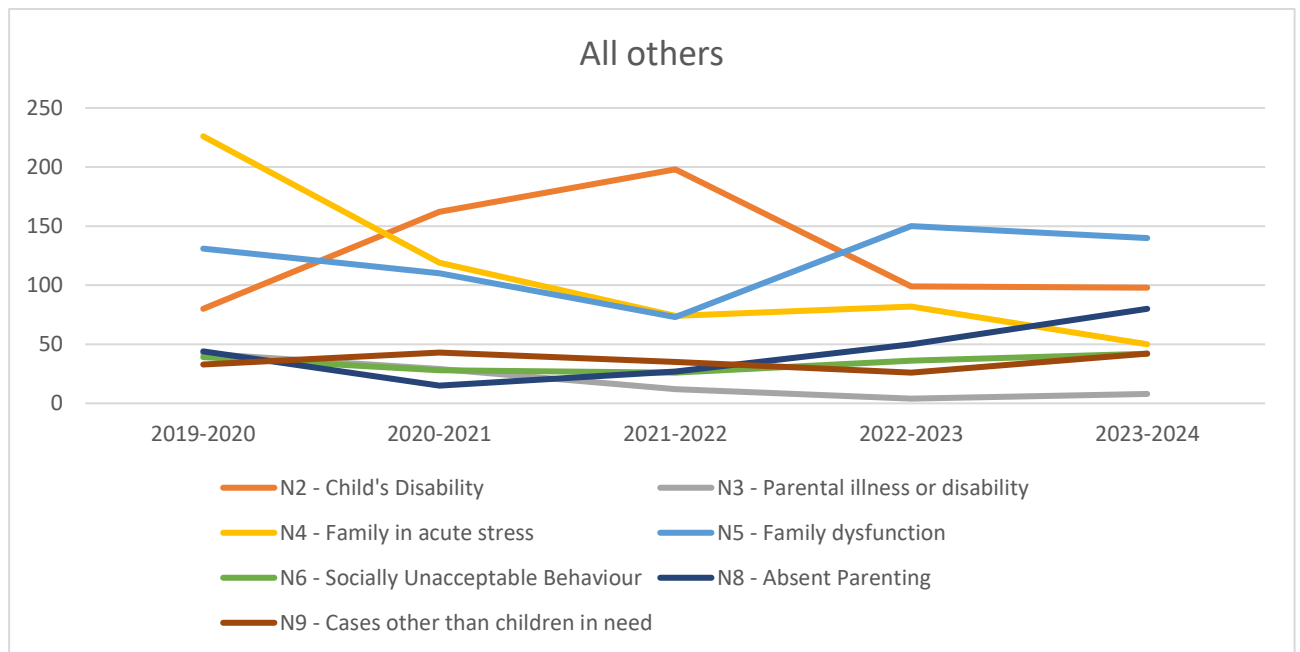
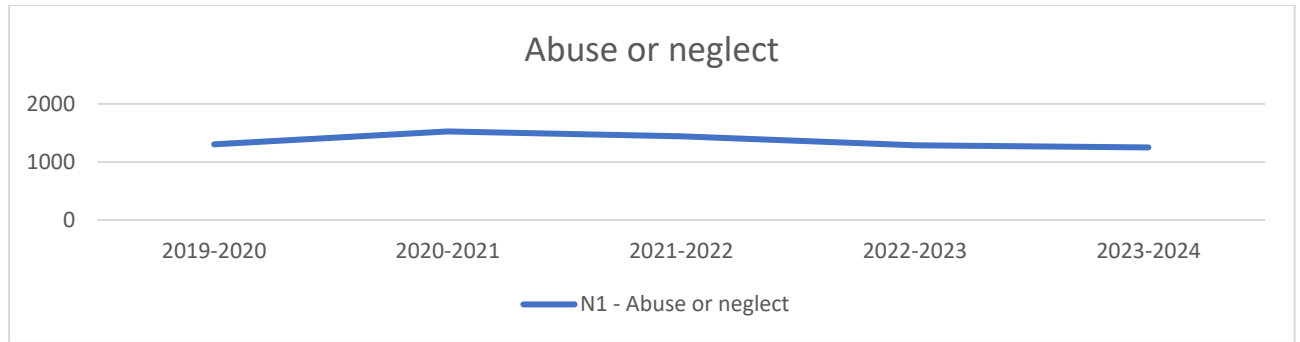
### All referrals



### Abuse or neglect



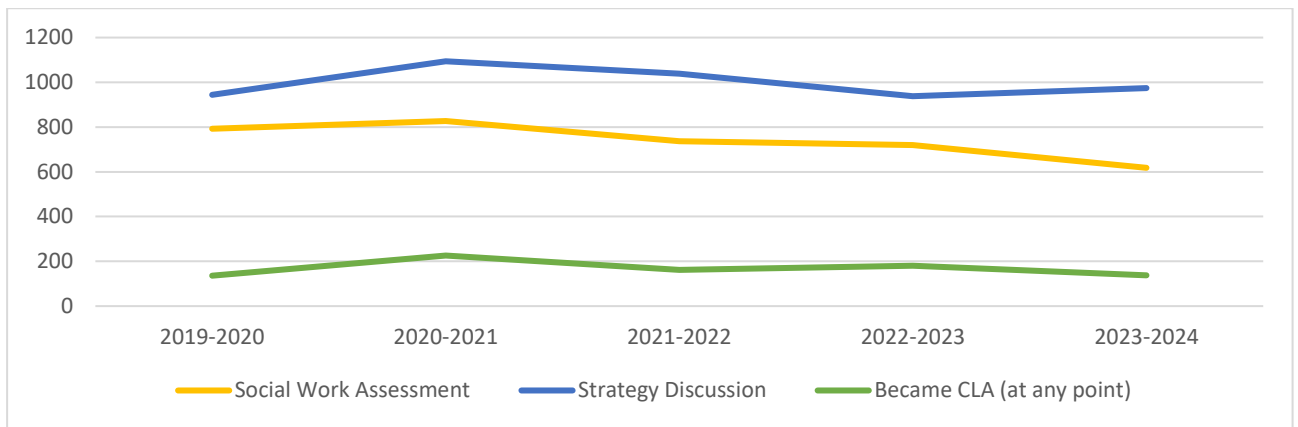
### Referrals by category of need



### Referrals by outcome

The below graph shows the high number of referrals which are outcomed as a strategy discussion, this means the concerns relate to the child experiencing significant harm and that the threshold for a strategy discussion, with multi-agency partners, has been met. This is a statutory intervention.

Of those children referred in the number that become looked after at any time after referral is included below.

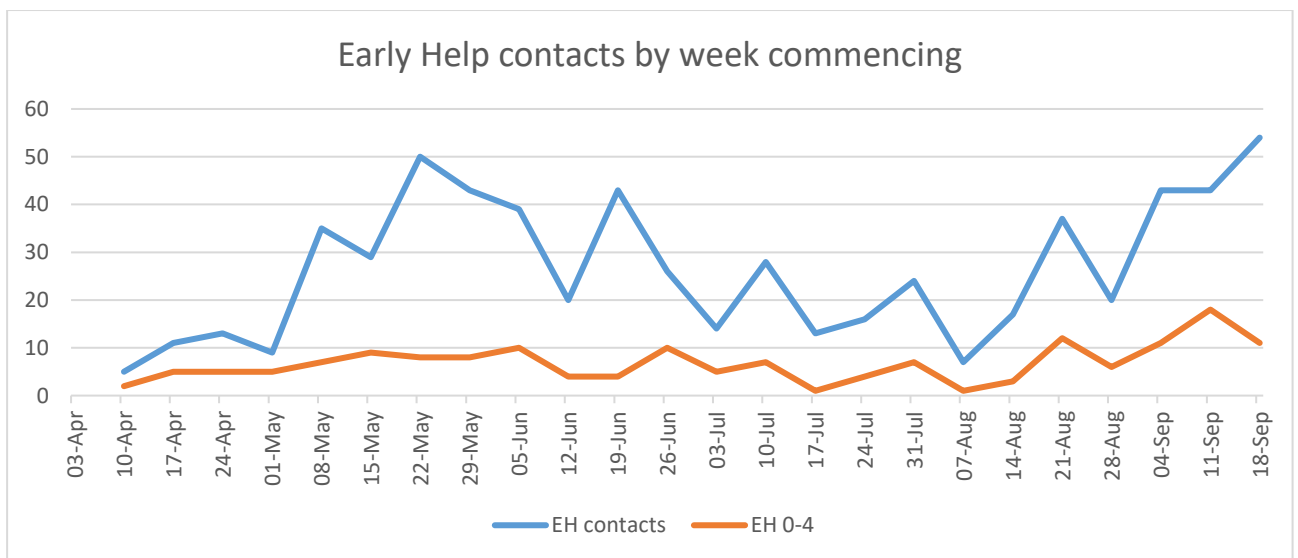


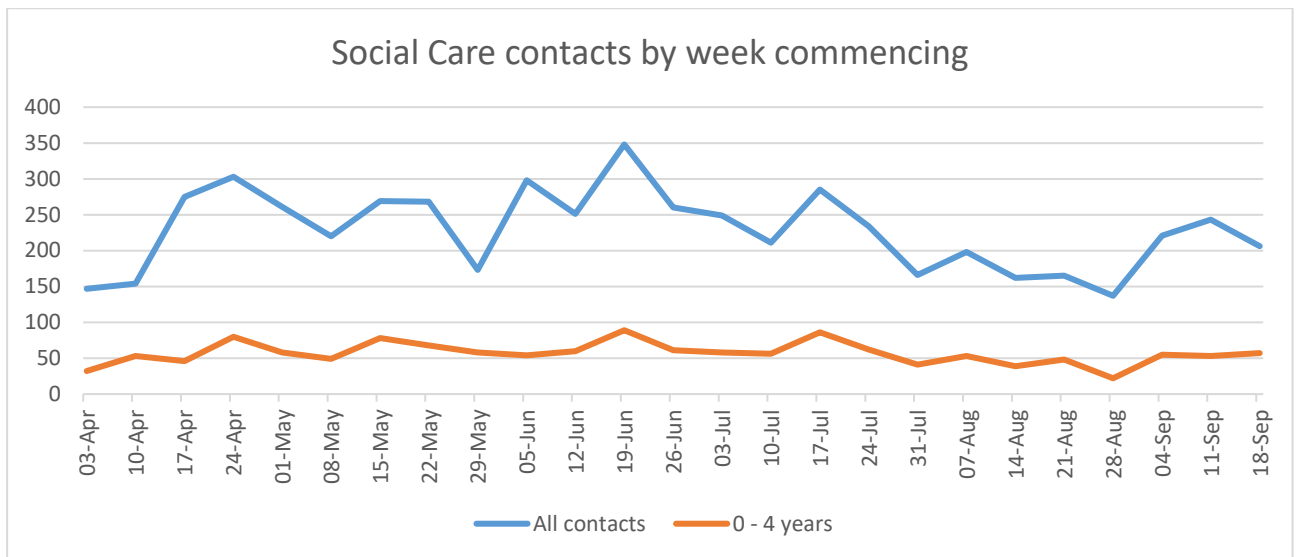
Weekly contact rates

Following the move of Early Help into Childrens Social Care & Safeguarding in April 2023 and as a result of the Independent Review of Targeted Early Help, as part of a transformation programme the development of a new front door’ for Early Help was agreed and this was implemented at the beginning of September 2023. The purpose is to increase the number of families that can easily access early help and get that help to them at an earlier opportunity. The outcome we want to see is a reduction in referrals to Early Help.

We track these by total and age 0-4 as we want to see the impact on getting families the right support at the right time for this age group, in light of the concerns about the increase in children 0-4 becoming looked after.

Following the launch of the new Early Help front door and EHASt team, while the EH contacts have increased, we have seen a corresponding decrease in contacts to Children’s Social Care in the same period.

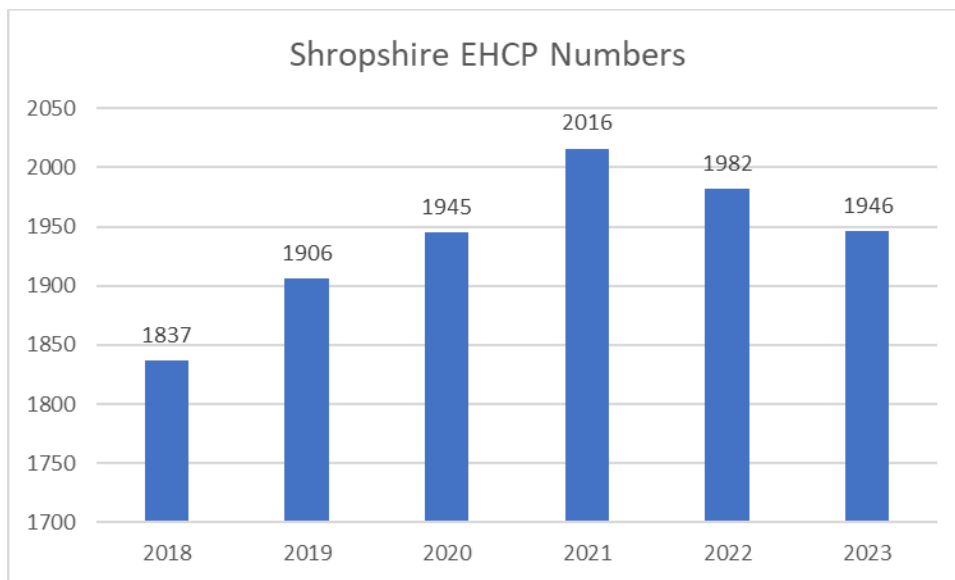




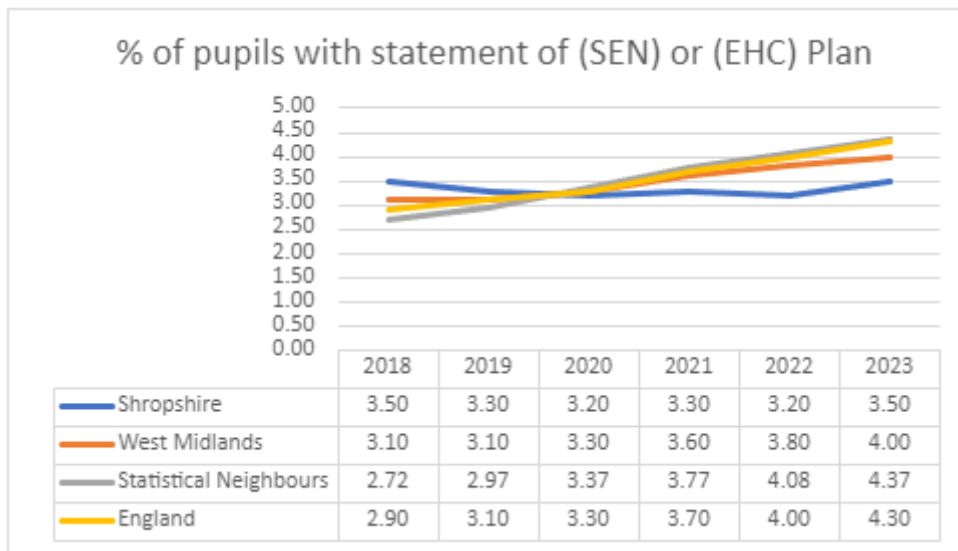
## Overview of the growth in Education, Health and Care Plans (EHCP)

### Overall EHCP Numbers

The following information is obtained from the annual national SEN2 data collection. This collection takes place in January and reflects the caseload for the previous year. The next data collection will take place in January 2024.



Source: <https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans>

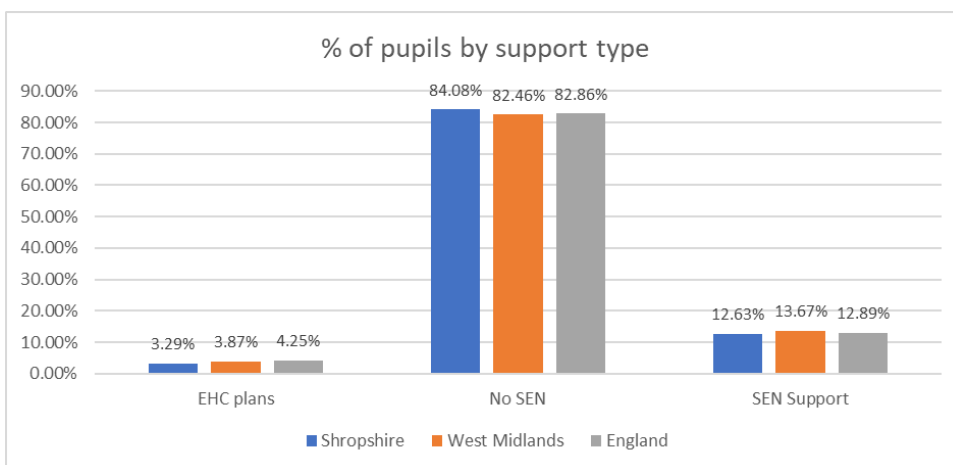


	2018	2019	2020	2021	2022	2023
<b>Shropshire</b>	<b>3.50</b>	<b>3.30</b>	<b>3.20</b>	<b>3.30</b>	<b>3.20</b>	<b>3.50</b>
<b>West Midlands</b>	<b>3.10</b>	<b>3.10</b>	<b>3.30</b>	<b>3.60</b>	<b>3.80</b>	<b>4.00</b>
<b>Statistical Neighbours</b>	<b>2.72</b>	<b>2.97</b>	<b>3.37</b>	<b>3.77</b>	<b>4.08</b>	<b>4.37</b>
<b>England</b>	<b>2.90</b>	<b>3.10</b>	<b>3.30</b>	<b>3.70</b>	<b>4.00</b>	<b>4.30</b>

However, as work continues to support the effective identification and ability to meet the SEND needs of children and young people, Shropshire has seen a significant increase in the number of EHCP's. Between Jan 23 to Oct 23, the number of EHCPs has increased from 1946 to 2347, 20.6% increase in 8 months.

### Schools Census and Comparison with Statistical Neighbours

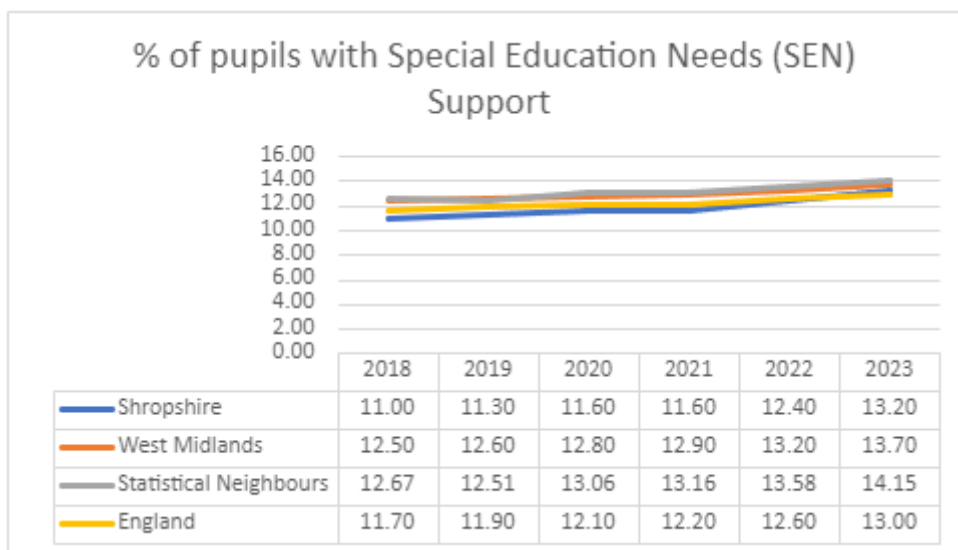
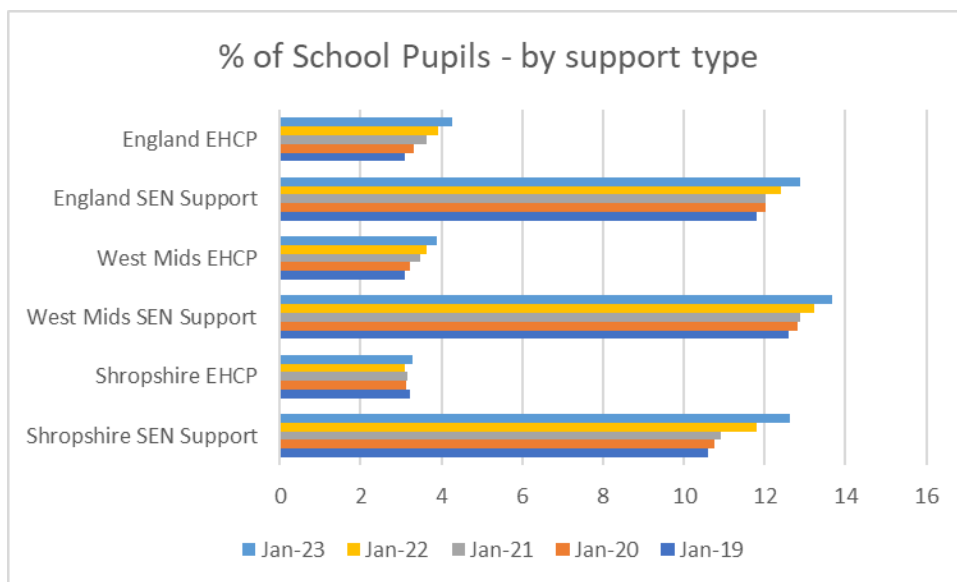
The following information is derived from the school census. It does not include children in early years, young people in further education or those who are electively home educated not in education, employment or training.



Source: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>



The overall percentage of children and young people in receipt of SEN support or having an EHC plan in Shropshire is 15.92% compared to England 17.14% and West Midlands 17.54%



	2018	2019	2020	2021	2022	2023
<b>Shropshire</b>	11.00	11.30	11.60	11.60	12.40	13.20
<b>West Midlands</b>	12.50	12.60	12.80	12.90	13.20	13.70
<b>Statistical Neighbours</b>	12.67	12.51	13.06	13.16	13.58	14.15
<b>England</b>	11.70	11.90	12.10	12.20	12.60	13.00

All areas have seen an increase in SEN support provision. From 2018, the growth in Shropshire (21.33%) has been higher than those for West Midlands (12.21%) and England (12.38%).

EHC changes for same period have been 4.28% in Shropshire, 29.84% in West Midlands and 41.61% for England.

In 2022 new requests increased by 46% (double the national rate), whilst 2023 increase in number of plans we maintain from 1946 to 2347 - 20.6% in 8 months. However, timeliness for issuing new EHC plans within 20-weeks has been significantly impacted by the increased demand, with a year-to-date figure at 37.5% to October 2023, compared with national and statistical neighbours performance as outlined below. Work is underway to manage these challenges and return timeliness for issuing new EHC plans to above the national level.

	2017	2018	2019	2020	2021	2022
Shropshire	88.00	89.90	81.90	65.70	67.90	45.90
West Midlands	66.00	58.40	53.70	50.00	62.60	50.10
Statistical Neighbours	63.92	59.88	68.07	75.20	65.08	41.37
England	64.90	60.10	60.40	58.00	59.90	50.70

## Conclusions

The report highlights areas of activity across The People Directorate to understand the current trends in demand and levels of performance to meet that demand. We can demonstrate improvements through our Transformation programmes of work, including Reablement, Front Door and Early Help across The People Directorate to meet particularly challenged areas across social care in Shropshire. The report also highlights market capacity and the interface with demand and pressures experienced across the sector.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Local Member:**

**Consultation with Local Member** – Please consider the Local Member Protocol (see page E60 onwards of part 5 of the Constitution) and determine whether it is necessary to consult with the local member over the proposal set out in this report. This may not always be applicable (eg where the proposal affects all of Shropshire) but it should always be a consideration and in some cases a necessity so as to comply with the spirit of the Protocol.

**Appendices** [Please list the titles of Appendices]

**Appendix 1 - CHaT**