



People Overview and Scrutiny Committee

10th July 2024

Item

7

Public



Performance Monitoring Report Quarter 4

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1. Synopsis

1.1 This report provides an update to Scrutiny committee members on key areas of performance across Adult Social Care, Children’s Social Care and Education services under the People’s Directorate including the directorates work on prevention and early intervention.

2. Executive Summary

2.1 The report will show data on key performance areas across the People’s Directorate. In Adult Social Care the report will specifically highlight areas reported during the CQC inspection for Committee members to have full oversight.

3. Recommendations

3.1 The committee considers the report and identifies specific areas of focus that it may want to explore in more detail to be included in their work programme.

Report

4. Risk Assessment and Opportunities Appraisal

4.1 Risk table

<i>Risk</i>	<i>Mitigation</i>
Increase in demand across social care	Continued focus on prevention and early intervention
Capacity meeting demand to support people at home	Increase use of technology to support people at home; annual fee reviews to support recruitment and retention.
Waiting lists and delays to issuing new and amended EHC plans	Action plans in place to mitigate

5. Financial Implications

5.1 Savings: The People Directorate over delivered against the saving plans

Directorate	Delivered £'000	Savings not delivered £'000	Total £'000
Health & Wellbeing	653	0	653
People	22,005	(700)*	21,304
Place	12,391	4,551	16,942
Resources	4,070	1,957	6,027
Strategic Management Board	0	0	0
Corporate Budgets	2,700	3,764	6,464
Total	41,818	9,572	51,390

5.2 People directorate budget outturn as detailed in the cabinet report in June 2024:

	Outturn Variance (Controllable) £000	Savings Pressure in 2023/24 £000	Ongoing Monitoring Pressures Identified £000	Ongoing Monitoring Savings Identified £000	One Off Monitoring Pressures Identified £000	One Off Monitoring Savings Identified £000
People						
Adult Social Care Business Support and Development	(316)	0	83	0	14	(413)
Adult Social Care Management	(369)	0	24	0	0	(393)
Adult Social Care Provider Services	207	0	0	0	396	(189)
Adult Social Care Operations	2,367	(1,081)	12,517	0	775	(9,843)
Children's Social Care and Safeguarding	3,343	0	8,165	0	9,678	(14,500)
Children's Early Help, Partnerships and Commissioning	(416)	0	0	0	70	(487)
Learning and Skills	1,039	0	0	0	1,229	(190)
People Directorate Management	2,524	381	0	0	2,186	(43)
	8,379	(700)	20,789	0	14,348	(26,058)

6 Climate Change Appraisal

- 6.1 The People's directorate is working to support people within their communities to reduce the need to travel and therefore reduce carbon emissions.
- 6.2 Climate consideration is embedded in all commissioning reviews

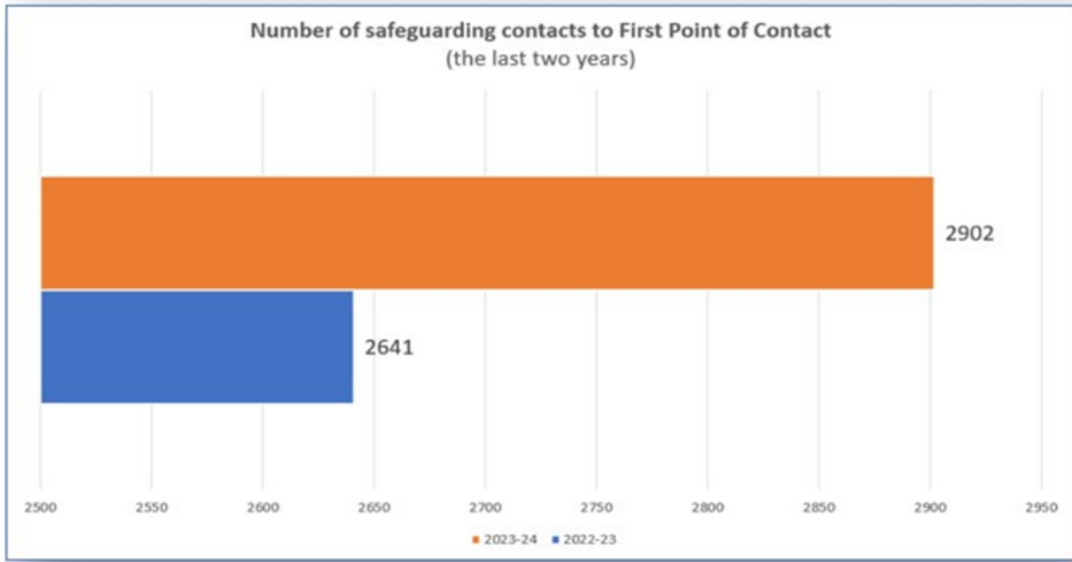
7 Background

Adult Social Care:

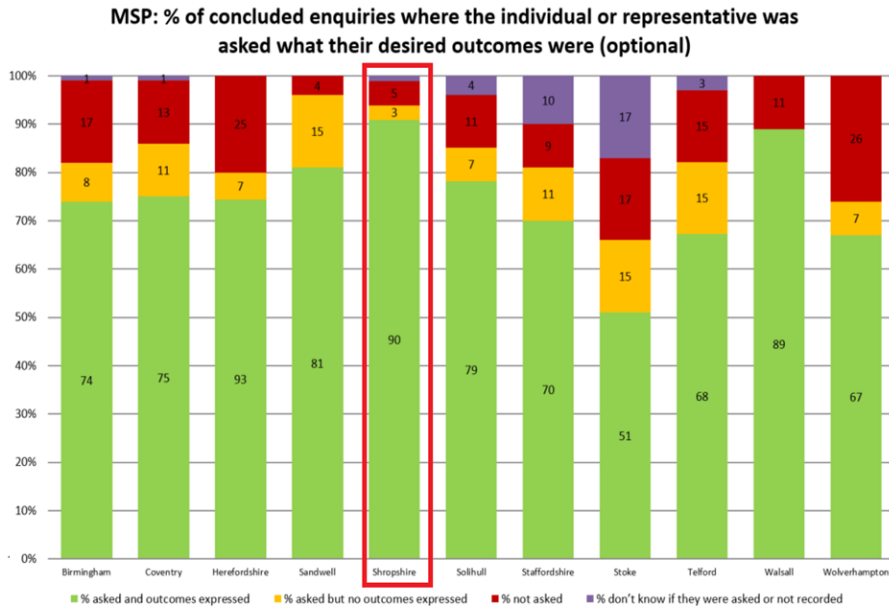
- 7.1 Adult Social Care services are committed to supporting people in a preventative way, delivering statutory duties under the Care Act 2014, focussing on early intervention and prevention.
- 7.2 We currently have over 5700 individuals open to the service. On average around 11,500 people contact us to make a referral each year. Our performance is comparable with our neighbours, and we rank highly across many of the ASCOF indicators including how we support people to live independently and those with a learning disability in employment.
- 7.3 The directorate is continuing to look at early help and prevention as part of our transformation work; ensuring the right information, advice and support is in the right place at the right time.
- 7.4 In this report we will highlight the areas reported through our CQC inspection.

Safeguarding:

- 7.5 The Adult Safeguarding Team is a specialist multi-disciplinary team comprising of 11 staff that provide a countywide service for safeguarding adults. The team offers a same-day response service with residents, their representative and referrer being contacted at referral point. During the initial contact, our team determines the risk level and the next appropriate steps and establishes a communication plan with the person. Following this, people are allocated on the day they are referred and held by a named worker that would support the individual. By utilizing this approach, the team does not have a waiting list.
- 7.6 Shropshire has seen a 10% increase in the number of safeguarding contacts to First Point of Contact Team.

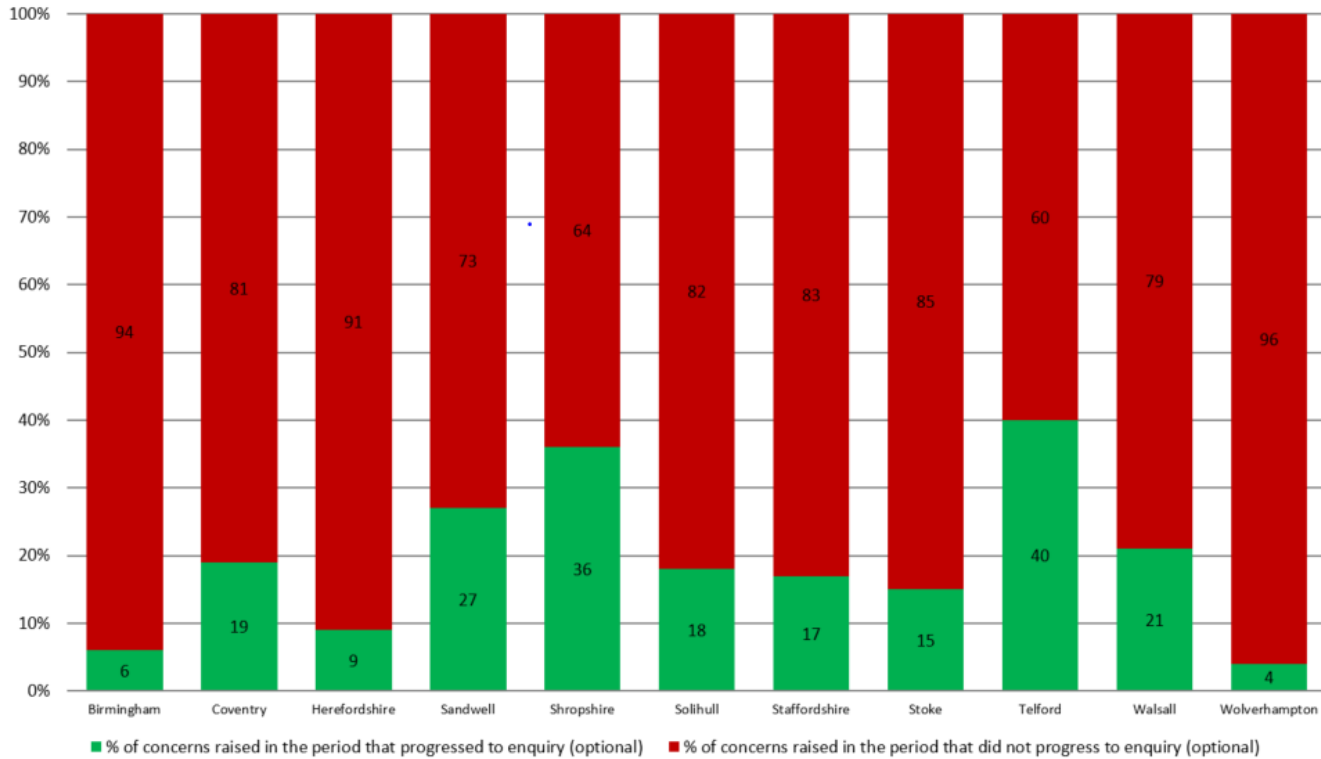


- 7.7 Despite an increase in the number of safeguarding contacts, the conversion rate to safeguarding concerns has been reduced by 12.2%. This indicates that work completed by our First Point of Contact with support from the safeguarding team ensures that people receive the appropriate help from the best placed service, meaning contacts are dealt with accurately and proportionately.
- 7.8 The above contacts translated into 684 safeguarding concerns dealt by the safeguarding team with 227 safeguarding enquiries completed. This is a 31% increase for concluded enquiries on the previous year.
- 7.9 It is worth acknowledging Shropshire’s good performance around Making Safeguarding Personal which includes seeking the person’s (or their representative’s) views with data showing 216 (93%) people (or their representative) were asked what outcomes they wanted to achieve by the enquiry. Further the number of people who said what outcomes they wanted to achieve, 200 (96%) were identified as having those outcomes achieved.



7.10 Overall, the team has good performance with effective working relationships with our FPOC team that has enabled Shropshire to efficiently manage the increase in demand that has been observed. Shropshire demand and performance continues to follow that of our regional partners.

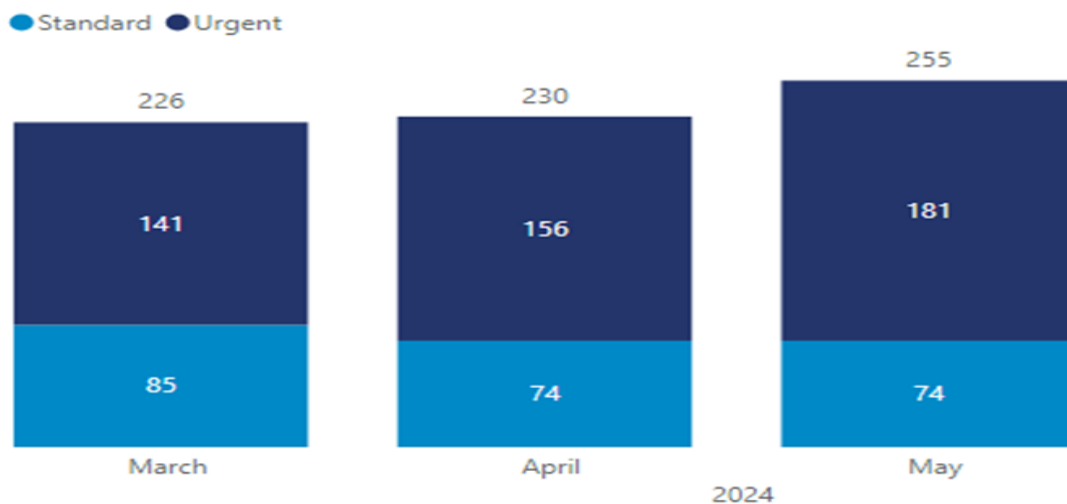
Conversion rate: % of concerns raised in the period that progressed to enquiry (optional)



DoLS (Deprivation of Liberty Safeguarding)

7.11 In 22-23 Shropshire had a 17% higher rate of referrals and completed 11% more applications than National average trend that has continued with overall numbers of first referrals in DoLS continuing to increase.

DoLS Applications Received



7.12 The first stage of our DoLS action plan has been successful addressing the 2021 waiting list as well as showing a reduction of 83 in our 2022 position. Work is underway to address the next 2 stages of our action plan which focus on 2022 and 2023 cohorts.

7.13 The table below shows progress made by comparing the waiting list at 21/02/24 (first table) to the teams current waiting list (second table).

Table 1

	High risk (Red)	Medium (amber)	Low (green)	Total number
2021	33	4	4	41
2022	155	21	53	229
2023	267	68	151	486
2024	110	20	37	167
Total	565	113	245	923

Data collected on 21/02/2024

Table 2

No. DoLS referrals (Form1) by ADASS RAG system

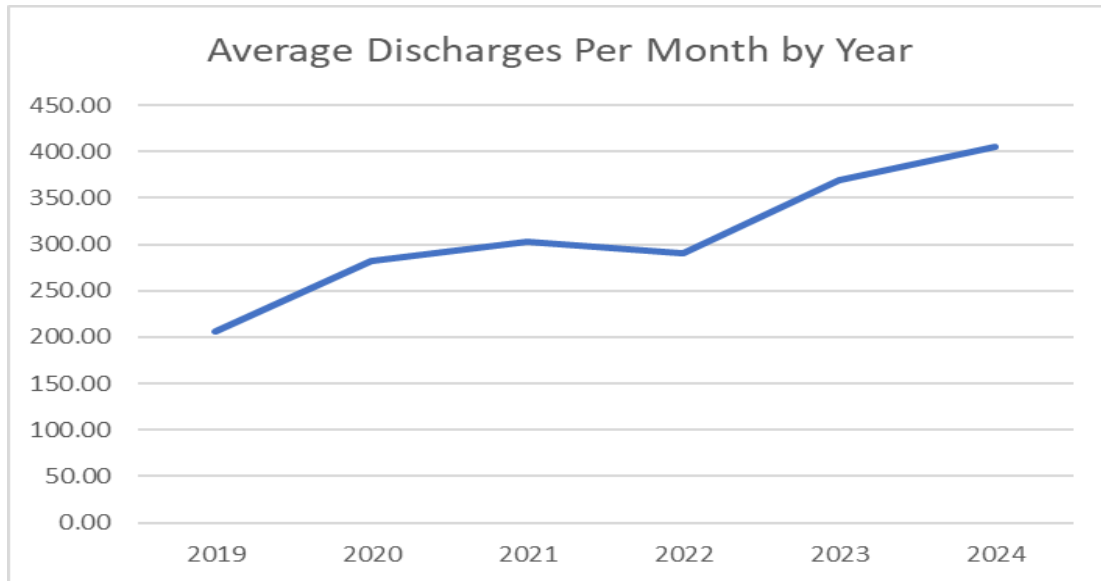
	High risk (Red)	Medium (amber)	Low (green)	Total number
2022	95	14	37	146
2023	203	56	124	383
2024	250	37	113	400
Total	549	107	274	930

Data collected on 12/06/2024

7.14 Overall Shropshire continues to have a higher referral rate compared with the national average. Having a waiting list in this area is on par with other local authorities however our action plan has seen a reduction in 21/22 backlog with work continuing to further reduce this.

Hospital Discharge

7.15 The level of demand to support complex hospital discharge continues to increase. The level of discharges Shropshire supported for all providers in 2023 increased by 26% above 2022 and a further 11% so far in 2024 over 2023.



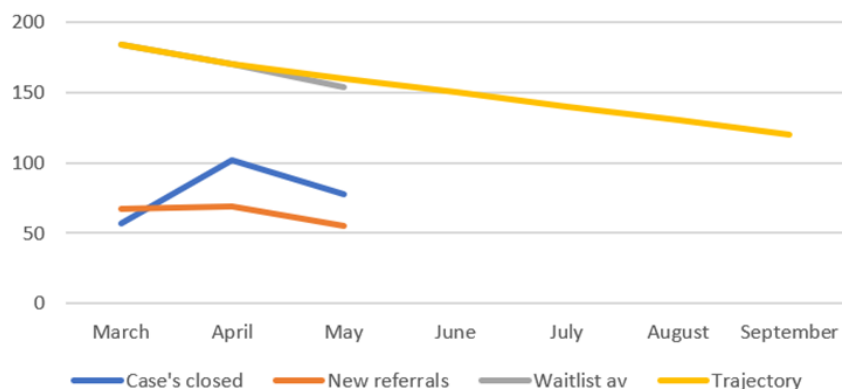
7.16 Shropshire’s referral to discharge time has been an improving trend which is now on average 1.26 days in 2024.

7.17 Shropshire Council is committed to providing a ‘Home First’ discharge from hospital. Using reablement, strengths-based practice, local community resources and the voluntary sector services we have continued to improve the number of people going to their original place of residence over and above the level we achieved in 22/23.

Sensory:

7.18 The Sensory team have a wait list with the longest wait for an assessment having been at 458 days in March 2024. The team set an action plan and have achieved a reduction in the longest wait to 300 days in May 2024. The action plan has a target to reduce the waiting list to 120 and for the service to deliver a response time of no more than 28 days by the end of September 2024.

Waiting list action plan



- 7.19 In 23/24 Q4 the team received 258 referrals, this is the highest number of referrals received per quarter since 2021 quarter 4 at 295. However, the service is now routinely closing more cases than the level of referrals received which is having the desired impact on the wait list.
- 7.20 The trajectory above demonstrates a positive progression towards the timescale target.

Independent Living Service & Occupational Therapy:

- 7.21 The Independent Living Service (ILS) were operated via an external contract run by the Independent Living Partnership (ILP). ILP handed this back to the council in December 2022 and the staff TUPED across at this point to sit as part of the wider Occupational Therapy (OT) service. The ILS team comprises of 5 members of staff including a Moving and Handling Assessor. The team's primary function is managing the low-level referrals that come through the service via telephone assessments. The cases are triaged at the 'front door' and passed to either ILS or OT service for further assessment. If during that assessment the case is determined as being more complex the individual will be referred through to the OT service.
- 7.22 The Occupational Therapy (OT) team comprises of 3 Senior Occupational Therapists (who hold caseloads), 8 Occupational Therapists and 6 Occupational Therapy Assistants. The OT role is focussed around helping individuals to live their best life at home, at work – and everywhere else. It's about assisting people to be able to do the things they want and must do. That could mean helping them to overcome challenges at school, going to work, playing sport or simply doing the dishes. Everything is focused on wellbeing and ability to participate in activities. It is also a science-based, health and social care profession that's regulated by the Health and Care Professions Council. ([What is Occupational Therapy and How Does it Help? - RCOT](#)).
- 7.23 There are also 2 Second Point of Contact (SPOC) officers and an Admin assistant that work across the 2 teams.

- 7.24 Across the service we have several vacancies including 1 Trusted Assessor within the ILS service and 4 Occupational Therapy roles (2 in children, 1 in Central and a Principal OT role).
- 7.25 The ILS/OT service waiting lists are listed below. These are RAG rated weekly to ensure new cases are accurately placed but also that change in circumstances are considered and RAG updated.

	Waiting List total
Independent Living Service (front door)	281
Children’s Team	113
Adults Teams	814

- 7.26 The service recognises the need to reduce wait times for an assessment. To this end we have developed and set an action plan with key tasks being undertaken to look at reducing the wait for an assessment. These are listed below:

ACTION	UPDATE/OUTCOME
Develop robust demand management at front door.	<ul style="list-style-type: none"> • Explore programmes such as Ask Sara • Discuss options with other LA’s • Develop ‘virtual house’ so people can explore what equipment / tech may support them in their own homes, • Increase OT senior support at front door • Increase OTA support at front door
Centralise waiting list and RAG rating function.	<ul style="list-style-type: none"> • Business case to centralise team developed – on hold until outcome of independent review (due July 2024)
Regularly review risk attached to the referrals.	<ul style="list-style-type: none"> • Contact is made with clients every 3 months to update them on their position on the waiting list and to

	<p>ensure circumstances have not changed.</p> <ul style="list-style-type: none"> • Reviews of waiting lists are undertaken twice a week to ensure up to date ratings and release capacity within service to carry out assessments on those most in need.
Develop OT team at the front door to triage referrals.	<ul style="list-style-type: none"> • To initiate and develop a self-help guide for people to use prior to requesting an Occupational Therapy assessment. • Discuss options with other LA's • Develop 'virtual house' similar to TWBC • Increase OT senior support at front door • Increase OTA support at front door
Identify capacity in the team to complete historic reassessments of bed levers as per MRHA safety.	<ul style="list-style-type: none"> • Teams reviewing bed lever and OT assessments to ensure equal completion of both.
Signpost / Divert referrals to the OT team received in regard to property suitability.	<ul style="list-style-type: none"> • Housing processes reviewed – new pathway in place to divert 'suitability' requests away from OT team.
Review admin support	<ul style="list-style-type: none"> • Wider ASC review being undertaken.

7.27 Further to this, the Medicines Health Regulatory Association (MHRA) issued a safety alert regarding bed levers and bed rails in August 2023. These includes all historical bed levers installed by the service. The teams have completed 2024 to date, and all of 2023 and are now working their way through 2022 and 2021. Currently 187 bed lever assessments have been completed across the county. The assessment of bed levers is necessary due to the high risk of serious harm or death, but this is affecting the number of Occupational Therapy assessments being able to be completed by the service and therefore the wait time for these assessments. The teams have ensured they meet the statutory requirements for bed lever assessments as well as continuing to regularly assess people off the waiting lists.

7.28 We recognise more needs to be done regarding improving the wait times for an Occupational Therapy assessment and so have requested an independent review of the

Independent Living Service and Occupational Therapy Service to support with identifying areas for improvement and opportunity. This was completed by ADASS in May 2024, and we are awaiting the recommendations. This along with any outcomes from the recent CQC inspection will enable us to develop a robust management plan going forward in addition to the tasks already completed/in completion above.

- 7.29 To support with changes required across the OT service the decision has also been made to move the ILS/OT service into the People directorate. This is being worked through currently and teams are being kept sighted on these changes.

Assistive Technology and Telecare:

- 7.30 Assistive Technology are pieces of equipment that help assist and aid individuals complete daily activities which may otherwise be difficult.

This includes:

- **Falls/Pendant Alarms** – To alert NOKs or emergency services in the event of an accident around the home.
- **Pivotell** – To support service users/families/carers with the taking of medication.
- **Epilepsy Monitoring Equipment**
- **Care Assists** – To support carers when there has been an accident or when the service user has got up during the night.
- **Door Sensors** – To alert live in carers or family members when service users (specifically those with a lack of capacity or cognitive issues such as dementia) to advise someone has exited a room or the home.

- 7.31 At Shropshire Council we primarily work with either Tunstall or WATCH. Referrals are triaged and sent to the respective supplier who is then responsible for ongoing monitoring.

- 7.32 The Assistive Technology team (which consists of 1 member of staff) supports and enables complex hospital discharges, works with Social Workers to prevent care cost or care home admissions and empowers service users to be safe and independent within their own homes.

- 7.33 Assistive Technology is facing an increasing demand on the service from internal and external stakeholders within the Council. Since the beginning of May 2024 we have received 101 referrals into the service. A significant number of these are urgent to support care plans and hospital discharge.

- 7.34 Further to this, the UK is currently undergoing a digital switchover from analogue to digital due to be completed in 2027 (it was moved from 2025). As it stands, we have over 2000 service users within the community who are being transited from digital to analogue. The workload for this is on top of usual 'business as usual'. Actions on this include:

- Letters to be sent to all monitored people starting 10th July. This will mean 130 letters are sent out per week regarding the transition. 10 days after the letters are

sent FPOC will contact the person concerned to ensure no problems or concerns and discuss any worries.

- Digital transformation information is on the Shropshire Council TEC website giving guidance and where to get support.
- All current new installations of telecare equipment and repairs are being upgraded to digital lifelines. There are still a vast number that will need to be upgraded and the plan for this will be completed after the new telecare contract later in the year. Commissioning and procurement team are currently working on this to ensure the new provider will be able to proactively work within the transformation plan.

7.35 Finally, the current Tunstall contract has been in place for 4 years and is unable to be extended further. We are therefore in the process of going out to tender for this.

7.36 The assistive technology team has a number of developments planned for the future, which includes:

- Training of all Social Workers and other professionals submitting TA Referrals.
- Training and development materials for internal and external stakeholders.
- Clear and concise pathway for internal and external stakeholders.
- Development of our Epilepsy pathway.
- Development of analysis profiles capturing justifications and explanations as to why referrals are required.
- Drop-in sessions with Age UK.

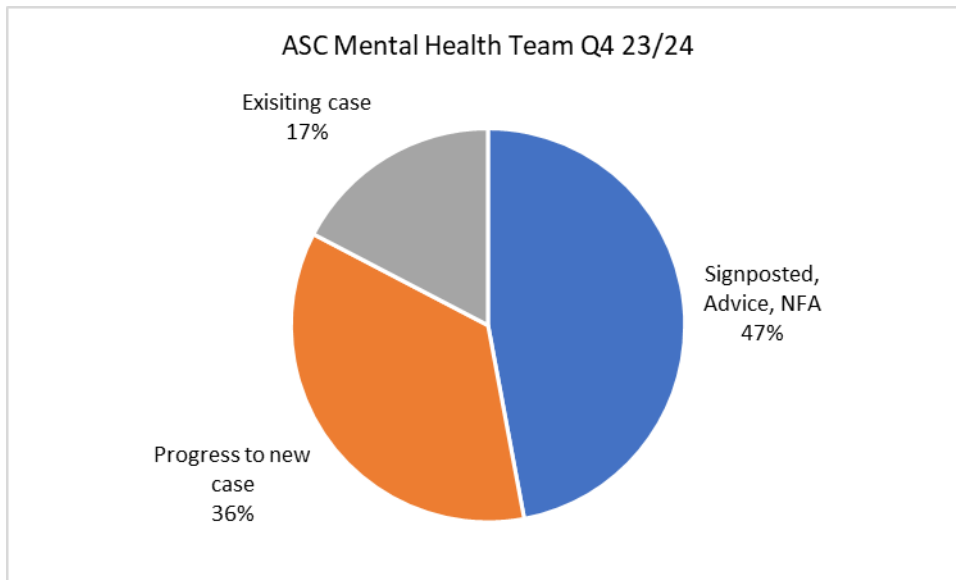
Virtual Care:

7.37 We have recently gone live for the year 2 cohort for the virtual care project, this is focussing on supported living clients to support increasing independence and autonomy. We currently have 71 individuals using virtual care across the county, with 55 situations where care has been reduced with Genie replacing the support. A high proportion are supporting with isolation and wellbeing.

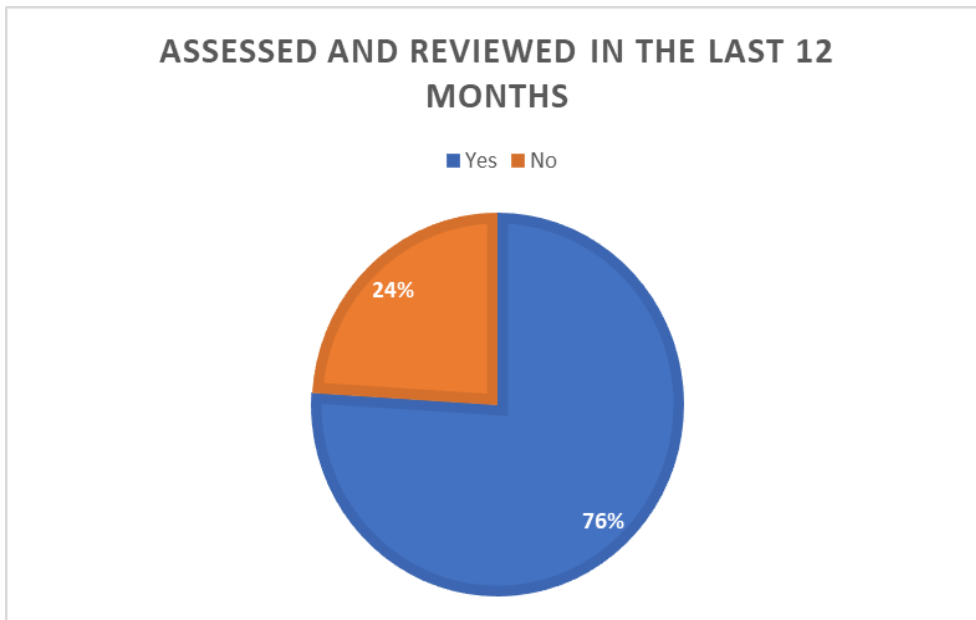
Mental Health:

7.38 We do not have a waiting list in the Mental Health team, a sustained position when we reported last in Autumn 2023.

7.39 By May this year, 47% of contacts to the Mental Health team have needs met through signposting to local support and services, advice and requiring no further action. The work of the team from initial contact to long term intervention is strengths based and outcome focussed.



7.40 The Mental Health Team have Assessed and Reviewed 76% of people who received a service in the last 12 months.



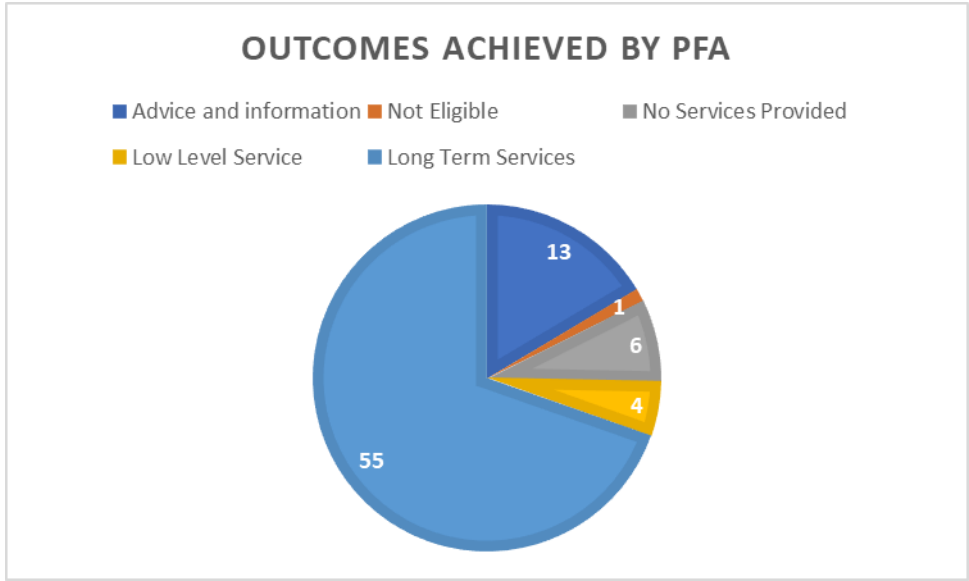
Preparation for Adulthood:

7.41 The Preparing for Adulthood (PfA) team continue to reduce the wait list. In adult social care we assess need under the Care Act from the age of 18 years old. It is however good practice to become involved to build the relationship and understand the young person's needs prior to their 18th birthday to ensure a seamless transition to adulthood. We have incrementally brought the age of involvement down and young people are now allocated at the age of 17, if the team have received a referral.

7.42 We are working closely with Children's Services and system partners to ensure that the PfA team receive referrals at a lower age. We work with children's colleagues prior to the adult team allocation for children aged 16 to 17, particularly those with the most complex needs who may require support under the Care Act. The target is to further reduce the formal allocation to 16 years old.

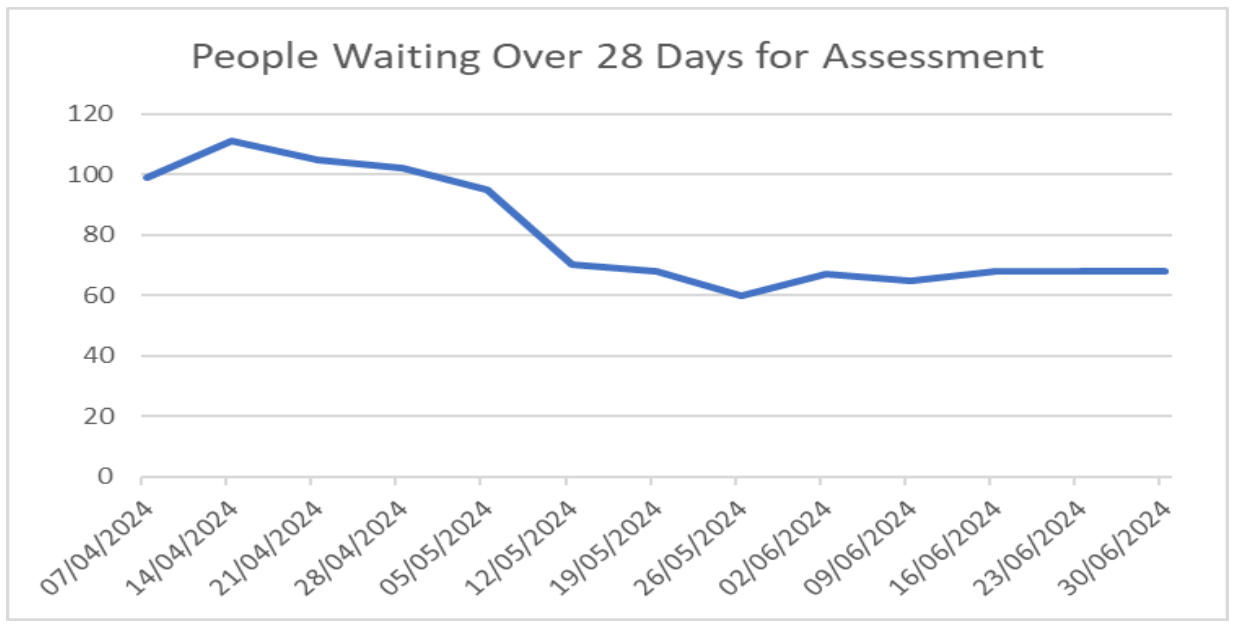
7.43 PfA engages individuals to take a strengths-based approach to their care and support needs. There will be young people that have long-term care needs, but we are also supporting 43% of young people to meet their needs at the initial contact stage.

7.44 For those young people having commissioned service from us 55% are supported with community based services.



Community Teams

7.45 The community teams have seen continuous improvement in the reduction of waiting lists by 71% since October 2023, assessing 97% within 28 days. This impacts on the teams ability to support earlier intervention, ensuring we are seeing individuals at the right time. We continue to see high numbers of people in our Let's Talk Local hubs, with some contacts ending at the conversation stage and not needing to progress to a full Care Act assessment.



Reviews:

- 7.46 We have a statutory duty to ensure all those in receipt of a funded service are reviewed on an annual basis. We have seen an improvement by achieving 69% of reviews completed in 23/24, this is an improvement from 49% completed in 22/23. We have increased the target to 75% by having dedicated resource aligned to support this work. No one has waited more than 2 years for a review and there are clear targets in place to reduce this wait.
- 7.47 We have ensured a focus on our Out of County reviews - those placed in care homes or supported living outside of Shropshire. We have assessed 93% in the last 12 months.

Carers

- 7.48 The carers register is increasing month by month and currently stands at 1772 carers. We use this to signpost people to support and information and provide updates. The team has become an All-Age Carers team as the young carers team and resources have transferred from Children's services. There has been some increase in support for young carers as we have seen an increase in referrals.
- 7.49 The team are looking at providing basic training for carers so they can move and handle relatives safely and provide basic first aid in times of crisis. Carers week took place 9-16 June and included activities and competitions for carers.

Commissioning

- 7.50 Our Joint Commissioning Delivery Group (JCDG) ensures that strategic objectives align with national and local agendas driving our commissioning intentions. This gives us clear governance and oversight over all our commissioning practice and intentions and supports us to effectively deliver against our market position statement.
- 7.51 We have restructured the commissioning team in line with the PWC review which assessed the arrangements for Commissioning against a functional model, whereby key capabilities were assessed, and RAG rated. This highlighted the need for development across all strategic commissioning activities including for children and adults' services, contract management.
- 7.52 The purpose of the Commissioning & Governance model and restructure is to align the Social Care commissioning and contracts teams where needed and provide sufficient resources to meet future demand. The new structure is now in place and final posts for recruitment are in the process of being filled.
- 7.53 We are further developing our digital inclusion and assistive technology offer; working with providers to engage and embrace tech solutions for care; we are one of only 4 LA's awarded £1.2m technology funding to upscale the VCD model. 101 individuals to date have been supported through the VCD model.
- 7.54 This has added to choice and capacity within the market, therefore ensuring capacity is available for those who need it.

- 7.55 We currently have good capacity across the market with swift pick up for those who need either care at home or a care home placement. This has also been supported with a reduction in the need for short term placements into care homes as described above.
- 7.56 We have a robust transformation plan for 24/25 for ASC which has key projects and workstreams e.g., Care at Home, Technology led care, Learning Disability & Autism (LD&A) programme. We have undertaken consultation on rates with all our LD (Learning Disability) providers and there is continued work to deliver the Learning from Deaths and Reviews (LeDeR) action plan, working with our health colleagues, supporting both with internal services and external providers.
- 7.57 We have a good working relationship with Safe Aging No Discrimination (a local charity) and have signed up to the SAND covenant and encourage our Provider market to do the same by sharing information and inviting them to our forums with the market.

Contracts and quality Assurance

- 7.58 Our two in-house CQC registered services are both rated 'Good' and 83% of the services we commission in regulated locations have an overall rating of Good or Outstanding (7.3%) - highest for outstanding in the West Midlands (the region's average 79.0%).
- 7.59 The Contracts Team moved to the Commissioning structure in September 2023 and a transformation project is underway to improve our quality assurance processes and contract management oversight.
- 7.60 In line with our People directorate market quality assurance plan we are refreshing and developing new commissioning strategies in 2024; e.g. for mental health and Autism; our new strategy and planning manager starts in post to oversee this work from the 1st of July.
- 7.61 We have monthly Market Quality assurance meetings where we maintain an overview of the market quality issues, themes and areas for development.

Business support

- 7.62 We have no wait times for financial assessments and our new financial assessment portal was launched in May. We have already had 20 new applications through this process, and we are working with our web team to understand how many people have visited the site and used the calculator.
- 7.63 The Bed hub team integration into Brokerage team has reduced pressure on social care teams by doing negotiation and sourcing placements so they can focus on assessment and reviews. We are sourcing placements for health for fast track and looking at other areas we may be able to support commissioning practice in partnership with health.

Securing Access to Education Provision

- 7.64 Encouraging and enabling access to Early Years education provision remains a key priority for the partnership to support positive social interaction, encourage communication and language skills and wider developmental milestones at such a

crucial age. We also recognise that accessing education provision is a protective factor for children and young people of any age, but particularly those with the greatest vulnerabilities.

- 7.65 We are proud to have sustained our high levels of Free Early Years education for 2-year-olds around 83% throughout the year, which is above the national average. We have also sustained our high levels of education for 3 and 4 year-olds consistently around 96%, again above the national average. As we look towards the expansion of Early Years provision to younger ages of children in the new 24/25 financial year, we look forward to enabling even more children to experience high quality early years education.
- 7.66 In addition to recognising high levels of access to Early Years education, we can also celebrate the high quality of provision in Shropshire, where over 98% of providers registered on the Early Years Register are graded 'good' or 'outstanding' by Ofsted.
- 7.67 Strong access to Early Years provision encourages strong attendance at school. We can certainly see improving attendance across our school age population, with both primary and secondary age attendance showing significant improvement to be above national averages during the 2022/23 academic year. Similarly, we have seen a significant reduction in absence, both persistent and severe, across primary and secondary phases during the 2022/23 academic year with indicators showing lower absence rates than national. These improvements are recognised across all groups of pupils, including those with the greatest vulnerabilities.
- 7.68 Work continues as a multi-agency partnership to support children and young people who are struggling to access education for various reasons, including anxiety, wider emotional, mental, or physical health needs or special educational needs or disabilities.
- 7.69 Suspension and permanent exclusion rates for children (all children and those most vulnerable) at primary school age are lower than the national average during the 2022/23 academic year, with 95% of all primary schools having zero exclusions during the Autumn and Spring term 2023/24.
- 7.70 However, suspension and permanent exclusion rates for children and young people at secondary age range are higher than the national average during the 2022/23 academic year.
- 7.71 Through focussed work with school leaders and multi-agency partners, we have recently started to see an overall stabilising and decrease of permanent exclusion numbers during the Autumn and Spring term 2023/24 across the county. This also includes a reduction in exclusions for children and young people at SEND Support. We remain fully committed to working together with school leaders to reduce the suspension and exclusion rates at all phases, particularly secondary.

- 7.72 Aligned to this approach is the work underway to support children and young people to successfully reintegrate back into mainstream education following permanent exclusion. The Fair Access Protocol (FAP) was updated during the Autumn term 2023 to bring all secondary leaders together from January 2024 so that all secondary Headteachers were involved in the decision-making process for placing children and young people via FAP and encourage a greater focus on early intervention/prevention to avoid exclusion. This work is still underway but is showing positive signs as school leaders are directly involved in developing different approaches together with LA partners, building on effective practice from other areas.
- 7.73 Whilst we continue to see higher numbers of families choosing to Electively Home Educate (EHE) their child or young person, Shropshire remains broadly in line with the comparative rates for EHE nationally and is lower than statistical neighbours. Robust monitoring and tracking arrangements are in place to ensure statutory duties are delivered to ensure children and young people who are EHE receive suitable education, this includes supporting and challenging families to re-access school-based education provision where appropriate.
- 7.74 We have strengthened our approach to monitoring children and young people whose education provision is less than full time. New reporting arrangements include the expectation that all education providers confirm their use of reduced timetables, including confirming where they have no children or young people placed on a reduced timetable.
- 7.75 We also continue to operate strong arrangements to monitor and intervene for Children Missing Education (CME) to ensure their safety and enable them to swiftly access education provision. Rates of CME in Shropshire are lower than national averages and in line with statistical neighbours.
- 7.76 We have also seen an improvement in the percentage of 16 and 17 year-old (Year 12 and 13) young people not in education or training (NEET) and those whose destinations are 'not known'. During 2023/24 we have seen both NEET and not known indicators reduce to their lowest levels for many years, with both NEET and not known indicators much better than national figures and statistical neighbours.
- 7.77 Shropshire Council continues to ride on the success for being one of the top councils for first preference and preferred school placements in the region.
- 7.78 Figures released during June 24 for primary and secondary applications and offers, from the Department for Education, places Shropshire at the top of the West Midlands league table.
- 7.79 The primary and secondary school applications and offers statistics provide the number of applications and offers made for secondary and primary school entry in September 2024, and the proportion which received preferred offers.

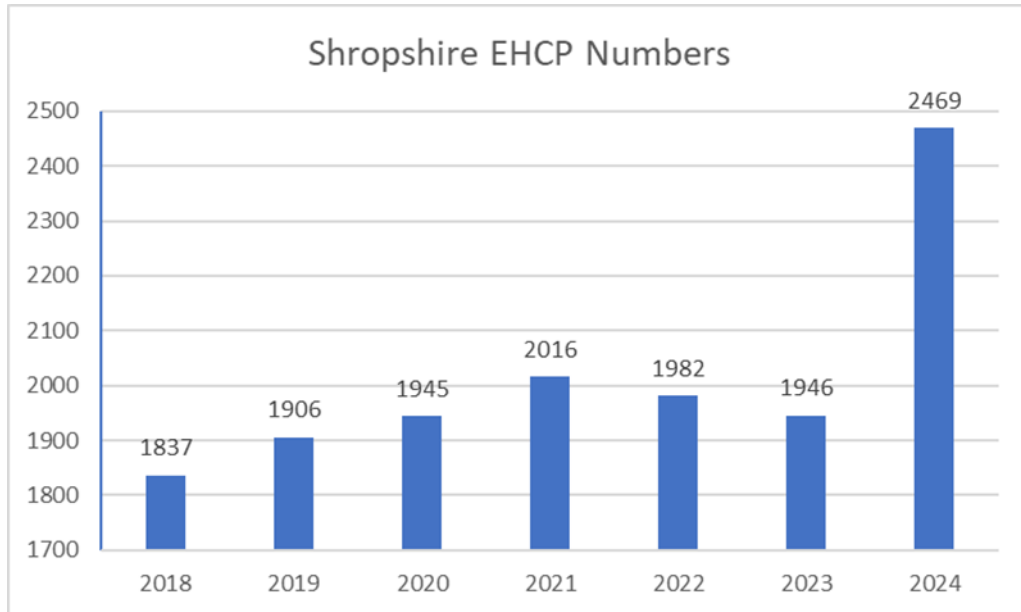
- 7.80 Ranking first in the West Midlands, Shropshire achieved 98.4% of offers for a preferred secondary school, with 89.7% securing their first preference. These figures compare, and are better than, the England averages of 96% and 82.9%, and the West Midlands averages of 95.2% and 80%, respectively.
- 7.81 Shropshire also took first place in the table for primary school placements, achieving 99.81% of offers for a preferred school, with 98.25% achieving first preference for their primary school. These better the England averages of 98.79% and 93.16%, and the West Midlands averages of 98.86% and 93.8%, respectively. Notably the percentage of on-time applicants who received their first preference is higher than it has been in any of the last ten years. Likewise, the percentage of pupils who received an offer of one of their preferred schools is higher than it has been over the last ten years.
- 7.82 We would also like to recognise the hard work, dedication and commitment to keep children safe and improve their outcomes demonstrated by education settings and schools across Shropshire.
- 7.83 We all remain committed to further enhancing our focus on early intervention/prevention activity to increase stability for every child or young person accessing education, particularly those with the greatest vulnerabilities, as we recognise the protective factor education provides.

[Education, Health, and Care Plans \(EHCP\)](#)

- 7.84 Shropshire Council has a duty to consider requests for an EHC Needs Assessment where evidence is presented that a child or young person may have special education needs and/or disabilities that will have a significant and long- term impact on their education outcomes. All requests for EHC Needs Assessments are considered through a multi-agency panel. Where it is agreed that an EHC Needs Assessment is necessary, Shropshire Council have a legal duty to complete the process within 20 weeks, including determining whether the special educational needs of the child or young person require special educational provision to be made through an EHC plan. Where an EHC plan is not agreed following assessment, the education setting is expected to continue to meet the child or young person's special educational needs through SEND Support.
- 7.85 Mainstream schools receive additional funding through a Notional SEND budget to provide support above that which is required by all children and young people. Further information is available on this funding here [The notional SEN budget for mainstream schools: operational guidance - GOV.UK \(www.gov.uk\)](#)
- 7.86 In Shropshire the expectations around what should be available through high quality teaching for all children and young people, and what should be available through SEND Support, are outlined in the Shropshire Ordinarily Available Provision (SOAP) framework. The framework covers primary and secondary phases and was co-produced with the input of education settings during 2023. Further work is underway to develop the same framework covering the Early Years and Post 16 phases.

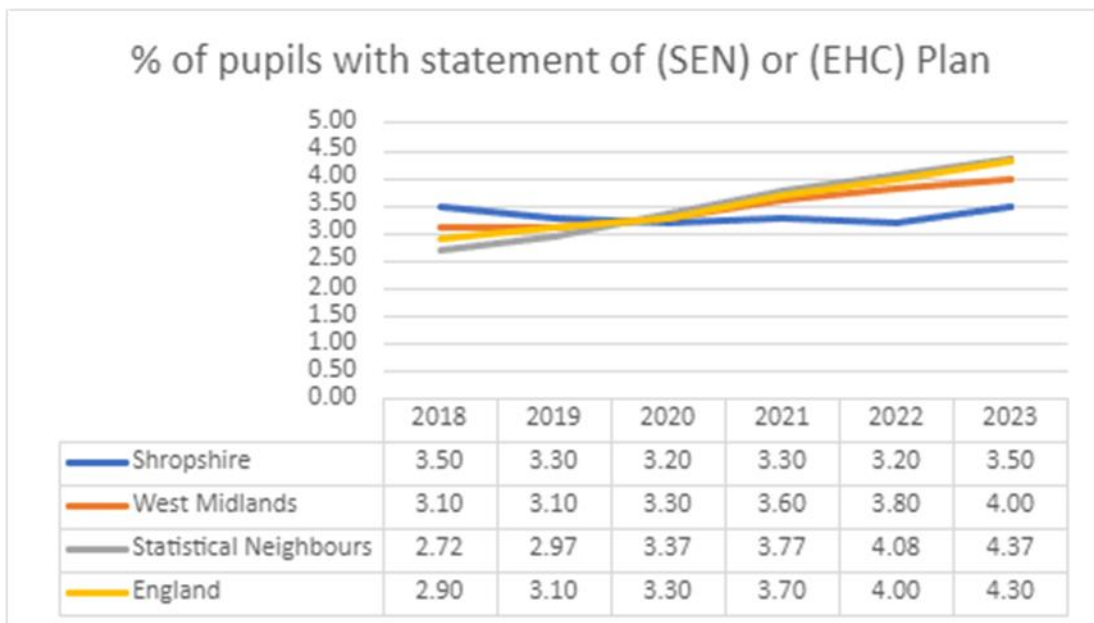
7.87 The SOAP framework is available on the Local Offer here [SEN support | Shropshire Council](#)

7.88 The following information is obtained from the annual national SEN2 data collection. This collection takes place in January and reflects the caseloads for the previous year.



*NB January 2024 SEN2 is due for submission by 14 March 2024

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



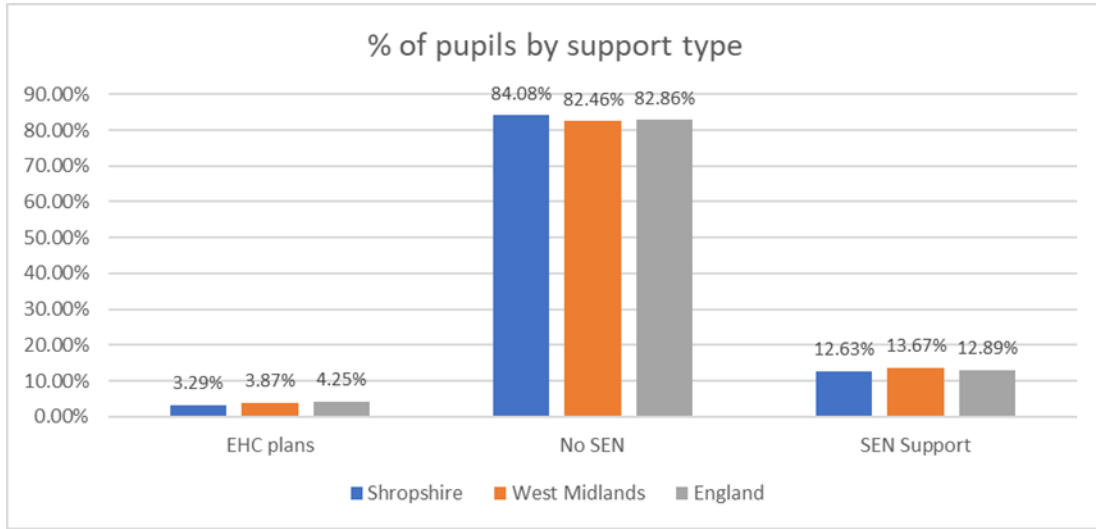
*NB National comparison not available until July 2024

7.89 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

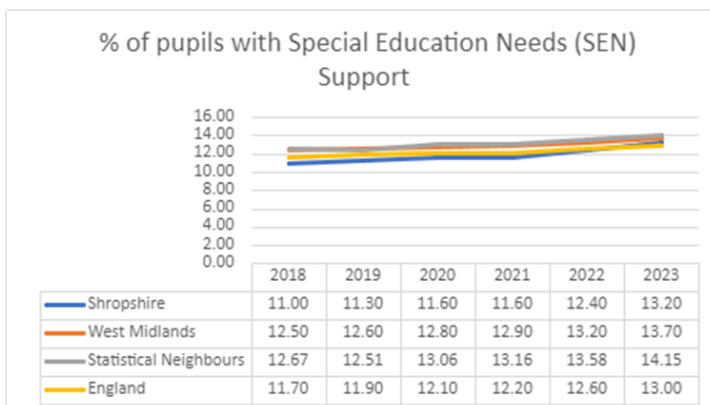
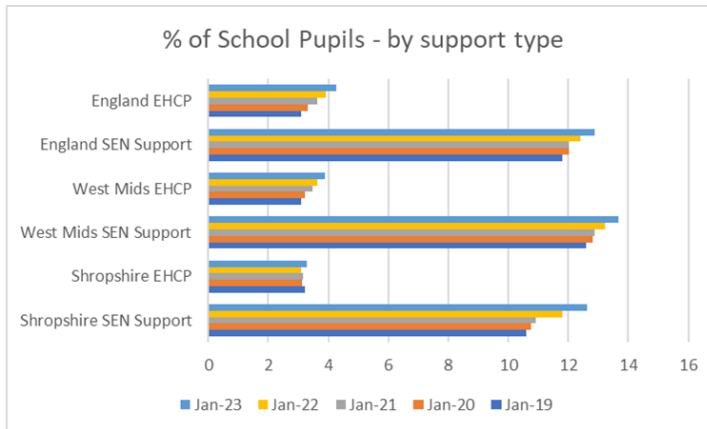
number of EHCP's. Between Jan 23 and Jan 24, the number of EHCPs increased by 26.9% from 1946 to 2469.

Schools Census and Comparison with Statistical Neighbours

7.90 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.

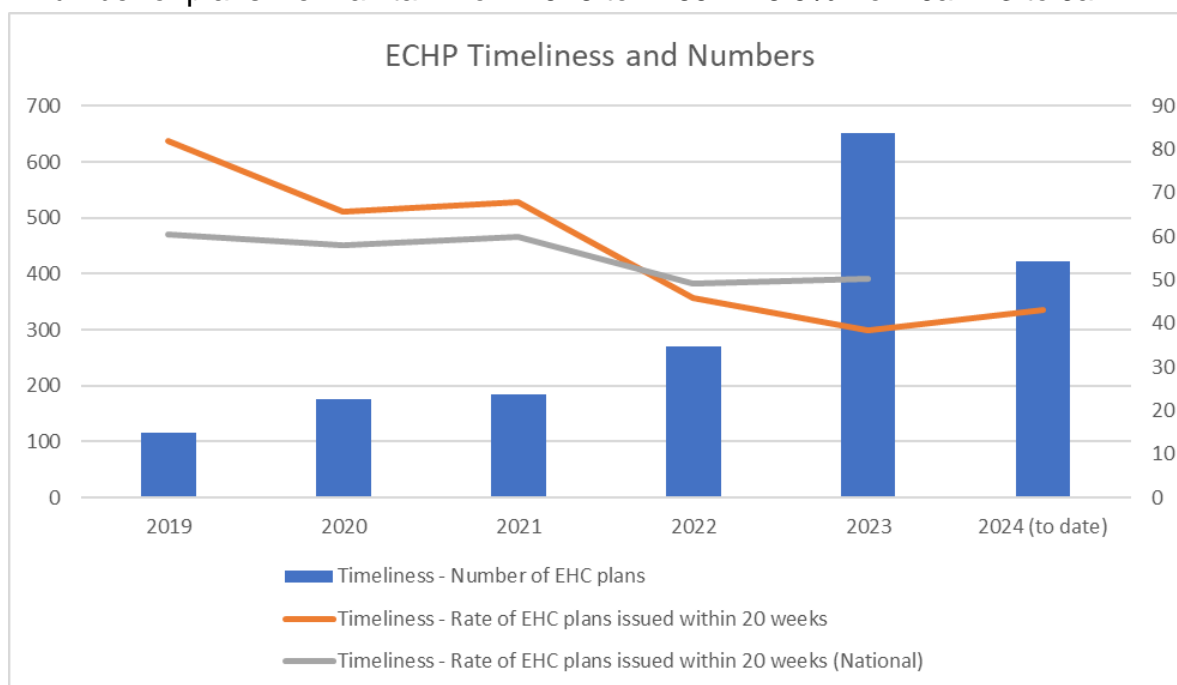


Source: <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>



7.91 Whilst Shropshire continues to see an increase in SEND support provision that is slightly lower than our statistical neighbours, it shows a steady increase from 2018 of 2%, that has continued to show increase against West Midlands and England national averages. We are still in the processing window for Spring 2024 School Census collection, with DfE shutdown deadline 13 March 2024 to enable published updates expected in Summer Term.

7.92 In 2022 new requests increased by 46% (double the national rate), whilst 2023 increase in number of plans we maintain from 1946 to 2469 – 26.9% from Jan 23 to Jan 24.



7.93 The percentage of new plans issued within 20 weeks in Shropshire has declined since 2021 but was stabilised during 2022 to around the national average. However, following significant increases in the number of requests for EHC needs assessment as outlined in the graph above, timeliness has fallen during 2023 to a level considerably below the national average. The table below outlines the cumulative timeliness indicator covering the calendar year. The 2024 figure covers the period from the 1st of January 2024 up to the 30th June 2024.

	Shropshire	National
2021	66.0%	59.9%
2022	45.9%	49.2%
2023	33.74%	50.3%
2024 (to 30 th June)	36.0%	N/A

7.94 Ensuring a significant improvement has been identified as a key priority by the service and the SEND and AP Partnership Board. The Service Manager for SEND and Inclusion presented a paper in May 2024 outlining a suggested recovery plan and this was approved by the Partnership Board. The paper is included as appendix 1.

7.95 Since the implementation of the recovery plan in May 2024 the timeliness for issuing new EHC plans has already begun to improve and continues to be monitored weekly.

Month	% EHCPs issued within 20 weeks
Jan 24	7.94%
Feb 24	19.18%
March 24	15.94%
April 24	13.73%
May 24	18.42%
June 24	43%

7.96 Work is underway to manage these challenges and return timeliness for issuing new EHC plans to above the national level by 31 December 2024 through the recovery plan. This information has been included in the Accelerated Progress Plan (APP) monitored by the DfE and NHSE.

Annual Review

7.97 To accompany the work to improve EHCP timeliness, following the significant increase in EHC plans maintained by Shropshire Council during 2023 and into 2024, Annual Reviews are also being reviewed to ensure a clear and consistent review process is implemented.

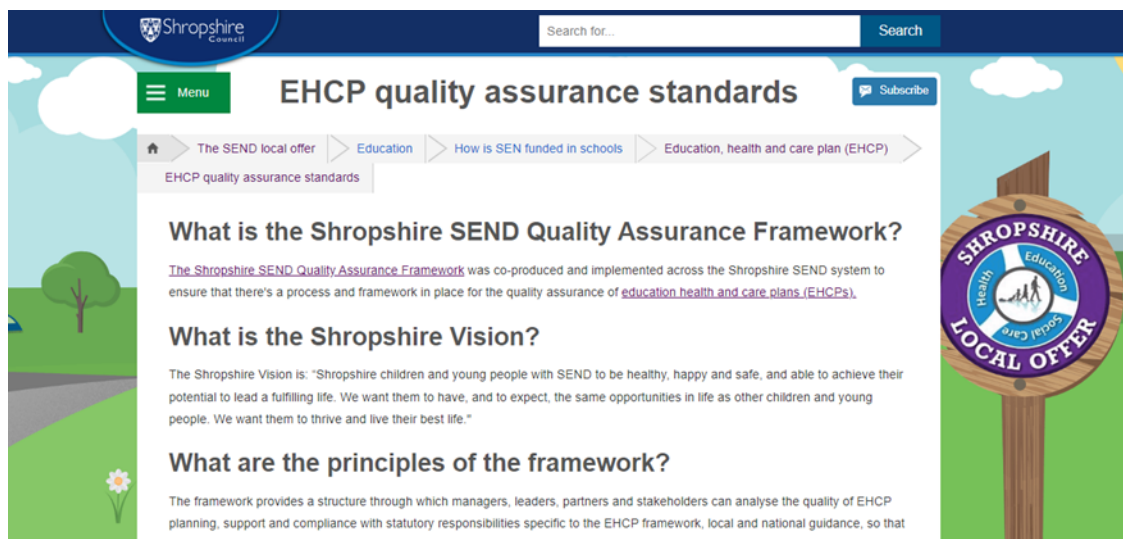
7.98 A report on the Annual Review recovery plan, including the anticipated timeline to ensure all EHC plans are reviewed annually and amended where necessary within the statutory timescales, will be presented to the SEND and AP Partnership Board in July 2024. This will set out the programme of work, prioritisation and additional resources required to implement the programme. Work completed to date has indicated that the recovery programme is anticipated to take around 18 months to complete. This aspect has also been included in the Accelerated Progress Plan (APP) monitored by the DfE and NHSE.

Quality of EHC plans

7.99 Despite the challenges around the significant increase in EHC plans maintained by Shropshire Council, positive work has taken place as a partnership to improve the quality of advice and the overall quality of EHC plans.

7.100 The partnership developed and implemented a consistent EHCP Quality Assurance Framework in October 2023 for all new EHC plans and those amended through the Annual Review process. The framework is based on regional and national good practice, including peer review with a local authority consistently identified as delivering high quality EHC plans.

7.101 The framework is available on the public Local Offer site through the link [EHCP quality assurance standards | Shropshire Council](#)



7.102 The table below outlines the improvements and percentage of EHC plans rated good or better during the last four months.

EHCPs rated good or better	Feb-24	Mar-24	Apr-24	May-24
% Draft EHCPs	59%	92%	90%	86%
% Amended EHCPs	77%	95%	92%	98%

7.103 This improvement continues to be monitored and evaluated through the multi-agency panel and strategic quality assurance processes.

7.104 Whilst we recognise that the experience for children, young people and families is not yet consistently positive based on the feedback received from the APP survey and PACC (Parent Carer Council), we can see that the improvements are starting to be recognised in the direct feedback collected by the services. We remain committed to securing consistently positive experiences for children, young people, and families.

7.105 Some examples from parents and education settings are included below.

"I did not think that the process would be as easy as it was. All the people in the early years team were great" [Parent feedback Feb 2024](#)

"I was pleased that I was able to meet and ask questions. I felt listened to on C's behalf ." [Parent feedback Mar 2024](#)

"This was a completely new process for me.... Throughout the process the one constant and reassuring aspect was my case worker... (who) ALWAYS went above and beyond to keep me updated and informed.". [Parent feedback Feb 2024](#)

"I just wanted to send an email to say thank you for allowing me to sit on panel today. I found the whole experience extremely interesting and very useful for my own practice. The discussions held were all meaningful and showed the level of information needed to support panel in making the very difficult decisions. I will be sharing with other SENCOs how valuable it was and will recommend they contact you to book to attend." [Quote from SENCO](#)

"It was incredibly enlightening for me, especially seeing the quality of the submissions. It is reassuring to know also that things seem to have changed in recent times from what they were" [Feedback from SENCO attending Panel](#)

Demand in Children Social Care

- 7.106 Appendix 3 attached to this report is the ChAT tool Performance Data set that is produced for Children's Social Care, Safeguarding & Early Help. The report demonstrates the trend data for each stage of the statutory process for children coming to the attention of Children's Social Care, Safeguarding and Early Help. It includes annualized comparator data for our Statistical Neighbours and England Averages.
- 7.107 The contents page of Appendix 1 sets out a summary of the data and where it is in range or not / above or below with Statistical Neighbours (SN).
- 7.108 The following commentary is by exception, where there is a point of note.
- 7.109 People Overview Committee is aware that in the last 12 months there has been a focus on Early Help, transforming the service to increase the numbers of families receive family help and support, as ensuring that the intervention / support is effective to reduce escalating needs.

- 7.110 This is not only in line with statutory guidance “Stable Homes Built on Love” [Independent review of children's social care: final report - GOV.UK \(www.gov.uk\)](#) but also aligns with the Shropshire Plan vision to deliver a healthy future for the people of Shropshire. We recognise that early intervention and support / family help is critical to reducing demand into Children’s Social Care and over time should reduce our children looked after population.
- 7.111 The transformation programme including a restructure concluded in May 2024 with the new Early Help Service launching on 1st June. Although the new structure is in its infancy we implemented the new single front door for Children’s Social Care and Early Help including the Early Help and Support Team (EHAST) on 6th September 2023.
- 7.112 The Council’s investment to £3.3 million in Early Help whilst it is very early days is evidencing a positive impact on demand into Children Services. We have seen in 2023 / 2024: -
- A 297% increase in contacts identified as Early Help.
 - Allocations increased by 83% in the same period.
 - A reduction in demand into Children’s Social Care with escalations dropping from 11% to 1%.
- 7.113 This means we are supporting more children and families within Early Help and the reduction in escalations into Children’s Social Care indicates that those interventions and support to families are effective in stopping the escalation of need and over time we can expect this to have an impact on Looked After numbers.
- 7.114 The above is also confirmed on page 3 of the report, Early Help Assessments started and completed, which demonstrates considerable progress in this area. The Early Help teams are progressing assessments and interventions and are completing more than is being opened to Children Social Care. We are now seeing more Early Help assessments opened and completed.
- 7.115 In relation to those children where there is an escalation in need to requiring a social work intervention: -
- 7.116 Page 5 of the report shows that our referral rates continue to remain lower than our Statistical Neighbours and the England average, a consistent trend. Our referrals leading to no further action and low re-referral rates both remain below our SN and England average, which suggests that our response to issues raised by referrers and our interventions are mostly effective.
- 7.117 Page 6 of the report relates to assessments completed within the statutory timescale of 45 days. Completion of assessments relates to all children open to Children Services and our performance is on par with SN’s and England average. Assessments completed within the Assessment Teams in relation to new referrals continue to be tracked weekly and performance remains at 90+% within timescale. For children subject to Child

Protection and Looked After Plans, assessments are updated prior to review meetings and the assessments out of timescales mainly relate to when the assessment was opened for a review which has or is waiting to take place.

7.118 Page 7 of the report demonstrates that the rate of S47 enquiries tracks on par with SN and England Averages. The data evidences a year-on-year decline in the number of referrals leading to S47 enquiries.

7.119 Page 8 looks at the number of children in need open to the Service, the two graphs on the right-hand side evidences that our children in need rates starting and ceasing are below our SN's and England Average per 10000 children that are open under Section 17 Children Act 1989, this is when there is a need for support identified and parents work with a plan to support them.

7.120 Page 9 the rate of all children open for any level of need shows that our "all children open" rate continues to track in line with SN's and the England average

Children Looked After

7.121 Slide 12 looks at our Children Looked After starting and ceasing numbers. While children starting has remained higher than both our SN and England average. Our numbers ceasing has been increasing and is now above our SN's and is now in line with the England average.

7.122 The Stepping Stones project has two clear remits: -

- To provide intensive wrap around support to children on the edge of care to enable them to remain with their families and avoid becoming looked after when it is safe to do so.
- Intensive support to children in residential homes to enable them to step down into a family setting, either within their birth families, with connected carers or a foster home.

7.123 In 2022 the Council agreed to further invest by tripling the size of the project, the impact of that investment has resulted in: -

- Stabilizing the Children Looked After number (excluded UASC), numbers would be significantly higher than they currently are.
- £2.7 million saved in placement avoidance costs through: - 75 children remaining at home with their birth families or with connected carers; - they did not and have not become looked after.
- £1.555 million actual savings through: - 17 children stepped down from a residential children's home to their birth family, connected carer or foster home and 22 children have been reunified with their birth families from foster homes.
- Total savings and avoidance achieved in year of £4.321 million.

7.124 Stepping Stones is also now aligned to two of our Children's Homes to work intensively with children to step them back out of care within 4 – 6 months or move them into a foster home instead of a residential children's home.

7.125 One example of the impact of Stepping Stones: -
PJ (not his real initials)

10-year-old PJ experienced parental alienation and severe neglect in the care of his mother. Stepping Stones became involved in trying to rebuild the relationship between PJ and his mother but unfortunately, she had clearly rejected him, he became looked after to safeguard his welfare. PJ was placed in a residential home because of negative things his mother had said about his behavior which resulted in no foster homes coming forward to care for him. Once looked after none of the behaviors expressed by his mother were displayed. When care proceedings were initiated, the local authority could contact his dad, but due to years of parental alienation, PJ wanted nothing to do with him. However, his dad wanted to build a relationship with PJ and wanted him to live with him and his family. Stepping Stones worked intensively with PJ at his pace and eventually the relationship began to grow. It has taken approximately 18 months and in early June 2024, PJ moved out of his residential children's home to live with his dad and his family. He is reported to be extremely happy and settled. Stepping Stones continue to be involved and will remain involved for as long as is appropriate for the family.

7.126 In summary, the performance reporting indicates that whilst it in its infancy the Councils investment to strengthen the Early Help offer to families is beginning to yield results with more children receiving family help than ever before and we are starting to see a reduction in the number of children with an escalation of need requiring intervention from Children Social Care and Safeguarding.

7.127 Also, the impact of the intensive wrap around support and direct work with children in residential children's homes provided through the Stepping Stones project has ensured that: -

1. We have not seen the potential significant increase in our looked after children's numbers that we would have seen if the project was not in place and working effectively.
2. More children would be placed in residential children's homes without support to the Social Work teams to enable a timely and robustly monitored step-down plan to be actioned.

8 Conclusions

- 8.1 Performance across the directorate is continually improving and action plans are in place where performance is challenging.
- 8.2 Capacity is widely available in the market supporting swift throughput supporting performance
- 8.3 Take up of Early Years entitlements for eligible 2-year-olds and 3- or 4-year-olds remains strong.

- 8.4 Positive indicators are evident for the percentages of families securing a preferred primary and secondary school, including those securing their first preference. All of these indicators place the performance of Shropshire above the national averages.
- 8.5 Positive improvements can be noted in attendance for all children and young people in Shropshire during the 2022/23 academic year.
- 8.6 Positive improvements in service delivery have resulted in a reduction of 16 – 17-year-old young people (Year 12 or 13) who are NEET or ‘not known’ to levels better than national and statistical neighbours.
- 8.7 Governance arrangements through the SEND and AP Partnership Board are leading to improvements in the quality of EHC plans and challenging delays in the EHCP assessment and review process. This work is also being monitored by the DfE and NHSE England through the Accelerated Progress Plan (APP).
- 8.8 Increased demand for EHC plans has increased pressure on services and education providers across Shropshire, however we should also see a corresponding increase in children and young people having their needs met and achieving positive outcomes.
- 8.9 Adult Social Care has been able to demonstrate improved performance in the CQC inspection, in particular actions plans targeting waiting lists.
- 8.10 Children Social Care has seen a positive trajectory of children exiting care.
- 8.11 Early Help has seen an increase in referrals of 297%.
- 8.12 Stepping Stones have achieved savings through avoiding children becoming after and stepping children down from residential into a family setting of £4.321 million.

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

Local Member:

Appendices

Appendix 1 – EHCP Timeliness Report May 2024

Appendix 2 – Education Dashboard June 2024

Appendix 3 – ChAT report 17 June 2024

