



**People Overview and Scrutiny Committee**

**27<sup>th</sup> November 2024**

Item

**7**

Public



**Performance Monitoring Report Quarter 2**

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**1. Synopsis**

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**

The report will show data on key performance areas across the People’s Directorate, highlighting the areas of focus for the directorate.

**3. Recommendations**

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.

#### 4. Risk Assessment and Opportunities Appraisal

##### 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 to remain at home and be as independent as they can; annual fee reviews to support recruitment and retention.
Increased demand for EHC Needs Assessment leading to increases in the numbers of EHC plans, requests for specialist provision and delays to issuing new and amended EHC plans/identifying suitable provision.	<p>Review completed by the SEND and AP Partnership Board in April 2024 with clear action plans identified to recover EHCP timeliness (decisions within 20 weeks) and recover Annual Review timeliness (review every 12months).</p> <p>Progress in delivering the action plans is reported to the SEND and AP Partnership Board every meeting, along with waiting time information for all services.</p> <p>Expansion of specialist provision has already taken place in Shropshire (30%/c.150 pupil increase in special school places since Sept 22).</p> <p>Expansion of SEND Hub provision is also underway since April 2024. An additional 48 Hub places were created by September 24 in Hubs attached to mainstream schools. This programme will continue at pace during the 24/25 academic year onwards.</p> <p>Review of top-up funding levels for 25/26 onwards is also underway to promote inclusive mainstream practice in all state-funded schools and academies, ensure sufficient resources are available and encourage movement away from placement in high cost independent special school provision.</p>

#### 5. Financial Implications

Shropshire Council is currently managing an unprecedented financial position as budgeted for with the Medium Term Financial Strategy approved by Council on 29 February 2024 and detailed in our monitoring position presented to Cabinet on a monthly basis. This demonstrates that significant management action is required over the remainder of the financial year to ensure the Council's financial survival. While all Cabinet Reports provide the financial implications of decisions being taken, this may change as officers review the overall financial situation and make decisions aligned to financial survivability. Where non-essential spend is identified within the Council, this will be reduced. This may involve

- scaling down initiatives,
- changing the scope,
- delaying implementation, or
- extending delivery timescales.

#### Dedicated Schools Grant (DSG) funding implications

The review of education top up levels for 25/26 will have a financial impact on the Dedicated Schools Grant (DSG) High Needs Block, as resources will need to increasingly be focussed towards state-funded education settings to promote inclusive mainstream practice and strong state-funded SEND Hub and special school provision. A 4 year plan is in development to deliver a shift in spending on high cost independent special schools to greater numbers of children and young people being successfully educated in mainstream, mainstream with Hub or where necessary, state-funded special school provision. A draft plan will be shared with Schools Forum in January 2025 for review and comment to aid implementation. This plan is a key strategy to bring the DSG High Needs Block back into a balanced position, from the current deficit position of c.£7.4m, over the next 4 years commencing in April 25/26.

## 6. 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

## 7. Background

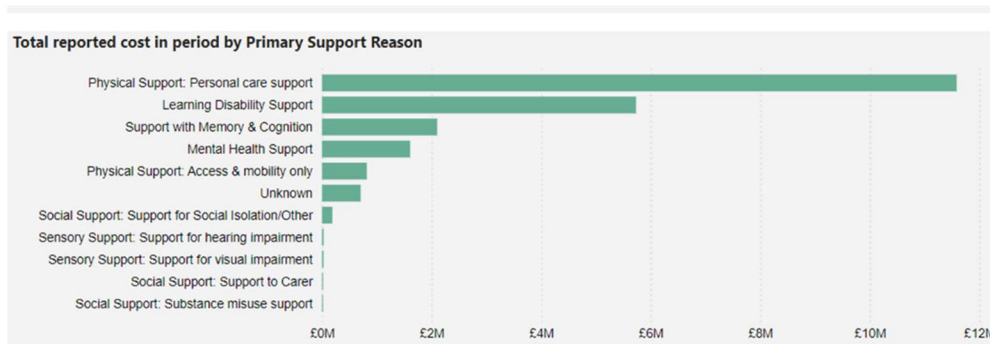
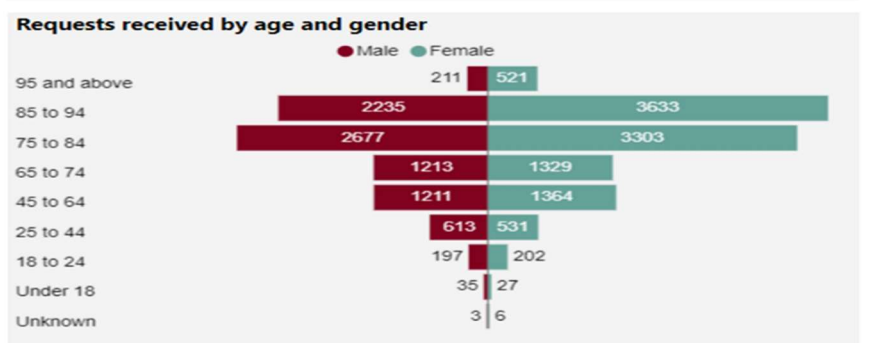
### Adult Social Care

The adult social care vision is to work with people early in their journey to reduce or delay the need for long term care We do this through providing people with the advice and information they require, supporting people to remain at home and be as independent as they can, using technology and reablement as an enabler to achieve this. We also work with people that have more complex needs and may be at the stage where they require long term support to meet their eligible needs.

The performance for the Quarter 2 report will focus on data extracted from Performance Dashboards, ASCOF data and the new client level data.

## Age and Demographic

The age range for requests to the service are higher in the 75+ age group and predictions for demographic demand in the future aligns with the current position in Adult Social Care.



The highest support reason for those accessing adult social care paid services is due to a physical and personal care support, followed by learning disability and memory and cognition needs. We understand the areas for demand and look at ways of managing demand effectively and supporting better outcomes for Shropshire residents accessing our services.

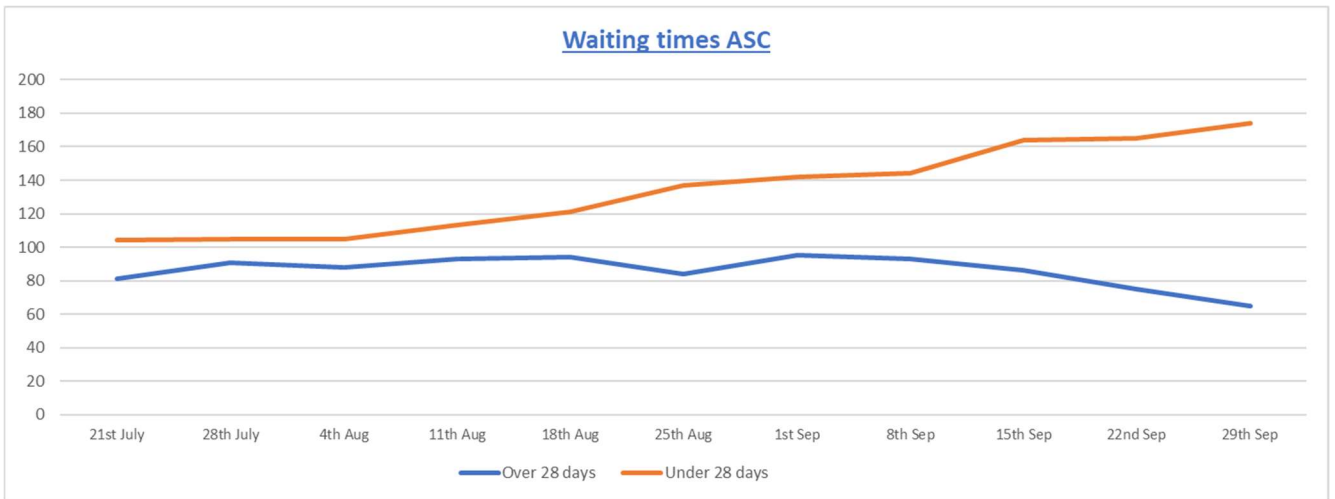
## Waiting Lists

We do not have wait times across the Community Mental Health teams, Redwoods Hospital, Preparation for Adulthood, Safeguarding, carers and the financial assessment team.

We continue to robustly manage waiting lists in Community Social Work teams through a RAG rating system; the community teams receive the highest number of referrals, approximately 140 per week. The last quarter showing higher levels of referrals with an increase in August.

The service has a target of assessment starting within 28 days of referral, with data showing that 72% of people are waiting less than 28 days.

We understand as a service that earlier intervention achieves better outcomes for individuals, and they are less likely to require high levels of support.



We monitor performance weekly and align to new allocations to ensure safe caseload allocation. We remain committed to supporting people at the earliest point focusing on preventing and reducing the need for people coming into the service, meaning that we can continue to reduce the time people are waiting.

### Reviews

We set a target to complete 75% reviews in 24/25, we recognise performance has improved from last year and we are putting in place more targeted action to review those not yet reviewed. This will include workers identified to specifically work on reviews for the next two months.

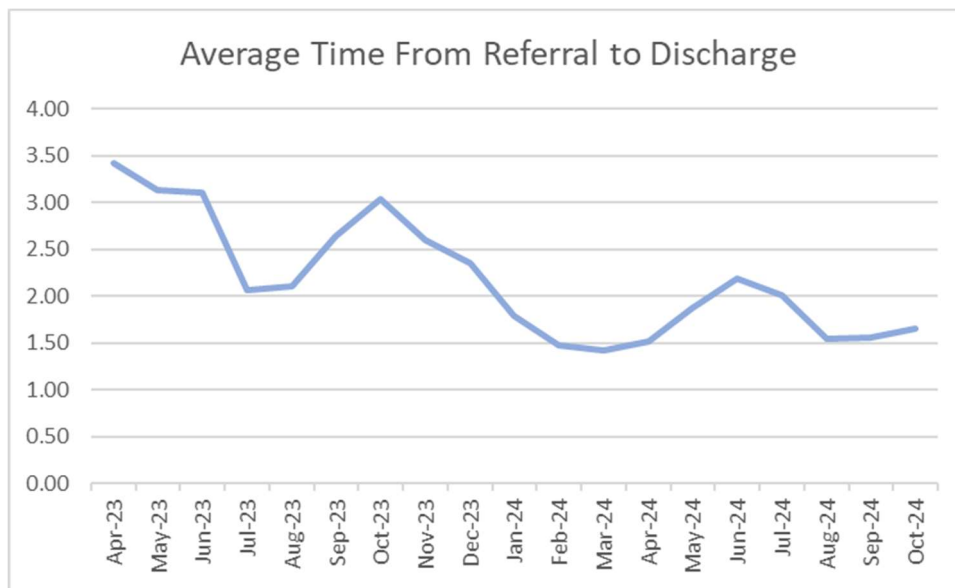
Within the category of people not yet reviewed there will be people that have received other interventions such as a reassessment. We aim to have data to reflect this in the future with the Power Bi dashboards.



### Hospital Discharge

Hospital discharges figures will vary in line with demand. The average time to support a discharge from referral to confirmed discharge is reducing. In 23/24 Shropshire Council delivered an average of 357 complex hospital discharges per month. So far in 24/25 we have achieved an average of 392 complex discharges per month.

Shropshire Council is working with partners to deliver the fastest discharge times for residents once we have received a referral stating individuals are ready to leave the Acute Hospitals. The work has resulted in significant improvement in the time it takes for Shropshire Council to arrange discharge. The average time for Shropshire to deliver care and support was 1.65 days after referral in October 2024:



Shropshire Council has been involved with partners to deliver a fully integrated Care Transfer Hub achieving the national objective. The hub went live in October and the aim is to support timely complex discharges, with the a ‘Home first’ approach. Using the Home First approach we reduced the number admissions to 24-hour care after hospital.

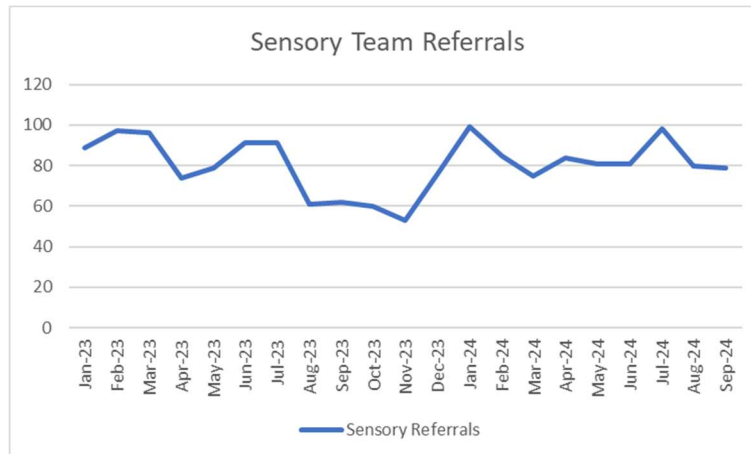
Shropshire Council has good performance and is achieving better outcomes for people who are discharged from hospital. 83.6% of people who use our short-term services and did not have care and support before admission, leave the service independent without the need for ongoing funded support. Data shows that 88.3% of Shropshire residents receiving support after hospital are still at home 91 days after discharge. These metrics are over and above the national average.

We are now seeing reduced spend in 24-hour care post hospital and support more people through reablement in their own home.

We continue to work with people who have been discharged to a care home and following a strengths-based review an average of 52% return home after a period of recovery and reablement.

## Sensory Impairment

The Sensory Impairment Team referral rates have consistently increased year on year since 2021, the referral average in 23/24 was 75 referrals per month, and so far in 24/25 the average has been 85 a month. The team review all referrals within 72 hours, currently 65.1% are reviewed within 48 hours with the remainder being reviewed within 72 hours.



In March we had 184 people waiting for assessment this reduced to 151 in October. The waitlist remains a priority; however, we continue to monitor the level of referrals and ensure people are receiving advice and information.

Overall, the team provide various equipment, such as white sticks, hearing loops and sensory adapted fire alarms. The purpose of the equipment is to enable individuals to live safely in their home environment and access the community to manage daily tasks and promote social inclusion. Since April 2023 the team have provided 321 people with 683 pieces of equipment and supported people to be able to use the equipment effectively.

## Preparing for Adulthood

The Preparing for Adulthood (PfA) team support young people to transition into adulthood and support is tailored to meet needs and aspirations, set goals and support to work towards them. Where it is likely that a young person will have care and support needs when they reach 18 a Care Act assessment can take place to ensure a smooth transition. The timing of the assessment is crucial to ensuring that a young person's needs at the point of turning 18 are assessed at the right level. We allocate at 17.5 years at the latest and have plans to incrementally lower the age of involvement. The aim is to support people earlier in their transition, for the most complex children and young people we start planning alongside children's colleagues from the age of 15.

A 'rising 16s' forum has been established across the People directorate, this has the priority work areas of: complex health needs, the early help offer, the PfA offer, 0-25s commissioning and housing and accommodation. Our aspiration is to work together operationally, strategically and through commissioning with young people and their carers from an early age to maximise independence for young people in communities, whilst also recognising the early help offer to our most complex young people.

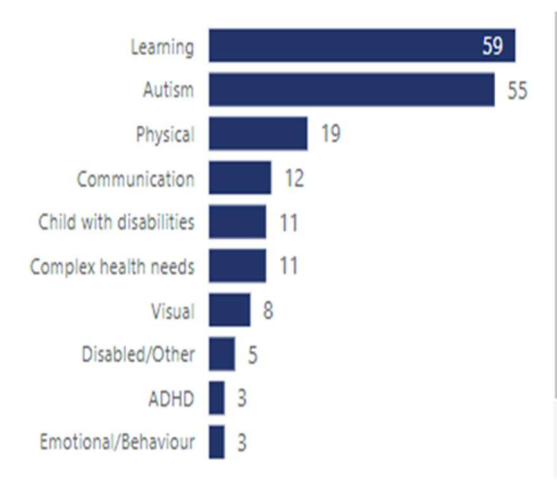
To enable us to support people sooner in their transition we are developing data systems to inform future demand for adult services over the next 5 years. This has helped us to understand the demand of children transitioning from the Disabled Children's team. We are developing the data further to include referrals from across Children's services and monitor self-referral or referrals received through our First Point of Contact. We are developing a 'early help' Preparation for Adulthood hub that will offer information, advice, 'Lets talk PfA' to Individuals and carers and support to internal teams who work with Individuals who are in a transitional age range (14-25).

Children Turning 18 in Following Years

Month	2024	2025	2026	2027	2028
January		3	1	3	2
February	1	1	6	6	
March	2	1		4	1
April	1	5	1	2	3
May	1	2	3	1	7
June	1	2	1	3	2
July	2	6	4	3	1
August	1	2	4	2	2
September	3	4	6	3	
October	1	1	3	1	
November			3	6	
December	5	4		2	

The joined up working with children's services and collectively reviewing the data will help understand the needs of our young people transitioning into adulthood.

Children with Disabilities





## Learning Disability

Building on the relationship-based model in PfA the Learning Disability and Autism team will focus on achieving the best outcomes for Individuals with a focus on inclusion, equal access and fulfilling lives. Individuals wishes and aspirations will be at the centre of their assessment through person centred planning, enabling people to be active citizens. Working within the directorate, the wider council, partners and people will codevelop sustainable models of community-based support to enable people to live safe, well and fulfilled lives in their communities.

The specialist Learning Disability and Autism team will work in partnership with the person, their family, carers and other professionals assessing and supporting a range of needs, maximising independence, reducing inequalities, improving care and support, reducing hospital admissions, and facilitating discharge planning. The team will be closely aligned to the Preparing for Adulthood service to embed key objectives from the two service areas to provide a sustainable model of support.

The PfA team works to the national workstreams, focusing on preparing for adulthood from the earliest years in the following areas:

- education, training and employment
- independent living
- friends, relationships and community
- good health

From the national Learning Disability strategy, the Learning Disability and Autism team has a vision of ‘transforming every day lives’ will have key outcome and impact areas of:

- good health
- employment, education and leisure
- housing and accommodation
- meaningful relationships and community-based support

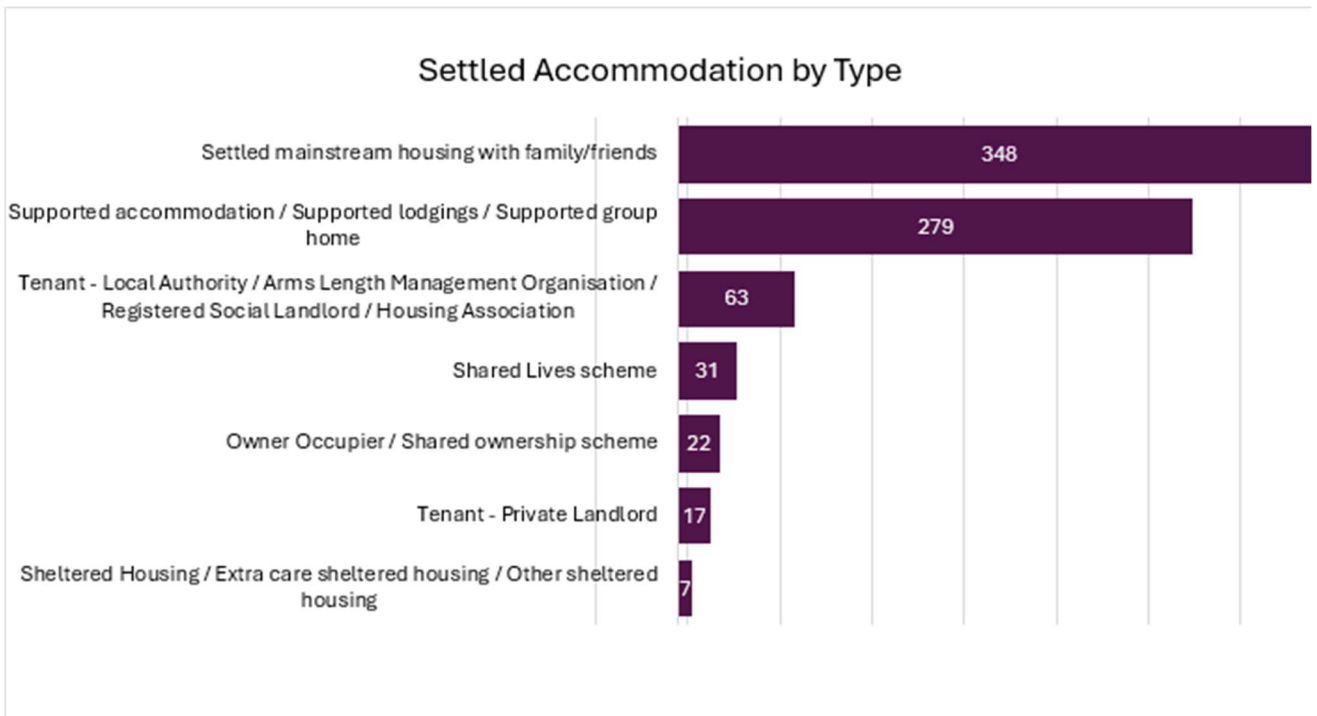
Also taken from the national priorities the team will support Autistic people with a learning disability and assess and support carers in their role.

The outcome measures are established within public facing data for support to live at home and employment (ASCOF), and our local performance dashboard will be developed to capture timeliness of assessment, reviews, support closer to home and models of support used to meet needs. Most importantly the vision and outcome measures will show a moving improved outcome away from ‘traditional’ services to enabling people to do ordinary things in ordinary places, living their best lives within their own communities with networks of support and meaningful relationships.

The Learning Disability team will be established with the transfer of workers between October and the end of the financial year. Individuals supported by the team will transfer over in a phased approach as the team is established. We have analysed the data to ensure we prioritise the allocation of Individuals whilst the team is established.

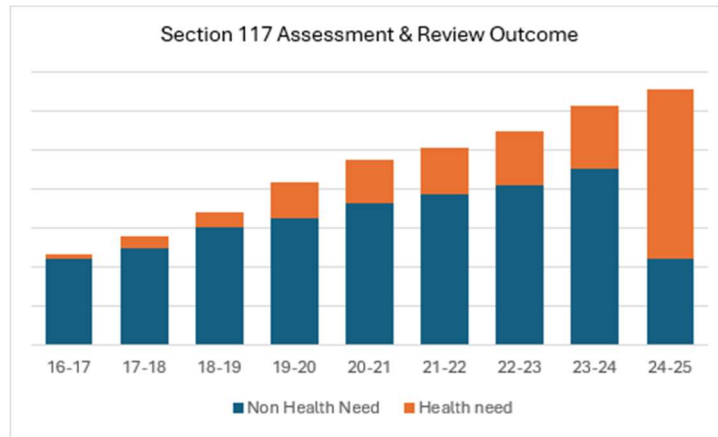
Prior to establishing the Learning Disability and Autism team, social work support to Individuals and their carers was undertaken in the community teams for adults. We have sustained good performance in both Learning Disability ASCOF measures: employment and settled accommodation and will be working to improve community-based support.

As a high performer in the ASCOF measure for Individuals living in their own home we exceed the national performance of 80.5% at 87.78%. In Shropshire, this is broken down below detailing accommodation types within people’s own family home and tenancies.



Within the last monitoring period we have worked with commissioning colleagues to review individuals using Supported Living and Day Services for the transformation program. The Supported Living reviews have enabled Individuals to optimise their independence, this has been done through enhancing support with technology as well as exploring new opportunities for community-based support.

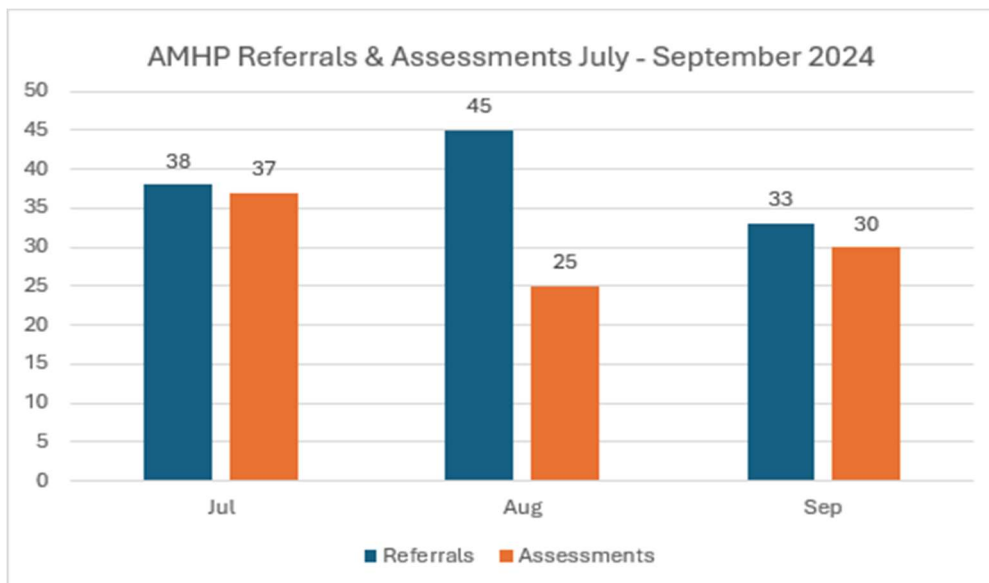
**Mental Health**



The Mental Health team have conducted a focused piece of work over the past 12 months in relation to section 117 aftercare of the Mental Health Act 1983 so that we understand the change in trends and needs of individuals. The outcome of section 117 assessments and reviews are clearly identifying the complexity of individuals and funding support outcomes. We work collaboratively with partners and ensure needs are being met by the appropriate agency through a multi-disciplinary approach.

The Mental Health service has also been identifying people that could be supported with a direct payment and have improved performance in this area. The proportion of adults now receiving a direct payment open to this service has increased compared to previous years.

**Approved Mental Health Professional: AMHP**



The Mental Health Act (section13.1) states that the Mental Health Professional ‘must consider the patients case’. In line with this duty the AMHP hub offers a preventative approach. This includes working with people who are involved with the person, discussions with other professionals such as the GP or nurse, including the possibility of undertaking a visit, or increasing support to the person. The AMHP hub embeds this approach and

maintains a person-centred focus. The graph above shows that on average we that not all referrals lead to a Mental health Act assessment.

### Safeguarding team

The Safeguarding team have continued to operate without a waiting list with practitioners providing positive feedback around the process. Additionally, we have maintained our performance in Making Safeguarding Personal (sector-led initiative which aims to develop outcomes focus to safeguarding work) with 91% of outcomes achieved when identified by the person.

The team meets regularly to discuss operational difficulties and adapt the model to the volume of work. During the last quarter we received 687 contacts surrounding safeguarding issues with 186 concerns being progressed to the safeguarding team.

The team continues to attend daily triage 'Pitstop' involving early multi-agency discussion exploring prevention and early intervention.

### Occupational Therapy Service (OT)

The OT service transferred to Adult Social Care (ASC) on the 29th of July 2024. As part of the transfer process the Adult Social Care management team completed 3 engagement sessions where staff were able to highlight challenges and explore alternative ways of working.

The team has already achieved a reduction in the waiting list by 12 % compared with August 2024 despite continued high demand for the service. The service waiting list consists of 781 people waiting for an OT assessment with 135 people waiting for low level equipment from the Independent Living Support team.

We have worked with ADASS to identify ways of working to support the team to manage its demand and opportunities of now being part of the wider adult social care service.

### Carers

The carers register is increasing month by month and currently stands at 1965 carers. We use this to support and keep in touch with people, to signpost, and provide information and updates. The team became an All-Age Carers team when the young carers team and resources transferred in April 2024. There is increased support for young carers, and we have seen an increase in referrals.

The team are looking at providing basic training for carers so they can move and handle the cared for person safely and provide basic first aid in times of crisis. Carers Rights Day takes place on 21 November and will include various events to raise awareness generally and for carers in respect of their rights.

We are also linking in with the team to see how technology could support carers as well as piloting the team to deliver carers assessments in the future.

### Commissioning

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.

The purpose of the All-age Commissioning structure 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, with staff undertaking induction activities and shaping their workplans for the new Start Well, Live Well and Age Well portfolios.

Advocacy services have been recommissioned recently and some changes in providers are being mobilised and managed as a result. Voiceability will be delivering all statutory advocacy services for adult social care from the 1<sup>st</sup> November 2024 (including Care Act advocacy, IMCA, VRPR and paid RPR in addition to existing IMHA service).

The advice advocacy and welfare benefits service will continue to be delivered by the Citizens Advice Shropshire (CAS) consortium including Age UK, Taking Part and A4U, following the recommissioning process.

The Technology Enabled Care programme goes from strength to strength. The £1.2m Care Tech funding is supporting 80 people with Genie devices and 30 people with Carebuilder over the next 2 years. The Virtual Care Delivery programme (VCD) has now supported 140 people during year 1 of the delivery. A reminder that we are one of only four Local Authority's awarded £1.2m technology funding.

A new team of TEC specialist has been formed, and 3 posts have now been filled, with a TEC Coordinator post also in place to support. It is hoped the team will act as advocates and increase the referrals into the programme and understanding, adoption of TEC and awareness across the 3 Community Teams in ASC.

### Contract and Quality Assurance

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%).

The Contracts Team is undergoing a transformation project to improve quality assurance processes and contract management oversight. A Quality Assurance Framework is being drafted alongside work to develop a Social Care Risk Assessment Dashboard drawing in support from Business Insights and Intelligence.

We have monthly Market Quality assurance meetings where we maintain an overview of the market quality issues, themes and areas for development. Additionally, information sharing meetings are held quarterly with Shropshire Council, Telford & Wrekin Council, ICB, CQC and Healthwatch in attendance.

### Business Team

Children's Finance Functions has transitioned to the People Payments Team. This was discussed at a previous committee, and it has resulted in released business capacity that has been redirected back into operations, with social workers also being able to focus on their core business and not administration tasks. Improved recording practice on the finance

functions has enhanced the accuracy and transparency of our financial transactions and reports.

The transfer of finance functions to the payments team has brought two benefits: it has improved the data quality by minimizing errors and inconsistencies in our financial records, and it has enhanced the collaboration and communication between operational and business teams, leading to better service delivery to our providers and more focus on the core social work tasks for our social workers.

We are currently in the planning stages to implement a Provider Portal which is a secure web interface designed to facilitate the exchange of information and documents between the local authority and its social care providers. After successfully integrating the Bed Hub Team into Brokerage, our focus has been on leveraging technology to drive further improvements. We have accomplished this by transitioning approximately 80 providers onto the E-Brokerage Portal.

## Learning and Skills

### Securing Access to Education Provision

Promoting and facilitating access to Early Years education provision is a top priority for the partnership. This support is crucial for fostering positive social interactions, enhancing communication and language skills, and achieving broader developmental milestones at such a formative age. Additionally, we acknowledge that access to education serves as a protective factor for children and young people of all ages, especially those who are most vulnerable.

We are proud to have very high levels of code validation and take up for all Early Years providers. Shropshire is ranked 1<sup>st</sup> in the West Midlands and 4<sup>th</sup> Nationally for code validation for all year groups. In Shropshire 92.44% of parents who request a code convert this into free childcare provision (compared to 88% in the West Midlands and 87% nationally). The picture is similar for under 1's (88% vs 85% and 84%), 1-year olds (93% vs 89% and 88%), and 2-year-olds (93.46% vs 87% and 87%). 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 of 30hrs for all children from 9 months of age, we look forward to enabling even more children to experience high quality early years education and are confident we will meet our sufficiency duty in this area by September 2025.

In addition to recognising high levels of access to Early Years education, we can also celebrate the high quality of provision in Shropshire, where 100% of childminders are judged to be 'good' or 'outstanding' compared to 98% nationally and 98% of settings are graded 'good' or 'outstanding' by Ofsted compared to a national average of 97%.

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.

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.

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.

### Shropshire Virtual School

At the end of August 2023 Shropshire Virtual School was supporting 652 Children Looked After from year -2 to 13 (the year in which they turn 18). This amounts to a +13% change in overall numbers.

The academic year 2023-24 ended with 0 Permanent Exclusions for the 3<sup>rd</sup> consecutive year and 23 were prevented with the support of partnership working. This achievement was recognised in the OFSED Focus visit report July 2024.

Completion and Quality of PEPs has shown an upward trajectory with 97% Completion and 97.2% assessed as Good Quality by the end of the summer term.

Excellent attendance outcomes for indicators against statistical neighbours and national for CLA have been achieved.

LA	Overall absence percentage CLA	Overall absence percentage CLA	Overall absence percentage CLA
	31st March 2021	31st March 2022	31st March 2023
<b>Shropshire</b>	8.40%	8.00%	6.90%
<b>Herefordshire</b>	10.90%	9.60%	7.90%
<b>Devon</b>	No data	9.80%	9.90%
<b>Dorset</b>	No data	9.10%	9.90%
<b>National</b>	9.10%	7.80%	9.80%

<https://explore-education-statistics.service.gov.uk/data-tables/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england/2023?subjectId=7344bd3a-2cc4-4b62-85d0-08dc5d2e18da>

### **End of Key Stage 2 Results (SSD903 unvalidated)**

As 2019 was the last year pre-covid in which SATs were undertaken as actual tests it is important to take that into consideration and the DFE stipulated that comparisons are not made with that year. It is also important to take into account cohort profile and size (33 in 2024 compared to 25 in 2023) and it is generally understood due to the transience of looked-after children that comparing one year's outcomes to another should be considered in the context of significant statistical variances.

Only 4% of the cohort were predicted in the autumn term to achieve the Expected Standard (EXS) in the Combined Measure (Reading, Writing and Maths). The cohort picture is 27.3% of this group had an EHCP with a further 3 pupils in ECHNA process during SATs and 7 more with identified SEN support. This meant that the Virtual School had to intensively focus on this group through Pupil Progress Meetings in 2023-24 and there is a picture of Accelerated Progress with children supported to make significant gains including a +25% gain in Writing and +22% gain in Reading) through the year but with a low Combined score. The data suggests that the gap between Shropshire all learners and CLA this year has positively narrowed in Writing by 2.7%, stayed broadly in line for Reading, but widened for Maths.

### End of Key Stage 4 Results (SSD903 unvalidated)

Initial and unvalidated data indicates our young people at the end of Key Stage 4 in Summer 2024 (SSD903 cohort) achieved the following:

- 13% achieved 5 GCSEs at grades 9-5 including English and Maths, compared to 4.2% last year.
- Significant gains were made in Maths outcomes this year for both indicators of grades 4 and 5 or above.
- There was an improved percentage of children achieving grades 5 or above in both Maths and English

Achievement by indicator for SSD903	English grade 4 or above	English grade 5 or above	Maths grade 4 or above	Maths grade 5 or above	English and Maths both at grades 4 or above	Eng + Maths both at grades 5 or above	5 GCSEs at grades 9-4 inc E+M	5 GCSEs at grades 9-5 inc E+M
Summer 2024 (unverified) cohort of 46	30.4%	20%	30.4%	17.4%	24%	13%	22%	13%
Summer 2023 (verified) cohort of 24	29.2%	16.7%	20.8%	8.3%	16.7%	4.2%	16.7%	4.2%

*Further information due from the Insight team will enable us to see how this compares to National and Regional Averages for CLA. These results may also change pending re-marks.*

Three out of four of our A Level pupils completed their course this summer, the one student who didn't sit his exams has been supported to switch to an Access to University course. Both of our young people who studied a Level 3 Applied General Qualification completed their course.

**Eleven young people are now studying A Levels and 2 young people have started at university this year.**



At the mid-September 2024 point there were 83% of Key Stage 5 students in education, employment or training (EET) and further enrolments are being supported. Of these confirmed as being in EET:

- 79% are in Higher Education
- 3% are in Employment.
- 1% are engaged part time in training or employment.

In September 2023 the Shropshire CLA NEET figure was 12%, it peaked in December at 22% and then dropped to 17% in January when new ESOL courses started.

The average monthly NEET figure for Shropshire CLA for December 23, January and February 24 was 19.7% or 80.3% in education, employment or training, using the same calculation as the DFE.

*(DFE comparisons are not yet available for individual LAs or by vulnerability, most recent data is end of 2022 [Participation in education, training and NEET age 16 to 17 by local authority, Academic year 2022/23 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics)).*

### Access to Education

Through a continued focus with school leaders and multi-agency partners there has been a significant reduction achieved in the number of permanent exclusions in the Autumn term so far. When compared with permanent exclusions in the same period of 2023 there has been a reduction of 65% in 2024. Additionally, there was a decrease in the number of children with SEND being permanently excluded - 42.9% compared to 50% last year. *(National data is due in November for comparisons)*

There is work underway to support children and young people to successfully reintegrate back into mainstream education following permanent exclusion. The Fair Access Protocol (FAP) was reviewed with all the Secondary Headteachers in 2023-24. FAP now operates with a triage process at the LA to ensure FAP is firstly the most appropriate place to bring a young person's situation, followed by a collaborative meeting with Heads which includes time for discussion as well as a vote to support decision making. The Working Group includes Secondary Headteachers, the Executive Headteacher of TMBSS, as well as LA officers. The group continues to meet to build on effective practice.

Suspensions have declined with a 9.52% reduction across all phases compared to the same period last year. The number of repeat suspensions has also reduced by 20% and the number of days is down by 25%. The Education Access Service remains fully committed to working together with school leaders to reduce the suspension and exclusion rates at all phases, particularly secondary.

The numbers of children being de-registered from school continues to grow; this is in line with national trends but has been lower than statistical neighbours. There are currently 664 children on the local authority list of home educated children with 6% having an EHCP and 21.54% being identified as having some special educational needs by their previous schools.

Robust monitoring and tracking arrangements are currently in place through the Education Access Service 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. A weekly multi-agency meeting takes place to review new de-registrations and contact is made with families by the Early Help and Support Team where appropriate.

Arrangements are in place to monitor and intervene for Children Missing Education (CME) to ensure their safety and enable them to swiftly access education provision. During the year 2023-24 there were 225 children categorised as CME, as at the October 2024 DfE census date there are 75 children on the CME register. There is no published comparative data for national and regional trends available at the time of compiling this report.

Currently there is a consultation with partners, including from Early Help, to develop improving access to inclusive support and advice across the county. A proposal is being put to Head Teachers currently for their views and feedback, specifically around pathways for Inclusion Advice Forum and TMBSS to increase regular timely, multi-disciplinary support and advice.

Additionally, a new way of ‘Working Together’ is being proposed to enhance integrated working through a fortnightly oversight & priority action from senior leaders with a focus on children with high vulnerability accessing and attending education. This will aim to support safeguarding through education being a protective factor (e.g. for children on child in need or protection plan who have severe absence of less than 50%) as well as improving access, inclusion and attendance outcomes overall.

### Admissions

The Admissions team developed a new In Year Admissions process for the LA and secured buy-in from all Shropshire schools. This new process returned to LA control on 1<sup>st</sup> September and has been very successful so far, processing 506 applications in the first few weeks and increasing to over 1100 by mid-October. This process will support improved safeguarding of children as the LA has increased information and can identify where children do not have a school place.

The Summary for Secondary Position from DFE data indicates that Shropshire outperformed both regional and national figures. Shropshire ranked 1<sup>st</sup> for any preference met across the West Midlands Region, this is an improvement from being ranked 4<sup>th</sup> last year. Data also indicates Shropshire being ranked as 3<sup>rd</sup> for 1<sup>st</sup> preference requests met across the West Midlands (which is the same position as last year).

Comparisons against statistical neighbours indicate that Shropshire, like last year, is ranked 9<sup>th</sup> for 1<sup>st</sup> Preference met and that Shropshire has shifted positively from 9<sup>th</sup> last year to 5<sup>th</sup> position for any preference met this year.

<b>Secondary % 1<sup>st</sup> Preferences Met</b>	<b>2024</b>
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Shropshire	<b>89.7</b>
West Midlands	<b>80</b>
England	<b>82.9</b>
<b>Secondary % Any Preference Met</b>	<b>2024</b>
Shropshire	<b>98.4</b>
West Midlands	<b>95.2</b>
England	<b>96</b>

The Summary of Primary Position from DFE data indicates that Shropshire outperformed both regional and national figures with a rank of 1<sup>st</sup> for 1<sup>st</sup> preference requests met and 2<sup>nd</sup> for any preference met across the West Midlands. Additionally, Shropshire ranked 2<sup>nd</sup> against our statistical neighbours for 1<sup>st</sup> preference met and 4<sup>th</sup> for any preference met, which is a significant improvement on previous years.

<b>Primary % 1<sup>st</sup> Preferences Met</b>	<b>2024</b>
Shropshire	98.25
West Midlands	93.8
England	93.16
<b>Primary % Any Preference Met</b>	<b>2024</b>
Shropshire	99.81
West Midlands	98.86
England	98.79

We would like to acknowledge the hard work, dedication, and commitment demonstrated by education settings and schools across Shropshire in keeping children safe and improving their outcomes

We remain dedicated to strengthening our focus on early intervention and prevention activities. This commitment aims to increase stability for every child or young person accessing education, especially those with the greatest vulnerabilities, as we recognise the protective benefits that education provides.

## [SEND Support, Inclusive Mainstream/SOAP and Education, Health and Care Plans](#)

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.

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 anticipated to be shared by the DfE on the allocations and guidance in this area for the 25/26 academic year, following the October 24 Budget statement.

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 by the Education Quality Advisors (SEND and AP) who have commenced employment in September 24.

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

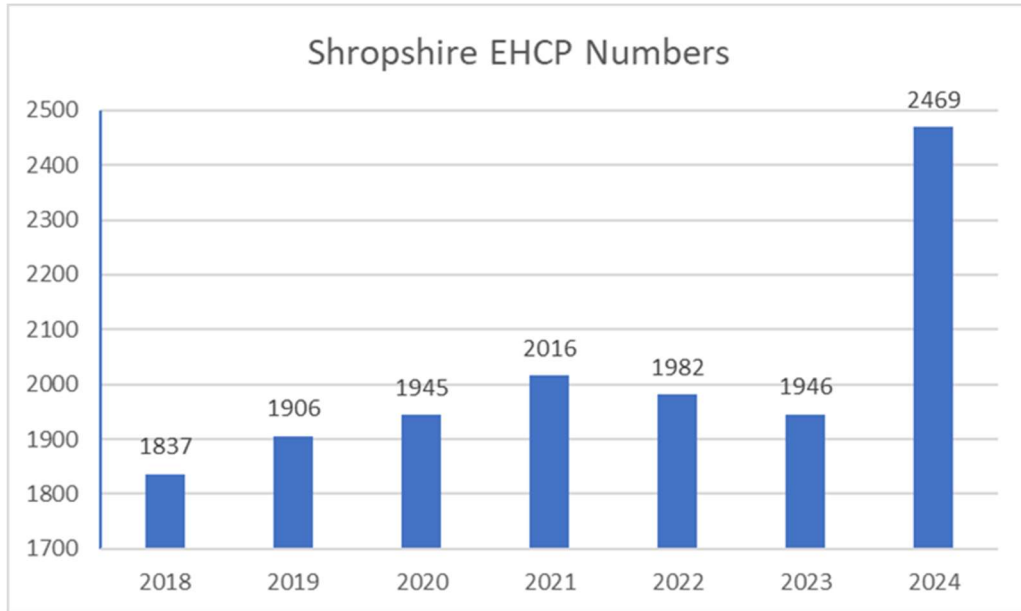
Since September 24, the Education Quality Advisors (EQA) have implemented a SEND and Inclusion newsletter for practitioners and professionals supporting Shropshire children and young people. The first edition was shared in October and will continue to be published on the Local Offer here [SEND and Inclusion Newsletter | Shropshire Council](#)

We are encouraged that the work already underway in Shropshire to support inclusive mainstream provision across all age ranges, appears to be strongly supported as the national direction of travel to address systemic challenges within the national SEND system. The recent speech from the Secretary of State for Education outlines this here [Bridget Phillipson's Speech to the Confederation of School Trusts - GOV.UK](#)

In addition, the National Audit Office also published a recent value for money report outlining the challenges present within the current national SEND system. The report is available here [Support for children and young people with special educational needs - NAO report](#)

**Overall numbers of children and young people with an Education, Health and Care plan (EHCP)**

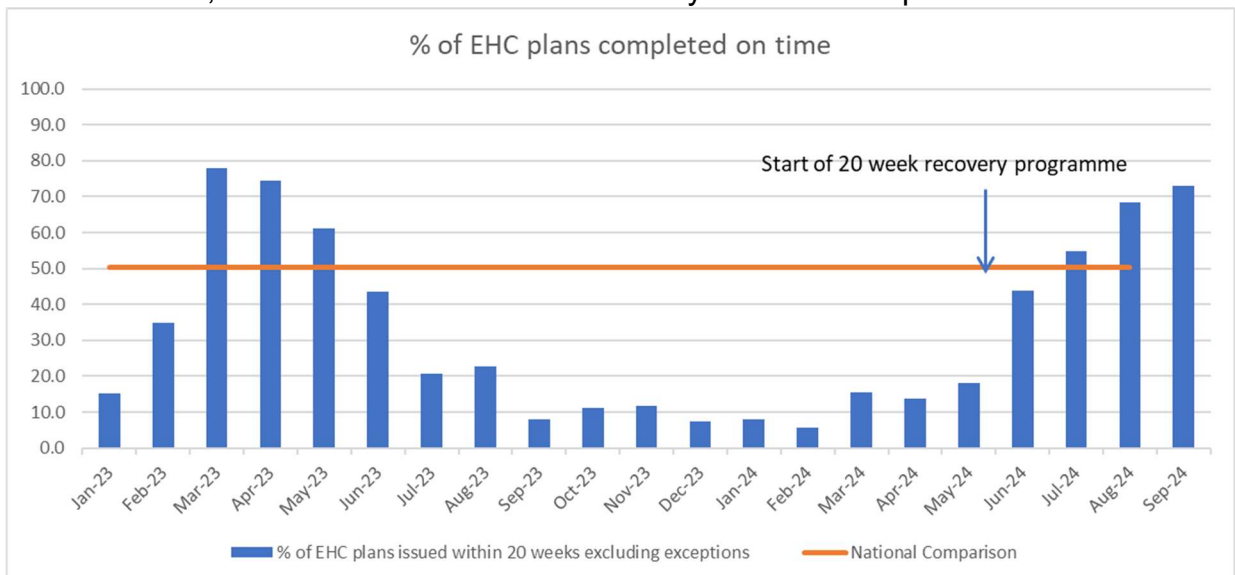
The following information is obtained from the annual national SEN2 data collection. This collection takes place in January and reflects the caseloads for the previous year.



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

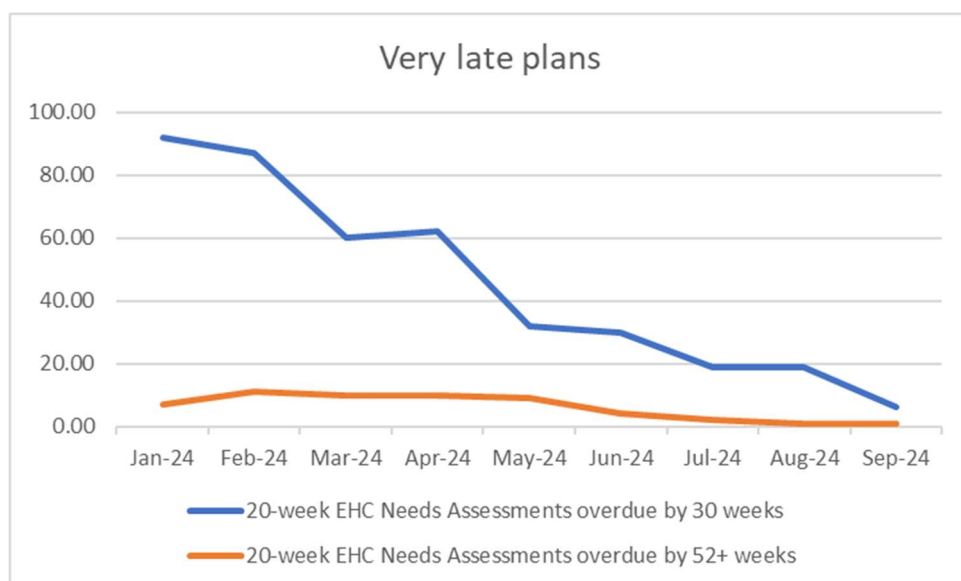
As work continues to support the effective identification and ability to meet the SEND needs of children and young people, Shropshire has seen a significant increase in the number of EHCP’s. Between Jan 23 and Jan 24, the number of EHCPs increased by 26.9% from 1946 to 2469. In 2022 new requests increased 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.

Since the implementation of the timeliness recovery plan for issuing new EHC plans within 20-weeks, we have seen significant improvement. At the point of implementation in May 2024 was 18.1%, this has now risen to over 70% by the end of September.



	Total	On time	% on time
<b>Aug 2023</b>	22	5	22.7%
<b>Sep 2023</b>	63	5	7.9%
<b>Oct 2023</b>	36	4	11.1%
<b>Nov 2023</b>	59	7	11.9%
<b>Dec 2023</b>	41	3	7.3%
<b>Jan 2024</b>	63	5	7.9%
<b>Feb 2024</b>	70	4	5.7%
<b>Mar 2024</b>	65	10	15.4%
<b>Apr 2024</b>	51	7	13.7%
<b>May 2024</b>	72	13	18.1%
<b>Jun 2024</b>	89	39	43.8%
<b>Jul 2024</b>	95	52	54.7%
<b>Aug 2024</b>	60	41	68.3%
<b>Sep 2024</b>	74	54	73.0%

In addition, we have also significantly reduced the number of EHC plans classed as ‘very late’ (already over 30 and 50 weeks), which demonstrates a clear focus across all areas of key activity.



Whilst we are encouraged by these improvements, we recognise that our recovery work must continue to ensure these improvements are embedded into business-as-usual practice moving forward so that we consistently deliver as close to 100% of EHC plans within 20 weeks as possible. This information is included in the Accelerated Progress Plan (APP) monitored by the DfE and NHSE.

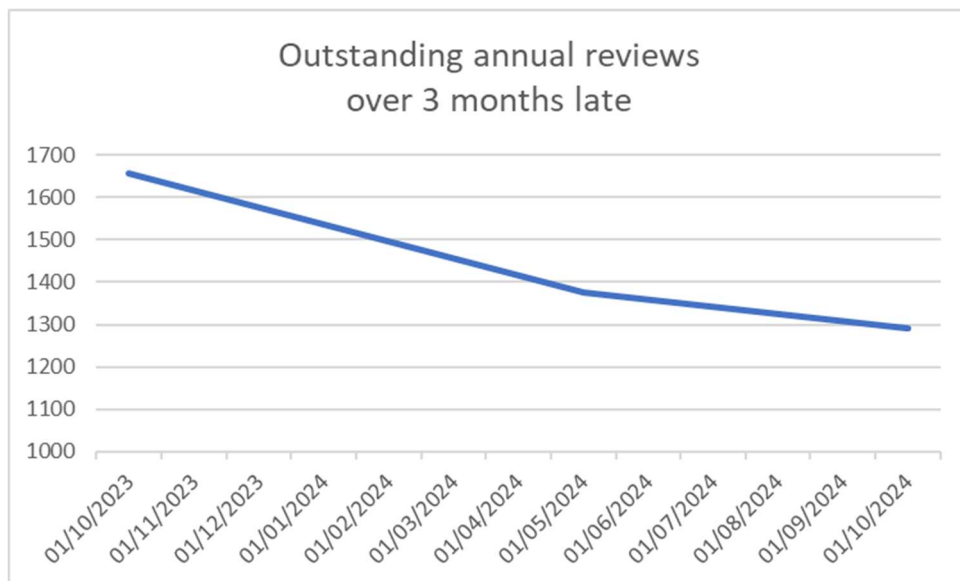
EHC plan advice monitoring takes place weekly to monitor advice requests and the timeliness they are provided in. This enables strong advice timeliness and provides opportunity for follow up by area leaders where required.

**Annual Reviews**

Annual Reviews continue to be a key priority for the Local Authority and SEND and AP Partnership Board, following the review and updating of the Annual Review recovery plan in June 24.

The recovery plan has resulted in some fixed term additional capacity being provided for the SEND team to ensure that we accelerate the process of ensuring every EHC plan has received an annual review (within 12 months) and where necessary amendments to the EHC plan have been made and a final EHC plan issued. This team will be in place by early November 24 and will focus on the c.1300 EHC plans that have not either received an annual review and/or the EHC plan has not been amended following the review. This work will focus on prioritising children and young people approaching phase transfer points (e.g. key stage moves, including primary to secondary) and those with the most complex needs.

An indication of the impact of the work that has already been completed is outlined below, with monthly monitoring underway within the Local Authority and shared with the SEND and AP Partnership Board each meeting.



### Quality of EHC plans

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.

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.

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

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

<b>EHCPs RATED GOOD OR BETTER</b>	<b>MAY-24</b>	<b>JUN-24</b>	<b>JUL-24</b>	<b>AUG-24</b>
% DRAFT EHCPs	86	94	96	93.75
% AMENDED EHCPs	98	93	90	91

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

### Feedback from children, young people, families and professionals

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 completed in preparation for the October 24 APP review meeting and PACC (Parent Carer Council). We can see that the improvements are starting to be recognised in the direct feedback collected by the services, for example, APP parental satisfaction survey results showed an increase in overall satisfaction from 46% to 51%.

We remain committed to securing consistently positive experiences for children, young people, and families.

Some examples of direct feedback from families and professionals are included below.

*"This was more straightforward than I thought it would be. I was consulted at various points though out the process of putting it in place and I was able to get questions answered quickly by the early years team" Parent Carer feedback Sept 2024*

*"Overall, the process to gain my child's EHCP was very straightforward and helped him get into a school that is able to help him so more than happy with this." Parent Carer feedback Sept 2024*

*"Everyone I have contact with has been helpful and supportive. My son's EHCNA was produced very quickly, which has made a big difference. I have been very pleased with the service I have received, Many thanks." Parent Carer feedback October 2024*



*"Very helpful team. Felt supported and included all the way. Thanks." Parent Carer feedback July 2024*

*"Very grateful that all the information was accurately collected and the outcome was as I hoped it would be and in the best interest of my Son ." Parent Carer feedback June 2024*

*"One particular case worker goes above and beyond and works incredibly well with other professionals. .... sets a perfect example of how working together can achieve the best for the child/ young person." Quote from OT Sept 2024*

We are also increasingly engaging directly with children and young people to gain their views, including their views on their EHC plan and the impact this is making. The latest feedback provided is included below and we will continue to embed this approach to increase the numbers of children and young people sharing their views.

	I feel happy	I feel safe	I feel that I am learning	I feel listened to by the adults around me	I feel that my strengths are recognised
% Very like me	50	60	50	50	50
% a little like me	30	30	30	40	40
% Neutral/not sure	10	0	0	10	0
% Not much like me	10	0	20	0	10
% Not at all like me	0	10	0	0	0

I feel that people understand me and what helps me	I feel welcomed and included by other people	I feel that I am moving towards goals that are important to me	% Overall
40	70	70	55
40	30	10	31.25
10	0	10	5
10	0	10	7.5
0	0	0	1.25

### [SEND Dashboard Development](#)

As part of the transformation programme, reviewing the need to automate and digitise our data and outputs is now underway. The SEND and AP dashboard is currently being developed in line with APP requirements, considering data required for Ofsted/CQC Area SEND inspection framework Annex A to be accessible in real time and national requirements.

A draft of the range of indicators to be included in the dashboard has been developed and shared with the SEND and AP Partnership Board for review and comment. The draft indicators have been included as appendix 2. Officers across the local area (LA, health, education and social care/early help) are engaged in bringing the data together to provide a working example of the dashboard in early 2025.

Our data accuracy is paramount and review of efficiencies around collecting data is also being reviewed in line with Dashboard developments and Inspection Preparation.

## Children's

Last Quarter the CHaT Data Tool was shared with Committee Members and there was an agreed action, that a briefing session was necessary to enable Members of the committee to be able to be walked through the complex data set and could ask questions. This briefing has not yet been able to be convened and will be before the next Committee meeting.

For the purpose of this report the focus is on the demand and activity performance of Children's Social Care.

The Early Help Transformation Programme commenced in April 2022. The Early Help Front Door including The Early Help and Support Team (EHAST) went live, following a pilot, on 6<sup>th</sup> September 2023 and the full Early Help restructure went live in May 2024. This has resulted in contacts to Early Help increasing by 297% on previous years. Less than 20% of families worked with in EHAST go on to need input from Targeted Early Help, ensuring that families receive the right help, at the right level and at the earliest opportunity. We have also seen an 83% increase in families worked with, the rereferral rate to Targeted Early help is less than 10% meaning that when families receive Early Help now it is impactful and escalation to Children’s Social Care is significantly reducing.

Early Help continues to work collaboratively with Public Health to strengthen partnership working. This includes the development of Community and Family Hubs, with a whole family all age approach to ensure that family needs are met holistically and avoiding the need for more costly acute interventions. Open Access Clinics have been rolled out across the County, with 30 – 40 babies attending each session in every area with their parents. This support has enabled health visitors to reintroduce antenatal visits for parents, which can help to identify when they need help and support prior to birth. Feedback from partners and families on the work being undertaken within Early Help has been extremely positive.

The data is starting to demonstrate that there is a shift in demand through contact and referrals.

## Contacts and Referrals



Contacts are when information is shared with Compass or a request for help and support at Level 1,2 or 3 is made. They come from a wide range of sources including partner agencies, families, members of the public etc.



Referrals relate to information being shared that requires consideration of a social work assessment, so a threshold is met that raises concerns about the child being in need or at risk of significant harm, level 4 intervention.



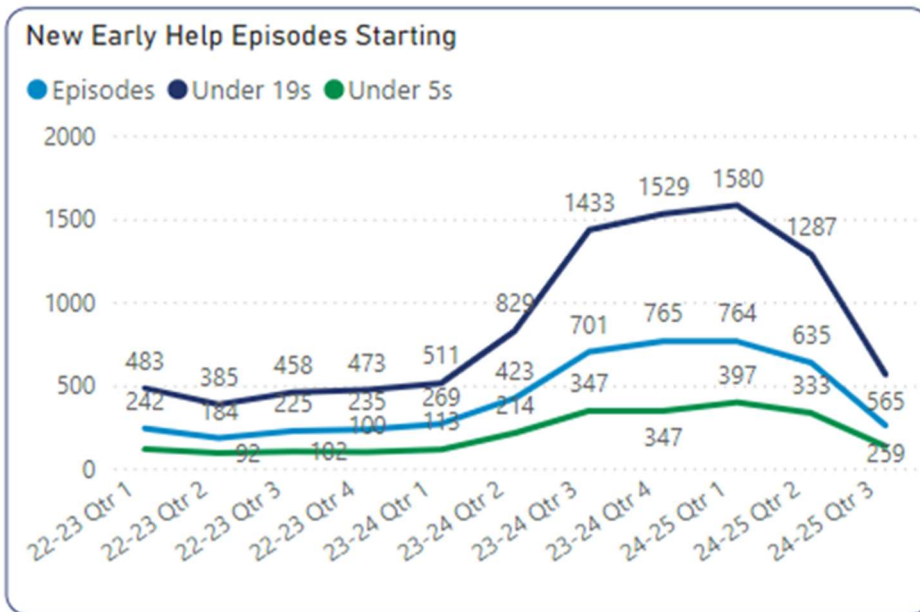
Above is re-referrals – where there has been a previous referral to this one in the past 12 months.

Contacts and referrals have both shown similar trends to the previous year, though are lower in both. Our referrals have dropped in quarter two, and our re-referral rate has dropped from 13% to 11% over the last month. This would indicate that we deal referrals appropriately and whatever intervention is taken it is effective. Re-referral rate is below national and statistical neighbour average.

There has been a significant amount of work undertaken with partner agencies as part of the Early Help Transformation to support understanding of when Early Help is the best and then through the Early Help and Support Team (EHAST) at the front door ensuring a response is swift and what families need. EHAST went live Sept 2023 and started this work whilst the rest of the transformation happened, at the point in May when, the transformation went live we have seen a significant drop in numbers and shift in trajectory, tracking below last year's contact numbers.

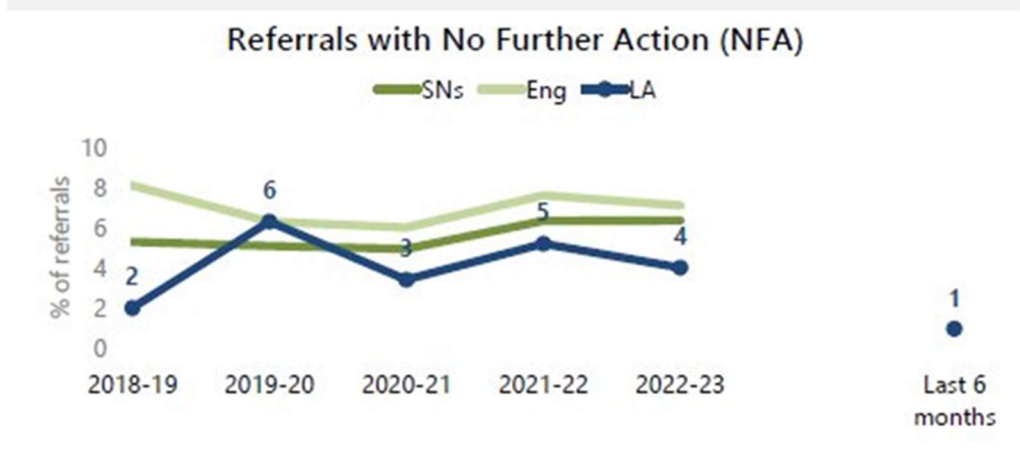
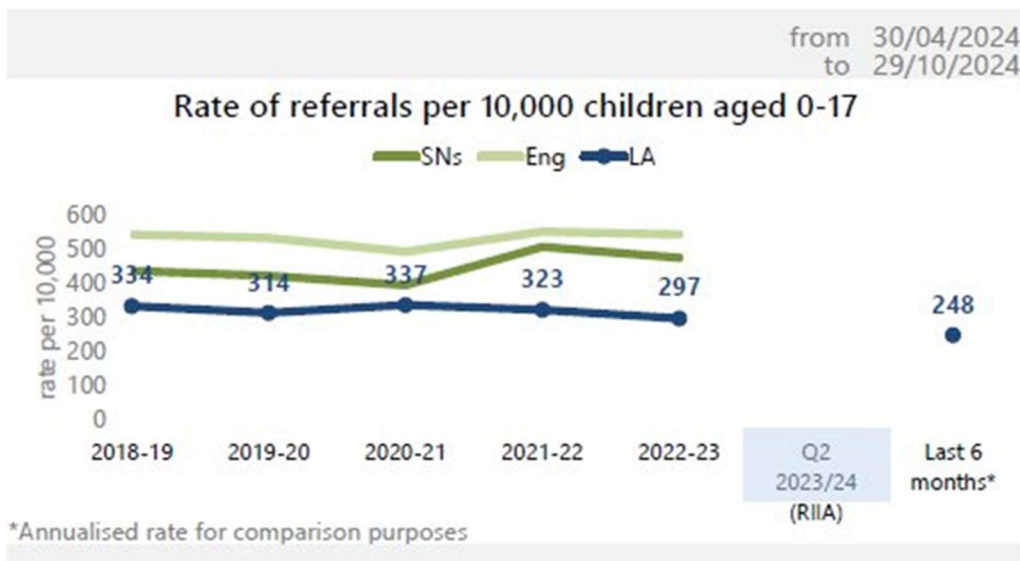
A few weeks after the Early Help Transformation went live, we saw a shift in trajectory for referrals, these are now also tracking below last year's numbers.

This is early days, in the new service delivery model for Early help, but the combination of EHAST and Early Help Transformation seems to be having the intended impact on demand coming into the front door, ensuring that families are offered the early help at the earliest opportunity, remembering that they have to agree to help and support.



### Referral Rates

Referral Rates over time are a key measure and for many years we have tracked below national and statistical neighbour averages, and we are seeing the drop in the last 6 months continue that trend. (The 2023/24 data has just been published but not in time for this report.)

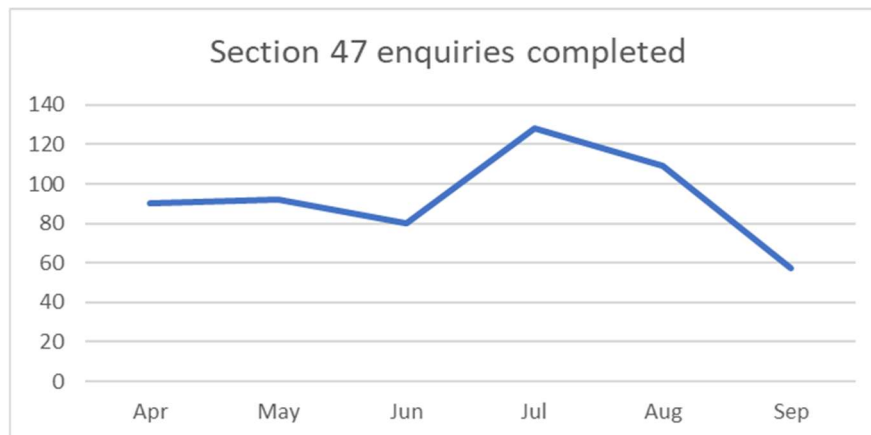


Our referral rate per 10,000 children in the population has reduced further, keeping us below our statistical neighbours’ and national rates.

Our percentage of No Further Action remains very low and below our statistical neighbours’ and national rates. Meaning that a decision is made and an intervention is progressed, whether that is a step down to Early Help or to open for a social work assessment or a strategy discussion.

**Section 47 Enquiries**

Month	Section 47 enquiries completed
Apr	90
May	92
Jun	80
Jul	128
Aug	109
Sep	57



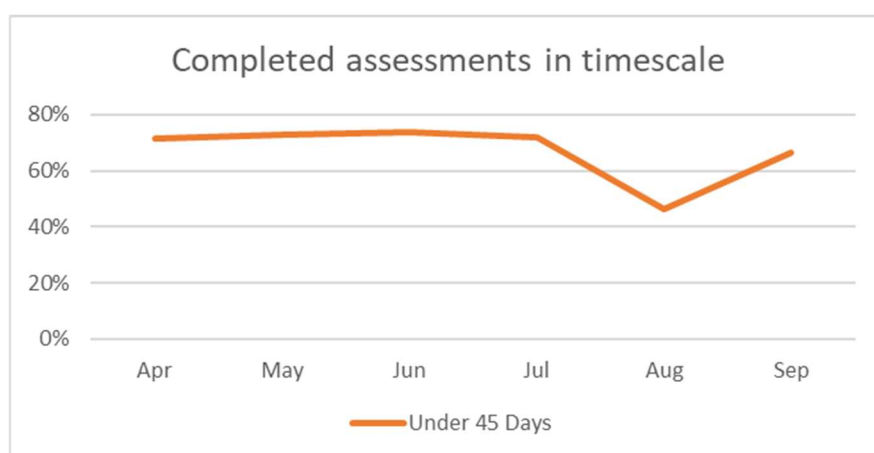
In previous reports to People Overview Committee the issue of complexity has been raised in relation to having an impact on caseloads of social workers, the number of sets of care proceedings and the number of children that have become looked after.

This chart & graph show a snap-shot of the first 6 months of this year.

A S47 is the investigative social work assessment that takes place after a strategy discussion is convened and partner agencies together have agreed the threshold for significant harm has been met, so a S47 investigation is required, the 6 months of this year have seen a significant spike over the summer of the need for these assessments.

### Assessment Timeliness

Month	Over 45 Days	Under 45 Days
Apr	29%	72%
May	27%	73%
Jun	26%	74%
Jul	28%	72%
Aug	54%	46%
Sep	34%	66%



The performance on this measure was especially low in August and September affecting the YTD figure.

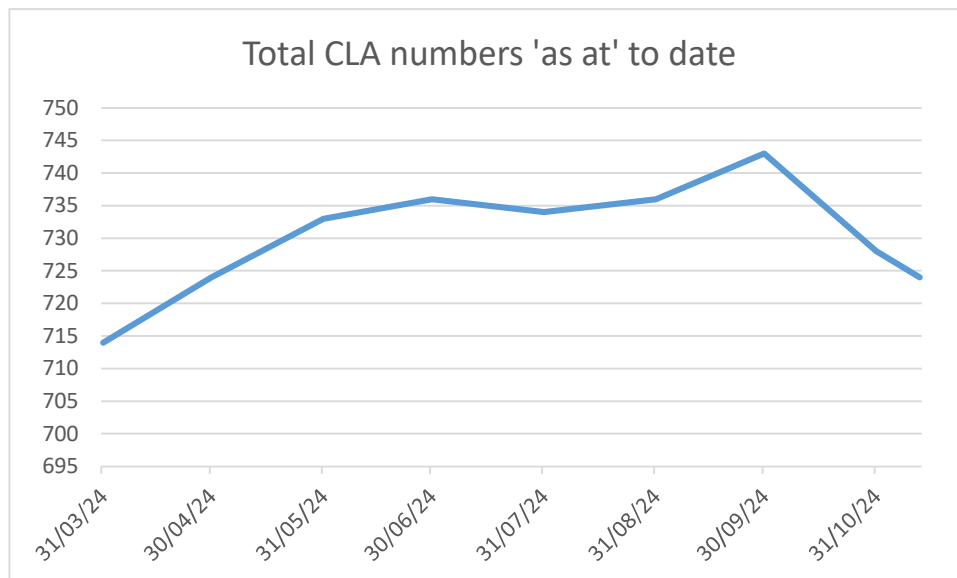
This coincides with an increase in average caseloads (including the increase in Section 47 assessments) within the assessment teams from 15 children at the end of April, to 24 by the end of June. It remained as high as 23 at the end of September

### Children Looked After numbers

Over the past 4 years there has been an increase in the numbers of children Shropshire Look after, the reasons behind this have included:

- A rise in 0-5 year olds being harmed and becoming looked after,
- A rise in Unaccompanied Asylum-Seeking Children being cared for by Shropshire. An increase in court timescales and duration of care proceedings.
- Increase in families with 3 or more children becoming looked after.

The rate of children starting to become looked after is starting to slow and stabilise; the high of 41/10,000 child population was in March '22 was followed by a rate of 35/10,000 in March '23, it is now at 36/10,000.



Child ceasing to be Looked After by the LA rate in March 2023 was 27/ 10,000 child population. Current rate for children ceasing to be looked after is 31/10,000. This increase shows excellent progress in ensuring children’s plans are completed and they can stop being looked after. Stepping Stones and focused work on concluding care proceedings has led to this increase, there is an expectation that the project focused on concluding Special Guardianship conversions and Placement with Parents discharges will add to this progress. Ensuring plans are completed is central to the work to stabilise and reduce the children looked after numbers. Over 85% of children looked after are subject to a court order, indicating the complexity and seriousness of the harm that children experience.

Children Looked After ‘as at a date’ rate is down from 127 per 10,000 at end Sep to 125/10,000 at end Oct, Actual Child looked After in Shropshire numbers in this period are down from 746 to 735. We continue to take a significant number of Unaccompanied Asylum-Seeking Children from the National Transfer scheme.

79% of children looked after are cared for within family settings. 11% are placed at home with their parents; this cohort of children are being reviewed and those where care orders can be discharged are being progressed.

### Grouped placement types of current CLA

Placement Type	Number of children	% of total
Foster placement - other	284	39%
Foster placement with relative or friend	197	27%
Residential	101	14%
Placed with parents	82	11%
Supported/semi-independent	46	6%
Placed for adoption	11	2%
Other	3	0%

## Court Proceedings

One of the areas of pressure in demand is that of court proceedings and the increase in the number of court proceedings being issued and active is impacting on social worker case loads.

At the time of writing there were 150 children in 86 families; with 22 children in 11 families waiting to be issued.

Out of the 150 children in live care proceedings, **110 children in 61 families** commenced proceedings since 1st April 2024. **159 children in 95 families** have concluded since 1st January 2024 to date.

The National timescale for all parties concluding care proceedings is 26 weeks, the new District Judge has had a refocus on this being achieved since coming into post, Out of 159 children, 35 concluded within 26 weeks (since 1st Jan 2024). Following this, 77 children concluded within 27-52 weeks (since 1st Jan).

When court proceedings go over 52 weeks, although there are many reasons this can happen, often complexity led, it does impact on case progression, includes an element of delay and impacts on case loads overall. So far this year 47 children concluded – 53 weeks and above (since 1st Jan).

Currently the longest case being in proceedings is a sibling group of 3 children at 145 weeks following a non- accidental injury to a child.

This year we have concluded Family 'X', which had an international element and took 155 weeks to conclude.

The issue of larger sibling groups has been highlighted previously, this year we have issued on 98 families since 1st January to date, 18 families that have been issued on have sibling group of 3 children or more. So just under 20% of families have 3 children or more.

Moving on to look at how many court cases that have progressed and concluded this year, 159 children in 95 families have concluded since 1st January 2024 to date.

By comparison looking at children concluded in past 2 years financial year 2023-2024- we concluded 161 children in 89 families, compared to financial year 2022-2023- we concluded 134 children in 80 families.

As a one Month in Year comparison – the Court Team (not including Case Management Teams) activity has been:-

In October 2022 – concluded 9 children in 5 sets of proceedings

In October 2023 – concluded 15 children in 7 sets of proceedings

In October 2024 – **concluded 35 children in 16** sets of proceedings



It can be seen from these numbers that the activity in relation to Care Proceedings, some of our most complex work, is significant and progress has been made in the progression and conclusion of proceedings. This is the result of a range of measures from the Judges approach and decision making, the improvement of management oversight and decision making and the court region Trailblazer project that is working with all parties in the court arena and offering high quality training to all the different participants.

Year on year Stepping Stones has continued to work to keep children from becoming looked after and additionally work with children living in residential homes to step them down into a family setting. Over the last three years the teams have achieved 130 children avoiding becoming looked after and 59 children have stepped down from a residential to a family setting. In total this has achieved a cost saving to the Council of £11.2 million.

## 8. Conclusions

Performance across the directorate continues to improve and action plans are in place where performance remains challenging.

Take up of Early Years entitlements for all ages remains strong and we are confident that we will meet our sufficiency duties for the requirements for 9 month year olds by September 25.

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 and in a strong position against statistical neighbours.

The return of In-Year Admissions to LA control from September 24 is already having a positive impact on ensuring the movement of children and young people between school is timely and managed consistently for families.

Positive improvements can be noted in attendance, suspensions and exclusions for all children and young people in Shropshire using indicative data for the 2023/24 and the start of the 2024/25 academic year.

Positive impact of the Shropshire Virtual School supporting strong education outcomes for Children Looked After, including securing stable placements and no permanent exclusions. This was recognised by Ofsted in the Focussed Visit in July 24.

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.

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).

Increased capacity for more specialist provision has been delivered by September 24 through expansion of the mainstream SEND Hub programme, with further expansion planned. However, there remain challenges with securing some placements for children and young people, particularly with the most complex needs.

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.

In Childrens Social Care we are seeing the start of the evidence of impact of the recent investment in Early Help and Stepping Stones, coupled with the focus on development of management oversight and progress of work in the court system to progress cases to conclusion, we are starting to see a shift in demand. It is important, when managing demand in children's social care, that there is a focus on progression and completion of work to ensure that children's outcomes are met but that also workloads can be managed. It is early stages and could easily be influenced by sudden increases in work coming in, sickness, changes in staffing etc, but the current trends identified in this report showing that incoming demand is decreasing, exiting activity is increasing and the most complex work in the system is progressing and concluding in a more timely way, that the 3 elements combined are seeing demand being managed and reduced. The next challenge is to continue to work with partners to become involved in the more complex situations at an earlier stage so that we can reduce the need to intervene through court proceedings.

In Adult Social Care managing demand and activity levels to improve outcomes across the service remains a priority. We have maintained no wait times for safeguarding, financial assessments, preparing for adulthood, carers and mental health services. We are continuing to manage wait times to our community teams, OT, sensory team through robust RAG rating and targeted actions. They have seen a reduction in wait times because of this work but require ongoing monitoring and action.

The reviews performance is currently on track to meet its target, and this work must be managed to reduce waits in addition to managing the wait times for people presenting to the service.

Hospital Discharge varies in demand coming through to the service. The team are supporting more people to return to their home following discharge, improving outcomes and reducing the time from referral to planned discharge.

There have been positive developments in the work across Preparing for Adulthood and the introduction of the new Learning Disability and Autism team with transition plans in place to the end of the financial year. The aim of the service to maximise independence, reduce inequalities, improving care and support, reducing hospital admissions, and facilitating discharge planning.

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

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**Local Member:**

**Appendices**

- 1. Education Dashboard 2024 – October 2024**
- 2. Draft SEND and AP Partnership Data Dashboard Indicators**