

Swindon Borough Council

Children's Health, Social Care and Education Overview and Scrutiny Committee

Wednesday, 29 March 2017

Venue: The Academy - Great Western Hospital

Meeting: At 6.00 p.m.

Conservative Councillors

*Gemma McCracken
(Chair)
Malcolm Davies
Colin Lovell
Barbara Parry
Gary Sumner*

Labour Councillors

*Fay Howard
Teresa Page
Carol Shelley
Nadine Watts*

Co-opted Representatives

Steve Colledge, Swindon Association of Secondary Headteachers
Mark Edwards, Healthwatch
Gary Evans, Swindon Association of Primary School Headteachers
Steve Henderson, Equalities Advisory Forum
Paul Morris, Swindon Parents & Carers Group
Alison Paul, Swindon Association of Special School Headteachers
Liz Townend, Church of England Diocese
Vacancy, Parent Governor
Vacancy, Catholic Church Diocese

Committee Officer: Rita Glen Gallo 463611
email: RGlen-Gallo@swindon.gov.uk

Swindon Borough Council can be contacted at the Civic Offices, Euclid Street,
Swindon, SN1 2JH (Telephone 01793 445500)

Access Arrangements - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

AGENDA

1. Apologies for Absence

2. Declarations of Interest

Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. Public Question Time

See explanatory note below. Please phone the Committee Officer whose name and number appears at the top of this agenda if you need further guidance.

4. Minutes (Pages 5 - 10)

To receive the minutes of the meeting held on 18th January 2017.

5. Progress Update of Youth Participation (Pages 11 - 16)

6. Swindon Clinical Commissioning Update Report (Pages 17 - 20)

7. Recruitment of Social Workers (Pages 21 - 30)

8. Joint Local Area SEND Inspection (Pages 31 - 40)

9. Children's Services Performance Report (Pages 41 - 64)

10. Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update (Pages 65 - 74)

11. Work Programme Report (Pages 75 - 100)

Date of Despatch: 16 March 2017

Public Question Time - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above or to the Director of Law and Democratic Services, we will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available on the Council's Website.

(<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>) or from the Committee Officer named above.

Terms of Reference:

- To fulfil all the functions of an overview and scrutiny committee as they relate to –
- the review, scrutiny and development of policy recommendations,
 - the management of performance,
 - the monitoring of progress towards delivering relevant strategies and corporate priorities, and

- the formulation of advice for the Cabinet, Council and other partners and stakeholders.
- To have specific responsibility for (but not limited to) the scrutiny of:–
- the performance of services for children towards agreed local and national Performance Indicators,
- the quality of provision and effectiveness of Local Authority strategies to raise standards of education within Swindon,
- specialist social services and integrated social services for children and young people in Swindon,
- the delivery of services to children and young people in Swindon generally.

In addition, as these relate to Children and Young People:

- the performance of services seeking to deliver healthy communities towards agreed local and national performance indicators,
- Health, health commissioning and service delivery,
- Public Health, Health promotion and the work of the Health and Wellbeing Board, and
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.
- Reducing Domestic Violence and Abuse
- Strategic issues around Licensing

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**CHILDREN'S HEALTH, SOCIAL CARE AND EDUCATION OVERVIEW AND
SCRUTINY COMMITTEE**

WEDNESDAY, 18 JANUARY 2017

PRESENT:- Councillors Gemma McCracken (Chair), Malcolm Davies, Fay Howard, Colin Lovell, Barbara Parry, Carol Shelley, Gary Sumner and Nadine Watts.

Mark Edwards (Healthwatch), Doug Morris (Swindon Parent and Cares Group), Alison Paul (Swindon Association of Special Schools Headteachers) and Liz Townend (Bristol Diocese).

Apologies for absence were received from Councillor Teresa Page and Steve Colledge (Swindon Association of Secondary Headteachers), Gary Evans (Swindon Association of Primary Headteachers), Michelle Howard (Equalities Advisory Forum) and Dr Wendy Woodhouse (Oxford Health NHS Foundation Trust).

Also Present: Councillor Fionuala Foley, Cabinet Member for Children's Services, and Gill May, (Executive Nurse, Clinical Commissioning Group), Peter Nathan (Head of Education Services), Karen Reeve (Director of Children's Services) and Maria Young (Head of Children, Families and Community Health).

30. Declarations of Interest

The Chair reminded members of the need to declare any known interests in any matters to be considered at the meeting.

Councillor Carol Shelley made a personal, non-prejudicial declaration of interest to agenda item 8 (Education Standards and Performance Report) in her capacity as governor of Swindon Academy.

31. Public Question Time

Mr. Paul Sunners, Swindon resident, submitted questions relating to the Swindon Challenge Board.

The Chair thanked Mr Sunners for his questions and advised that a written response would be provided.

32. Minutes

Resolved - That the minutes of the meeting held on 9th November 2016 be confirmed and signed as a correct record.

33. NHS Swindon Clinical Commissioning Group

The Head of Communications and Engagement, NHS Swindon, Clinical Commissioning Group (CCG), submitted a report updating the Committee on the performance and key issues relating to the service. Ms Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group (CCG), commented on the work

being undertaken to improve the Children's Mental Health Pathways and how this was being developed in line with the national ambition to have a tier less service, where assessments were faster and more seamless. She highlighted the additional project management being undertaken to address concerns regarding the pace of the review change.

Ms May drew attention to the strong participative work being undertaken with Great Western Trust regarding Autism Assessments and advised that a proposal was being submitted to the GWH governing body that would secure investment for a speech and language therapy and an educational psychologist. Ms May confirmed that an updated report will be circulated to the Committee covering additional data on patient waiting numbers and referral times.

In response to a query regarding service user involvement, Ms May confirmed plans were underway to improve engagement with children, young people, their parents and carers.

Resolved: (1) That the report be noted.

(2) That an updated report regarding the work being undertaken to improve Children's Mental Health Pathways, be circulated before the next meeting of the Committee.

(3) That further to (2) above, Members be requested to submit any questions that they might have to the Committee Officer for circulation to the Clinical Commissioning Group for response.

34. 30 Hours Free Childcare

The Strategic Planning Manager submitted a report informing the Committee of work being undertaken as part of Swindon Borough Council's role as an Early Implementer of the government initiative to offer working families '30 Hours Free Childcare'. Mr Gareth Cheal, Strategic Planning Manager, referred to the work being undertaken by the Council in support of this initiative by Ms Fiona Le Bon, Early Strategic Lead and Children Commissioner. Ms Le Bon advised that Swindon's work as an Early Implementer had been recognised by Caroline Dineage, MP, Minister for Early Years and Equalities, and that the scheme was being rolled out nationally in September 2017.

Ms Le Bon confirmed that the number of children participating in the scheme had increased and uptake was now at 85 per cent of the available places. She referred to the participants taking part in the trial, including Great Western Hospital and Thames Water Utilities, and advised that discussions were being undertaken with the Ministry of Defence staff take-up of this provision. Members noted that the scheme was well received by parents and Ms Le Bon highlighted the challenges in meeting the anticipated demand and the work being undertaken to encourage further take up. Mr Cheal commented on the Capital bid submitted to the Department for Education for a share of the £50m grant funding allocated to assist the delivery of the 30 Hour places by September 2017.

Following their introduction of the report, Mr Cheal and Ms Le Bon responded to members' questions and comments in respect of the following matters:

- The inclusion of childminders in the scheme.
- The offer of weekend childcare.

- Reasons for the low take-up of the scheme at Great Western Hospital and if car parking problems at the Hospital were a contributing factor.
- How shift workers within the various participating groups were encouraged to take up the scheme.
- Marketing of the scheme to encourage take-up.
- The breakdown of how the £150K was being allocated. Members noted that the scheme was self-financing.
- Work of the Engagement Officer in assisting families where English was a second language.
- The current exclusion from the scheme of Teaching and Early Years staff.
- The scheme would be on offer to all families from September 2017. This includes Teaching and Early Years staff with children.
- The participation in the scheme by the large nursery chains.
- The criteria for the scheme and confirmation that these would not change once it was implemented nationally.
- How any subsequent criteria change would affect parents of children with special needs.
- The availability of funding for providers to support children with special needs and their carers.

Resolved – (1) That the report be noted.

(2) That the work being undertaken to inform and shape government policy be noted.

(3) That the likely future demand from parents to access this entitlement when it was rolled out nationally from September 2017 be noted.

(4) That the Strategic Planning Manager be requested to circulate a breakdown of where the 360 pupils accepting the 30 Hour places were attending and a list of the schools willing to develop additional provision.

(5) That a vote of thanks to Ms Fiona Le Bon and Ms Danielle Maundrell, Education Place Planning Commissioner, be noted.

35. Young People's Participation in Education, Employment and Training

The Corporate Director, Economy, Regeneration and Skills, submitted a report detailing the actions taken to address the issues raised at the Children's Health, Social Care and Education Overview and Scrutiny Committee of 9th November 2016, regarding post-16 participation. Mr Martin Casey, Strategic Needs Analysis Consultant, introduced the report and he summarised for members the Participation Strategy work being undertaken with Swindon schools, colleges, other providers and council services that work together to minimise the number of young people who were not in education, employment or training (NEET).

Following his introduction of the report, Mr Casey responded to members' questions and comments in respect of the following matters:

- How schools and colleges' operate and deliver outcomes for young people. This included information on the restructuring at colleges, new leads working on this area and the work of the pastoral teams.
- Youth Engagement workers based within localities and the referral work they undertake with providers to help those who were Not in Education, Employment or Training.
- Data relating to young people attending for one term only due to inappropriate course choice and the follow-up work being conducted to

advise them and inform choices.

- The reasons why 223 young people were in the “unknown” category and the work being undertaken in relation to the new “NEET plus unknown” national indicator.
- Services provided by Job Centre Plus and the National Career Service and Level 3 providers. to assist young people in updating their curriculum vitae and prepare for further education or employment.
- The data accumulated over the past year indicating that young people with Special Educational Needs and Disability (SEND) were achieving better outcomes.
- The number of internship being offered by colleges.
- The role of the virtual headteacher and the impact of her work in schools and colleges, particularly regarding care leavers.

Resolved: (1) That the report be noted.

(2) That the Strategic Needs Analysis Consultant be requested to circulate information on the number of students who do not complete their first year in Further Education.

(3) That the Strategic Needs Analysis Consultant be requested to circulate data on the number of care leavers aged 16 to 18 who were in education, employment or training and that this be reflected by age to show actual number of young people.

36. Education Standards and Performance Report

The Head of Education Services submitted a report setting out how well Swindon children and young people had performed in their public assessments in primary and secondary schools. It highlighted where there have been improvements in performance and where there had been declines in standards. The Head of Education Services advised that the data provided a measure against national averages and included information on attendance and behaviour which could be an indicator of pupil and school performance. The report also included reference to Ofsted inspection outcomes. The Committee noted that the report reflected the work of the Education Strategy Board since its establishment in July 2015, and the new governance arrangements proposed for the Swindon Challenge Board.

Following his introduction of the report, The Head of Education Services responded to the members’ questions and comments in respect of the following matters:

- The publication of Key Stage 5 data by schools and colleges.
- The difference in remit between the Swindon Challenge Board and the Education Strategy Board and the success criteria for the Swindon Challenge Board.
- Methods of improving the quality of teaching and learning and how buddying up between teachers, recruiting the right staff and upskilling existing staff supports this.
- Future trends for Key Stage 1 and 2 data.
- The re-moderation of Year 6 exam data.
- Support for schools in improving progress for disadvantaged pupils.
- The ability of schools to support those children who do not have access to IT equipment at home.
- The effect of new schools opening in relation to established schools in Swindon.

- The degree of influence over academies and the relationship with them to improve standards.
- Collaborative working with out of borough schools to improve standards in Swindon schools.
- Proposals to improve the Council's engagement with staff at the new schools.

Resolved – That the report be noted.

37.

Work Programme

The Committee received a report from the Director of Law and Democratic Services detailing its updated work programme for the Municipal Year 2016/17.

Resolved – (1) That the report be noted.

(2) That the Head of Education Services be requested to circulate Key Stage 5 data once it was validated.

(3) That further to (2) above, the Head of Education Services be requested to include this information in a future report to the Committee in the next Municipal Year.

(4) That further to (2) above, if required, Members be requested to submit any questions they might have to the Committee Officer for circulation to the Head of Education Services for response.

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Progress Update of Youth Participation

Children's Health, Social Care and Education Overview & Scrutiny

Date: 29th March 2017

Author:	Project Manager – Swindon 10 to 18 Project (STEP)
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Committee with an update of performance and key issues relating to youth participation; Swindon's Members of Youth Parliament (MYPs), Swindon Youth Council, Young Inspectors and Thought Tank.
- 1.2 A key purpose of Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold Commissioners of Children's Health and Social Care Services to account.
- 1.3 This work links to the following One Swindon Priorities:
 - Everyone is enjoying sports, leisure and cultural opportunities
 - Improve health and wellbeing for all by widening participation in sports, leisure and cultural activities
 - Living independently, protected from harm, leading healthy lives and making a positive contribution
 - Increased community involvement so that everyone is able to make a positive contribution

2. Recommendations

The Committee is recommended to:

- 2.1 Continue to support the work of the Members of Youth Parliament, Swindon Youth Council, Thought Tank and the wider youth participation agenda across Swindon.
- 2.2 Make available opportunities for children and young people to contribute to the work streams of Health, Adults & Children Services Overview and Scrutiny Committee.
- 2.3 Agree when a further report on progress should be brought back to the committee.

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: swindonsteppad@aol.com

Progress Update of Youth Participation

Children's Health, Social Care and Education Overview & Scrutiny

Date: 29th March 2017

3. Detail

Swindon Members of Youth Parliament

- 3.1 The 'Emotional Health & Well-being Survey' has been completed with a total of 601 responses, 14 schools, special schools, colleges, and children and young people who are home schooled. 3% of respondents stated that if they needed support they did not know of anybody who could help, those that did, felt they had support favoured by family and friends in the first instance.

Other than family, school, friends, the internet or a doctor, over half were not aware of any other organisations who they could reach out to for support. 261 children and young people were aware of other avenues of support; however 16% were unsure how to access these services.

53 respondents were happy to say that they had accessed additional support, these included: TaMHS, CAMHS, School Counselling, STEP and support from social care, all were reasonably positive about their experiences, with 37% stating that services were 'Slightly Useful', 39% found services 'Useful', and 22% found them 'Very Useful'.

- 3.2 Following the findings of this survey, with a particular focus around service promotion, information and access; at the request of the Senior Public Health Manager, we have been asked to review and support current mental health and emotional well-being provision.

Phase 1

We will undertake a mapping exercise to understand the kinds of mental health and support services that are available in Swindon. We will run a children and young person led campaign, with the aim of promoting current services and reducing the stigma around mental health.

We will provide an up-to-date list of all mental health and support services – statutory, voluntary and private – available to children and young people within the Borough (including those accessed through GP surgeries).

The scope of this piece of work will gather information to include:

- General information about the service; it will include what is available and who it is for. Any restrictions to accessing the service (age, location, opening times etc;) where appropriate or practical
- Where they are, how to get in contact
- Referral process and what to expect if you use the service

Progress Update of Youth Participation

Children's Health, Social Care and Education Overview & Scrutiny

Date: 29th March 2017

- What it is like from a young person's viewpoint – inspections and client feedback
- Waiting times
- Universal services across the board that are available, to avoid going into crisis before help is needed

Objectives

- Carry out a minimum of three inspections of current service providers, alongside children and young people designed reviews; including Marlborough House (CAMHS Inpatient service) – reports will be forwarded to service managers with the expectation that young peoples recommendations will be actioned
- Database of support services available to children and young people created in a clear accessible format
- Promotional campaign designed by young people to highlight recommended services and points of information and access – distribution throughout schools, youth organisations and GWH (Great Western Hospital)
- Database and findings will be shared with Health, Social Care, Education, the Local Offer website and The Dock. This will feed into Community Children's Services Swindon Review and Children and Young People's Reference Group, currently working alongside Oxfordshire Health, to advise the CAMHS Procurement Board on what children and young people need from their child and adolescent mental health service for implementation on 1st April 2018.

Phase 2

We will carry out 'targeted' consultation with those dealing with well-being and mental health issues, as well as those who have no experience of services. Developing the original survey to include an additional focus around stigma and self-harm. We will create a 'working group', made up of young people aged 11 to 19, who will use the information gathered to develop a dual campaign – to support the promotional campaign in Phase 1 – using mixed media to educate, inform and dispel myths around mental health and self-harm.

The scope of the piece of work will gather information to include:

- To undertake a further 'targeted' consultation, building on the base line information gathered through the recent 'Mental Health & Emotional Well-being' survey, to assess the impact of the review of current provision and the promotional campaign

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: swindonsteppad@aol.com

Progress Update of Youth Participation

Children's Health, Social Care and Education Overview & Scrutiny

Date: 29th March 2017

- Understand how much stigma creates barriers to accessing help and support
- Gather information on the types of prejudice and lack of understanding exhibited amongst children and young people
- Gauge the best approach to tackle ignorance and discrimination amongst young people

Objectives

- Carry out a survey in schools with young people aged 11 – 16 years, to measure mental health related attitudes, knowledge and behaviour
 - Conduct focus groups with a number of young people to find out more about their experiences of mental health and mental health stigma; ensuring we capture the widest audience possible to include Lesbian, Gay, Bi-sexual, Transgender (LGBT), Black & Minority Ethnic (BME) and children looked after
 - Create a 'working group' of young people to produce a powerful mixed media campaign, challenging stigma, discrimination and dispelling myths around mental health and highlighting positive experiences and success stories
- 3.3 The Information gathered from the survey has also contributed to the work of The Children and Young People's Reference Group - a sub-group of the CAMHS Procurement Board - formed to commission a single provider of Child and Adolescent Mental Health Services across Bath & North East Somerset, Swindon and Wiltshire. Its role is to: participate in appointing a provider of a newly-commissioned Child and Adolescent Mental Health Service and work in partnership with the appointed provider to develop consultation activities with children and young people to develop the new service to be launched on 1st April 2018

Swindon Youth Council

- 3.4 The Swindon Youth Council has met three times this year with a core membership of 13 young people. 12 schools are currently represented and we have representation from young people in care, young carers, and young people with SEND.
- 3.5 The Youth Council has continued to work closely with hospital representatives and has researched and designed 'Useful websites for young people in Swindon' as part of the transitions Commissioning for Quality & Innovation (CQUIN) for the Great Western Hospital <http://www.gwh.nhs.uk/wards-and-services/a-to-z/transition-to-adult-care/useful-websites-for-young-people-in-swindon/>
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Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: swindonsteppad@aol.com

Progress Update of Youth Participation

Children's Health, Social Care and Education Overview & Scrutiny

Date: 29th March 2017

- 3.6 The Youth Council has also created a questionnaire to be used by GWH to obtain feedback about treatment experience and how to improve the experience for young people and to ensure they are providing a 'young person friendly' environment, scheduled for distribution, in Spring 2017.
- 3.7 During November, children in care and care leavers were given the opportunity by the Children's Commissioner to visit Whitehall and work alongside Members of Parliament. Aliyah who is a member of the Youth Council was selected to represent Swindon. She was given the opportunity of shadowing Gavin Barwell, (Minister of State for Housing and Planning) for the day on 17th November. Aaliyah attended various meetings, public events and met many ministerial staff at their government offices in London. Throughout the day Aaliyah impressed the Minister with her positivity, focus and interest in learning more about his role within Parliament.

4. Alternative Options

- 4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising from this report.

Legal and Human Rights Implications

- 5.2 There are no direct legal or human rights implications arising from this report.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no implications arising from this report.

Diversity Impact Assessment

- 5.4 A diversity risk assessment is not required as this is an ongoing service.

Risk Management

- 5.5 A risk assessment has not been completed as this report is not recommending a specific amendment to a policy or strategy.

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

Further information on the subject of this report can be obtained from Paul Dobson, Direct Dial: 01793 714042, email: swindonsteppad@aol.com

Progress Update of Youth Participation

Children's Health, Social Care and Education Overview & Scrutiny

Date: 29th March 2017

7. Background Papers

7.1 None

8. Appendices

8.1 None

NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and Education Overview & Scrutiny Committee

Date: 29 March 2017

Author:	Executive Nurse, Swindon CCG
Wards:	All Wards
Locality Affected:	All Locality Area
Parishes Affected:	All Parish Area

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education O&S Committee with an update of performance and key issues relating to Swindon CCG.
- 1.2 A key purpose of the Children's Health, Social Care and Education O&S Committee is to hold Commissioners of Health and Social Care Services to account.
- 1.3 Any Commissioner of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report.
- 2.2 Identify any areas of concern that require further investigation.

3. Detail

- 3.1 We updated the committee at the January 2017 meeting on the work being undertaken to improve the Children's Mental Health Pathways and develop them locally in line with national ambition integrating into a tier-less service to make assessments faster and more seamless.

Autistic Spectrum Disorders

- 3.2 National data identifies that the number of children diagnosed with Autism Spectrum Disorder (ASD) has doubled since 2004, highlighting a significant challenge for specialist services nationally. This is a trend that is also being evidenced in Swindon with significant wait times being experienced for children and their families in relation to ASD assessment.

Further information on the subject of this report can be obtained from Sally Smith, 01793 683700, communications@swindonccg.nhs.uk

NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and Education Overview & Scrutiny Committee

Date: 29 March 2017

GWH

- 3.3 A full review of the ASD pathway is underway, currently, there are 470 patients waiting for their first appointment within the GWH community paediatrics clinics and 351 booked first appointments. This totals 821 with an average waiting time of 41.8 weeks. Approximately 25% of children referred to the ASD service are discussed at the complex case meetings, where diagnosis requires a multi-agency discussion and cannot be completed by one clinician.
- 3.4 In response to the increased demand for ASD assessments and to support the required reduction in wait times, the CCG has agreed **£330,610 additional funding to procure the following additional resources:**
- 3.4.1 **£37,525k** to create an additional **Educational Psychologist Post** to operate on the ASD pathway. This will improve access to assessment and help to identify issues with the assessment of attachment or Learning Difficulties by greatly increasing the sensitivity and specificity of the diagnostic process.
- 3.4.2 **£100,000k** to fund 1 WTE Paediatric Consultant post within the GWH paediatric department. This will also reduce the number of un-booked appointments and average waiting times in the department and increase clinic capacity.
- 3.4.3 In addition, the CCG has also agreed to invest an additional £65,085 into improving resources aimed at supporting safeguarding processes.
- 3.4.4 A further **£128k** will be invested into the Specialist Community Health Services at Saltway to recruit 1WTE Occupational Therapist and 1.8 WTE Community Speech and Language Therapists. These posts will provide 26 additional sessions per week for diagnosis and therapy for children with needs related to ASD.
- 3.4.5 On the 6 February 2017 there were 72 children and young people waiting to be seen for ASD diagnostic pathway assessment by Speech and Language Therapy. The average waiting time is 21.64 weeks – (range 4-55 weeks). The median is also 21 weeks wait. The average number of referrals for Speech and Language Therapy ASD pathway assessment for 2016 was 7.58 referrals per month (range 4 – 13 per month with peaks in May, September and October 2016).
- 3.5 The implementation plan aims to have cleared the existing waiting list for speech and language therapy within 20 weeks of the induction of the new post holders, with the remaining waiting times being managed within the current 13 week waiting time target.

Further information on the subject of this report can be obtained from Sally Smith, 01793 683700, communications@swindonccg.nhs.uk

NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and

Education Overview & Scrutiny Committee

Date: 29 March 2017

- 3.6 On the 9 March 2017 there were 56 children and young people with ASD waiting to be seen for Occupational Therapy assessment and treatment. The current average waiting time is 16.39 weeks – (range 0-41 weeks). The median is 12.5 weeks wait. The average number of Occupational Therapy referrals for ASD for 2016 was 6.83 referrals per month (range 3– 16 per month with peaks in February, May and December 2016).
- 3.6.1 The plan for the occupational therapy waiting list is that within 9 months of the induction of the post holder all children and young people referred for assessment and treatment will be seen within the current 13 week waiting time. The additional time required for occupational therapy is because the model of care provides a package of assessment and treatment in 6 block sessions at a time, rather than a traditional assessment and diagnostic medical model.
- 3.6.2 This is subject to staffing and referral flow remaining stable.
- 3.7 Both GWH and Saltway operate a screening process where urgent referrals to the service take priority (under 5s and Safeguarding concerns). A child could be on both waiting lists if they require diagnostic input from Saltway.
- 3.8 In order to monitor the effectiveness of these additional resources, the children's services commissioner is developing detailed implementation and monitoring plans in collaboration with GWH and SBC within the next 4 weeks. The CCG will be holding providers to account in order to meet the required improvements in wait times within an agreed trajectory. A robust governance and quality monitoring framework is being strengthened, in order to oversee performance and quality data and to ensure the sustained improvement in provision of effective services is consistently evidenced.

Children's Services Review

- 3.9 The wider Children Services Review continues to progress and the CCG has identified project management support for two key work streams. One task group is scrutinising existing funding for contracts and another task group will be focusing on further developing performance and quality outcome reporting tools across all commissioned services. There is full involvement and commitment from professionals across the children's services health and social care economy.
- 3.10 In addition, the CCG and Swindon Borough Council (SBC) are currently ensuring that JSNA refresh for 2017/18 will contain more data for children with special educational needs and disabilities.

NHS Swindon Clinical Commissioning Group

Children's Health, Social Care and Education Overview & Scrutiny Committee

Date: 29 March 2017

3.11 Supporting Information

3.11.1 None

4. **Alternative Options**

4.1 None

5. **Implications, Diversity Impact Assessment and Risk Management**

Financial and Procurement Implications

5.1 None

Legal and Human Rights Implications

5.2 None

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

5.3 None

Diversity Impact Assessment

5.4 None

Risk Management

5.5 None

6. **Consultees**

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. **Background Papers**

7.1 None

8. **Appendices**

8.1 None

Recruitment of Social Workers

Children's Health, Social Care and

Education Overview & Scrutiny Committee Date: 29th March 2017

Author:	Head of Service, Children, Families & Community Health
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Committee with an update on the recruitment of social workers; an update on Government Social Work accreditation; Social Work Health Check and caseload issues.
- 1.2 A key purpose of Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold Commissioners of Children's Health, Education Support, Early Help and Social Care Services to account.
- 1.3 Any Commissioner of Children's Health and Social Care Services in Swindon is required to provide information on the planning and provision of children's health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

2.1 The Committee is recommended to:

The Committee is recommended to note the contents of this report and provide appropriate challenge and scrutiny in relation to the information it contains. It is the responsibility of the author to take forward any actions required.

- 2.2 Identify any areas that require further investigation.

3. Detail

Recruitment of Social Workers:

- 3.1 Social Workers deliver statutory responsibilities as set out in the Children Act 1989. Within the Council there are a number of social work teams, delivering specialist services to children and recruitment to these posts remain a high priority.

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- 3.2 The relentless focus on recruitment, development and retention of social workers (SW) and their managers has led to a reduction in SW Vacancies to 11% (below the national average of 14%); however, keeping the workforce vacancy rate low continues to be a challenge. Continual improvement to the recruitment and retention rates remain an area of focus.
- 3.3 Over the past 2 years 89 new SW /SW Manager posts were recruited to, with all Team Manager (TM) posts now filled and only one Assistant Team Manager vacancy. During the course of the recruitment and retention project, the following initiatives have been introduced which have had a significant impact on our recruitment achievements:
- 3.4 Development of a dedicated microsite/recruitment and induction process:
- 3.4.1 The development of the dedicated microsite has allowed the service to provide a whole range of information for potential candidates, together with videos of social workers "telling their story". This has proved a valuable resource and an excellent point of information for candidates. See link below: <http://socialworkswindon.co.uk/>
- 3.4.2 The service has also worked on robust processes and response timeframes to ensure that every applicant receives prompt responses to their enquiries; are notified whether they are shortlisted within two working days of the closing date; and interviewed within 4 weeks of their application. Close contact is also kept with successful candidates through the clearance stages and a service specific induction programme was developed to ensure that 'new starters' first few weeks in post are as informative and helpful as possible.
- 3.5 Introduction of an academy approach to NQSW's:
- A further improvement was the introduction of an academy approach to the recruitment and development of Newly Qualified Social Workers (NQSW's) which ensures that they receive dedicated support, mentoring and coaching to help them reach the standards required for their Assessed Supported Year of Practice (ASYE). A dedicated experienced social worker is aligned to a small cohort and provides case management support, mentoring and reflective supervision to help them to achieve their full potential and deliver a quality service to children and families. Positive feedback has been received from NQSW's who have benefitted from this approach.
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3.6 Development and introduction of a Career Progression Scheme for Social Workers:

3.6.1 In order to ensure experienced social workers remain anchored in frontline social work, as opposed to progress into management roles; a career progression scheme was introduced. The national capability framework for social work was utilised to develop a career progression scheme for social work staff to enable them to be recognised, both in terms of status and salary, for the skills, knowledge and capabilities they display in their everyday roles. Career Progression Panels are held twice a year to consider applications and portfolios for Experienced and Consultant level social work. In the past 12 months, three members of staff have successfully achieved Consultant Level and 6 progressed to Experienced Social Worker. Positive feedback was received on this initiative from staff and the Service adapted the scheme through its pilot phase to reflect the views of staff.

3.7 Introduction of an Aspiring Managers Programme:

3.7.1 The Service realised the value of 'growing our own' and effective succession planning. This Programme was introduced to actively encourage and develop experienced social workers into management roles; thus leading to the successful appointment of internal candidates to three Assistant Team Manager positions. In addition, two staff who have undertaken the programme have used the learning provided by the programme to support their applications to progress to a Consultant Social Worker.

3.7.2 The Service is reviewing and refining the programme to ensure that social work staff are able to continue their professional development and are equipped with the skills and knowledge to either progress through the route to Consultant Social Worker or consider management opportunities in the future.

3.7.3 We however continue to require the assistance of agency social workers to cover vacant posts and also maternity/long term sickness to ensure that increasing caseloads are robustly addressed.

3.8 Government Social Work Accreditation:

In 2014 Sir Martin Narey made recommendations in his report of the effectiveness of the initial education of social workers. The Chief Social Worker for England (Children and Families), Isabelle Trowler, supported these recommendations. This led to the announcement of a new national assessment

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and accreditation system (NAAS) for social workers aimed at guaranteeing the practice skill of every practitioner, at every level of seniority.

- 3.9 In December 2014, following public consultations, the government published the Knowledge and Skills Statement to define specifically what is expected of social workers, working with the most vulnerable children, young people and families.
- 3.10 The National Assessment and Accreditation of Child and Family Social Workers (NAAS) will have major implications for the Social Work profession, future practice and individual social workers.
- 3.11 Frontline social workers who pass accreditation will become Approved Child and Family Practitioners. The process involves an online test, practice observation and scenario-based assessment. This has been trialled with almost 1,000 practitioners and early evidence suggests social workers fared well.
- 3.12 Similar accreditation processes are also being developed for senior social workers. Managers will obtain Practice Supervisor status. Assistant directors, or their equivalent, will be assessed and accredited as Practice Leaders.
- 3.13 Ministers believe accreditation will improve public confidence in social workers. The Government are using NAAS to evidence that a Social Worker has the knowledge and skills to carry out their statutory children's social work functions. It applies to Social Workers carrying out statutory functions in children's services only e.g. child protection, children in need, children in care, care leavers, young carers and fostering and adoption. It does not apply to Social Workers working in Adult Services.
- 3.14 It is up to the employer to decide if the practitioner has reached the required standard to achieve accreditation.
- 3.15 The system will be rolled out by 2020.
- 3.16 It provides a framework for people to enter the social work profession, develop their knowledge and skills and stay for a whole career, either as excellent practitioners or as leaders within a professional and practice based context – if that is what they wish to do. It recognises increasing levels of advanced practice even into the most senior leadership roles in the country.
- 3.17 Phase 1: 2017 – 2018, 31 Local Authorities have volunteered to go through the process of accreditation for their Social Workers and Practice Supervisors.
- 3.18 Phase 2: From 2019 – 2020, the aim will be to assess all the remaining Social Workers that carry out statutory functions.

Further information on the subject of this report can be obtained from Maria Young, 01793 463268, myoung@swindon.gov.uk.

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- 3.19 The Department for Education (DfE) will support Local Authorities to plan and prepare for the roll out. They will support Local Authorities in how to support and develop staff in advance of the assessment, how to endorse staff and release them for assessment. Also, how to support staff post assessment.
- 3.20 Social workers who do not meet the standard, and their employers, will receive a report after the assessment identifying areas for development. This will allow them to work with their employers to address the areas identified before they retake the assessment. It is proposed that the time allowed before the social worker retakes the assessment should be determined by the employer.
- 3.21 Those who narrowly fail will take a swift route to retake, in a short time period of for example three months; those who have failed by a bigger margin will require more time and support before retaking; Government will fund one retake.
- 3.22 Shortly, guidance will be provided by DfE that will serve as a resource to help employers understand the context of practice endorsement and to assist them in considering the extent to which their current practice system is conducive to post qualification development of the specialist knowledge and skills, as set out in the knowledge and skills statements.
- 3.23 It should be noted that accreditation is not mandatory - however, it is believed that OFSTED will include measures in respect of the National Assessment & Accreditation System (NAAS) as part of an inspection.
- 3.24 Next Steps: To embed the Knowledge and Skills Statement (KSS) by considering how the KSS will form part of existing staff development processes; ensure effective systems for observation and feedback including written analysis.

Caseload issues and Social Work Health Check and Caseload issues:

3.25 Social Work Health Check – Background and Methodology:

- 3.25.1 The social work health check is an important tool in supporting and delivering effective social work. It is a key element of the standards for employers of social work and is part of Standard 1 which covers the requirement to have a 'clear social work accountability framework'. The health check is a process for assessing practice conditions across a number of key areas.
- 3.25.2 The health check consists of a series of prompts, referred to as 'The 39 Steps', which can be responded to by the use of management reports and/or workforce data, practitioner feedback or a combination of both. The first phase of the health check in Swindon, undertaken over the period March to September 2016, focused on practitioner feedback. The second

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phase, which is currently underway, focuses on management reports and internally held data.

3.25.3 In order to minimise the impact on practitioners, feedback was only collected in those areas where this information could not be accessed via another source such as management reports or internal data.

3.25.4 Practitioner feedback was collected via team meetings using a survey comprising 15 questions covering four key areas of practice:

3.25.5 Effective workload management – caseload management, hours worked (including TOIL and annual leave) and competing priorities in relation to training and professional development.

3.25.6 Pro-active workflow management – competing priorities in relation to workload and meetings with service users and professionals, and tasks undertaken by other staff.

3.25.7 Having the right tools to do the job – having the right professional services and resources and access to appropriate office space.

3.25.8 A healthy workplace – team meetings, support and welfare, senior management and whistle blowing.

3.25.9 All practitioners working in social care services were invited to take part in the survey.

3.26 Results:

3.26.1 Overall, 59% of those eligible to take part responded to the survey.

3.26.2 Positive results were seen across a number of areas, most notably in the 'having the right tools to do the job' and 'healthy workplace' sections, where most questions were responded to favourably. Areas that were rated particularly highly included having access to the right professional services and resources (88%), regular access and contribution to team meetings (98% and 96% respectively), knowledge of senior management (91%) and knowing where to get assistance should they feel stressed (85%).

3.26.3 There were also some areas of positive feedback in other sections, for example in 'workload management', where over 80% of respondents stated they had needed to cancel training/meetings due to workload commitments never, rarely or occasionally.

3.26.4 The areas where responses were less favourable were primarily in the workload management sections. Here, 65% of respondents stated that

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they worked over their contracted hours to keep up with workload on a regular basis. A similar number stated that they had TOIL that they had yet to schedule in and 33% stated they had annual leave carried over that they had been unable to take. In terms of tasks undertaken, 67% of respondents felt that they were undertaking work that should be undertaken by support staff, with the majority of the items identified relating to administrative tasks.

3.27 Actions and Next Steps:

3.27.1 Work has already begun to address some of the issues highlighted in the practitioner feedback, in particular to address those areas where practitioners gave less favourable responses.

3.27.2 In the case of workload management, the department has implemented a caseload weighting system with the aim of ensuring all practitioners have manageable caseloads, both in terms of volume and complexity. The 2017/18 Social Worker staffing budget has been increased by £590k to provide additional resource to recruit additional social workers to be deployed in those areas where particularly high caseloads and pressures existed. This process has started and a number of newly qualified social workers are now in post.

3.27.3 With regard to the tasks undertaken by practitioners, a review of Business Support functions has been undertaken. This review considered all the work undertaken across the service and has resulted in recommendations for change to processes and allocations of work. The review is now moving to the implementation phase.

3.27.4 The next phase of the Social Work Health Check, which is currently underway, is to consider a range of management information and workforce data. This will then be combined with the practitioner feedback to complete the full Health Check.

3.28 Caseload issues

3.28.1 Manageable caseloads within Children's Social Care are vital to achieving a stable workforce and ensuring that children receive an appropriate and timely intervention where and when needed. Dedicated recruitment is supporting the reduction of caseloads to an average of approximately 15 children per social worker to enable safe, good practice and supports lower staff turnover, and ensures that a child's journey is smooth, timely and achieves the correct outcomes.

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3.28.2 High caseloads contribute to poor and inconsistent social work practice and are a barrier to sustaining progress. In addition, they prevent continuous improvement of the service.

3.28.3 At the end of December 2016, the average caseload for a social worker within the long terms social work teams, were approximately 18 – 22 children per social worker. It should however be noted that newly qualified social workers have a protected case load, with no complicated child protection matters allocated to them. This therefore increase the caseloads for other more experienced social workers.

4. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 4.1 The service pressure remains in relation to additional staffing costs. Workload demands have necessitated the use of agency social care staff across the service to support sick leave and maternity cover.

Legal and Human Rights Implications

- 4.2 Section 21 of the Local Government Act 2000 (as amended) requires every Local Authority to establish an overview and scrutiny function to hold the Executive to account.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 4.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Overview and Scrutiny Committee and in any recommendations made by the Overview and Scrutiny Committee.

Diversity Impact Assessment

- 4.4 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during a review of topics included within the work programme, will be identified at the appropriate stage.

Risk Management

- 4.5 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

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5. Consultees

- 5.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

6. Background Papers

- 6.1 None

7. Appendices

- 7.1 None

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Author:	Head of Education
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 This report sets out to update the committee on progress in readiness for the new joint local area SEND inspection.
- 1.2 From May 2016 all local areas in England have been subject to a joint inspection from Ofsted and the Care Quality Commission (CQC) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the arrangements for the forthcoming joint local area SEND inspection and monitor progress towards implementing our strategy to deliver better outcomes for children and young people with SEND in Swindon.

3. Detail

Background to the inspection

- 3.1 In April 2016 Ofsted and the Care Quality Commission published the framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities.
 - 3.1.1 The inspection will review how local areas support these children and young people to achieve the best possible educational and other outcomes, such as being able to live independently, secure meaningful employment and be well prepared for their adult lives.
 - 3.1.2 It is important to note that these inspections will evaluate how effectively the local area meets its responsibilities, and not just the local authority. This includes clinical commissioning groups (CCGs), public health, NHS England for specialist services, early year's settings, schools and further education providers.

Further information on the subject of this report can be obtained from Lyn Frith, 01793 463217 Lfrith@swindon.gov.uk.

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- 3.1.3 During the inspection, inspectors will visit a range of providers to gather evidence, including nurseries, schools, colleges and specialist services.
- 3.1.4 If inspectors become aware of concerns of a safeguarding or child protection nature, they will make additional enquiries to satisfy themselves that such matters are being dealt with appropriately. If they remain concerned, this could include inspectors referring individual cases to the local authority or an inspection of the individual service or provider in line with Ofsted or CQC's duties and powers.
- 3.1.5 The starting point for the inspection is the expectation that leaders for the local area should have an understanding of strengths and aspects that require development.
- 3.1.6 To support local areas assess how well arrangements are working and compare delivery across local areas, the Department for Education has produced a local area SEND report which presents the statistics on SEND for Swindon and provides the opportunity to compare our performance with other areas. http://lginform.local.gov.uk/reports/view/send-research/local-area-send-report?mod-area=E06000030&mod-group=ADASSRegions_SouthWestern&modify-report=Apply
- 3.1.7 As of 1st March 2017 a total of 20 letters had been published by Ofsted following inspections throughout England. Of those, five areas (Sefton, Suffolk, Surrey, Rochdale and Hartepool) are required to provide a Written Statement of Action because of significant weaknesses in the local area's practice. The Local Authority (LA) and Clinical Commissioning Group (CCG) are responsible for submitting the Written Statement of Action.

Our Self-assessment

- 3.2 Detailed self-evaluation has been an ongoing process and has recently been updated utilising the recently published tool provided by the Council for Disabled Children. A joint improvement plan will be developed with the CCG.
 - 3.2.1 The CCG governing body oversees the joint arrangements for SEND and the contribution of health. The CCG have also undertaken a detailed self-evaluation and presented this to the SEND Strategic Board in September 2016. The improvement plan for the CCG will be overseen by the Joint Commissioning Group (JCG), reporting to the Health and Well-being Board.
 - 3.2.2 The inspection framework and therefore our self-evaluation is evaluated under three headings as identified below. The areas for development are monitored through the Quality Improvement sub-group of the SEND

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Strategic Board, reporting through JCG to the Health and Wellbeing board. The key strengths and areas for development are as follows under each heading.

3.2.3 Our effectiveness in identification of children and young people who have special educational needs and/or disabilities.

Strengths

- Effective screening processes are in place to identify need in new-born infants
- Advisory teaching staff and educational psychologists help to ensure that children receive the support they need to be able to gain access to pre-school settings, nursery education and the Reception class in school
- Practitioners who identify the need for additional support to help children access early-years settings can seek extra funding
- The Special Education Needs Resource and Assessment Panel (SENRAP) contributes well to identifying and providing for the needs of young people who have special educational needs and/or disabilities
- Assisted speech and language equipment provided to a child or young person travels with them to ensure access to the most appropriate equipment to support learning during their education and transition into adult life
- The local area's 'early help' assessment process is a good example of joint working across the education, health and care workforce. Early help records are used effectively as part of the graduated response before a request is made for a statutory assessment of special educational needs
- Integrated service delivery in early years has ensured timely and effective assessment of need. This helps to identify children who need referral to speech and language support and ensures that children receive in-depth assessment leading to early identification of their needs and health care.

Progress against previously identified areas for development

- In September 2016 we had identified the percentage of pupils with a statement or Early Health Care (EHC) plan was high at 3.8% compared to an average of 2.8% in all English authorities. This was also a

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concern as the % was increasing year on year. We have now stabilised this position and predict a reduction to 3.7% in 2017.

- We now understand why this figure is so high. The % of children with a statement or EHCP is calculated on the school population and does not include children in Further Education (FE) settings. The % of children with a statement or EHCP up to the end of year 11 in Swindon is slightly below the national average, however, for those in post 16 provision it is significantly higher. This is explained by our relatively small mainstream sixth form population and our large special school sixth form population
- We will continue to closely monitor our figures to ensure we remain in line with national averages up to the end of year 11 and develop our post 16 offer to reduce the % of children with a statement or EHCP educated in special schools.
- We have significantly reduced the time that children and young people have to wait for their plan to be finalised. 69.4% were completed within 20 weeks (excluding exceptions) in 2016 compared to 37.6% (Eng 55.5%) in 2015. In October and December 2016 we completed 100% of assessments within 20 weeks.
- A full review of the Autism Spectrum Disorder (ASD) pathway is underway, currently, there are 470 un booked appointments within the GWH community paediatrics clinics and 351 booked first appointments. This totals 821 with an average waiting time of 41.8 weeks. Approximately 25% of children referred to the ASD service are discussed at the complex case meetings
- In response to the increased demand for ASD assessments and to support the required reduction in wait times, the CCG has agreed £330,610 additional funding to procure the following additional resources:
 - **£37,525k** to create an additional **Educational Psychologist Post** to operate from the GWH paediatric department. This will improve access to assessment and help to identify issues with the assessment of attachment or Learning Difficulties by greatly increasing the sensitivity and specificity of the diagnostic process
 - **£100,000k** to fund 1 WTE Paediatric Consultant post within the GWH paediatric department. This will also reduce the

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number of un-booked appointments and average waiting times in the department and increase clinic capacity

- In addition, the CCG has also agreed to invest an additional £65,085 into improving resources for safeguarding processes at GWH. This will release clinician's time to contribute to the ASD diagnostic pathway
- A further £128k will be invested into the Paediatric Therapy Service to recruit 1WTE Occupational Therapist and 1.8 WTE Community Speech and Language Therapists. These posts will provide 26 additional sessions per week for diagnosis and therapy on the ASD pathway
- In order to monitor the effectiveness of these additional resources, the Children's Services Commissioner is developing detailed implementation and monitoring plans in collaboration with GWH and SBC, aimed at achieving and evidencing a sustained reduction in waiting times over the next 12 months

3.2.4 Our effectiveness in assessing and meeting the needs of children and young people who have special educational needs and/or disabilities

Strengths

- Parents, carers and children and young people are involved in regular reviews. Co-produced plans mean that children are at the heart of the education, health and care plan.
- Access to high quality health services is well established within specialist resourced provision and special schools
- Some good examples exist of joined-up working both within health teams and other partners. For example, the multi-agency unit based at Uplands learning campus
- The existence of joint multi-disciplinary health clinics at the Saltway centre assist families understanding of roles and responsibilities and reduced duplication

Areas for development

- Although the annual review process is sound if a re-referral is required, this can mean that needs are met too slowly. The policy, which outlines what happens when health appointments are missed, requires review

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to ensure greater flexibility when dealing with vulnerable children and parents.

- Parents, carers and young people are not sufficiently aware of the role they could play in helping to shape the local offer and the mechanisms to do so. Providers and parent carer groups have a greater role to play in using the local offer as a medium to share information to access specialist services used by the local area
- The local offer is not easy to navigate for some families. Some parents continue to be unaware of its purpose
 - **Action for Improvement**
 - The local authority and CCG are working in partnership with Contact a Family and Swindon Parent Carer Forum to develop and improve co-production with parents which includes improvements to the local offer website and joint strategic needs assessment to support joint commissioning for SEND
- Leaders from education, health and social care do not yet have an agreed strategy for sharing expertise and training staff to benefit children and young people who have special educational needs and/or disabilities. This limits the capacity of leaders to evaluate the impact of this work on pupils' outcomes
 - **Action for Improvement;**
 - We have a strategy for the training of Social Care staff and those within our Community Health/Early Help staff that require it. This involves the commissioning of both direct training and coaching and the development of an e-learning module in relation to their contribution to the EHCP process and the writing of outcome based plans. The development phase has commenced and will include a workshop with all Social Care/ Community Health/Early Help Managers on the 14th March. A mechanism for measuring the impact of training on pupil outcomes is under development.
- A single pathway to develop provision, particularly for young people aged 19-25 is still in development.

New Areas for Development

Further information on the subject of this report can be obtained from Lyn Frith, 01793 463217 Lfrith@swindon.gov.uk.

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- Swindon is currently reviewing its approach to joint commissioning for special educational needs and/or disabilities which requires endorsement by senior leaders across the area
- Very few families have taken up the offer of a personal budget as part of an EHCP

3.2.5 Our effectiveness in improving outcomes for children and young people who have special educational needs and/or disabilities

Strengths

- The % of SEN pupils with a statement or EHC plan achieving a 'good level of development' at foundation stage (2014/15) is above national average
- The impact and visibility of staff in specially commissioned named roles, in education and health, are having a significant positive effect on the progress of the special educational needs and disability reforms. Formal networking across education, health and social care has increased since 2014
- The proportion of schools in the area that are good or better has risen in the last three years
- The proportion of children and young people placed out of area as a result of their special educational needs and/or disability has reduced in the last three years
- The % of children and young people with special educational needs and/or a disability who are permanently excluded from school remains below the national average
- Most staff in education, health and social care accessed training on the special educational needs and disability reforms and understand their roles in implementing these reforms
- Individual providers are aware of their responsibility to monitor children and young people's progress in a range of outcomes. Increasing numbers of children in the early years' foundation stage are meeting their developmental targets
- Robust checks are in place to monitor the pupils who are home educated, who have medical needs and are educated in hospital

○ **Areas for development**

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- Pathways for 19-25 year olds, to support young people into adulthood require further development.
 - **Action for Improvement**
 - Transition is a strategic priority for the local authority and plans are in place to improve outcomes for young people as they prepare for adulthood

Progress against previously identified areas for development

- Fixed term exclusions for children and young people with special educational needs and/or disabilities remain unacceptably high. However, following the inspection of one of our Special Schools, an improvement plan is now in place and we anticipate a significant reduction in fixed term exclusions as a result

New Areas for development

- The percentage of adults with learning disabilities in paid employment has fallen for 2015/16, widening the gap between Swindon (3.7%) and England (6.6%).
 - **Action for Improvement**
 - Swindon is offering supported internships through a number of different providers and have introduced transition link workers in Adult Social Care to work with targeted group of service users with a strong focus on work opportunities.
- The progress of pupils who have statements or education, health and care plans and for those receiving support for special educational needs and/or disabilities is insufficient. In particular, the progress of pupils from key stage 2 to the end of key stage 4 continues to be below national levels for pupils compared with all pupils in English and mathematics
- The % of 19 year olds with SEN support (Swindon 22.6%, Eng 32.1%) or a statement of SEN or EHC plan (Swindon 6.7%, Eng 13.8%) qualified to level 3 has fallen well below national average
 - **Action for Improvement**

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- The Education Challenge board has been established to address a wide range of concerns regarding academic achievement across Swindon

4. Alternative Options

- 4.1 There are no alternative options as all local areas will be inspected at least once during a five-year period.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

Legal and Human Rights Implications

- 5.2 There are no legal and human rights implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment is required at this stage, any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

Risk Management

- 5.5 No risk management issues have been identified at this stage, any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

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6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer)

7. Background Papers

- 7.1 The framework for the inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities.
- 7.2 DfE Local Area SEND report

Children's Services Performance Report

Children's Health, Social Care and Education

Overview & Scrutiny Committee

Date: 29th March 2017

Authors:	Head of Children and Families & Community Health Head of Education
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 This report provides the Children's Health, Social Care and Education Committee with an update of performance and key issues relating to Children Services. It is a high level summary of the key messages from the detailed performance report which is attached in the **Appendix 1**. Please refer to **Appendix 1** for the actual data and performance context. This report highlights the areas of performance to be noted by the Board.
- 1.2 A key purpose of Children's Health, Social Care and Education Overview & Scrutiny Committee is to hold Children's Community Health, Education Support, Early Help and Social Care Services to account.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the key performance messages from the detailed performance information in the **Appendix 1**.
- 2.2 Identify any areas of concern that require further investigation.

3. Key Performance Messages

- 3.1 This report presents the data position at the end of January 17 wherever available, and for data reported quarterly, the position at the end of Quarter 3. More detailed performance information is provided in **Appendix 1**, but key performance messages have been highlighted below based on current strengths and challenges.
- 3.2 The latest data in relation to the number of contacts received by children, families and community health, and the subsequent number being referred to social care shows initial signs of stabilisation. Although still high, the volumes in 16/17 to date are slightly lower than at this point in the previous year for both contact and referral. This is welcome, and potentially linked to the implementation of the MASH (multi-agency safeguarding hub), in Swindon. This has improved partnership working at the contact and

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referral stages, and ensured that the right referrals are progressed to social care statutory assessment. However, the pressures on the service are still high in relation to assessment and provision of services. More statutory assessments are being completed than previously, and these volumes are mirrored in the increase of children on child protection plans and becoming looked after. Swindon is above the national average for both of these groups. The number of children coming into care as unaccompanied asylum seekers has increased in line with national expectation. The increases in this group and the overall number of children being looked after has resulted in the increase of usage of commissioned placements. The in-house provision continues to improve and build resilience in terms of skill set and placement capacity, but is not yet at a level to cope with the increased demand for placements. Caseloads within the operational teams are being managed with the workforce development programme, and this is starting to reap the benefits in terms of social workers graduating from the academy. The number of agency staff is expected to reduce over the next 6 months, and will be covering sickness, and maternity leave as opposed to vacant posts. The current staff vacancy rate stands at 11%, down 1% from the last report.

There are challenges in relation to some of the timeliness of review and visit activity, particularly in the context of increased numbers of children on child protection plans and being looked after. However, visits within timescales have improved, and continues to do so, and the level of child protection reviews completed within timescales is above the national average. Looked after children reviews continues to prove challenging, and as a result is a local service priority measure. This means that actions linked to improvement are monitored monthly by the senior management team, and that will continue until performance is at the required level.

- 3.3 On a positive note, continuing strengths include a high percentage of children being looked after in family placements, with a lower proportion residing in residential placements compared with others. Fewer children are also becoming the subject of a second or subsequent child protection plan, and a higher number of children are achieving permanency in the form of adoption or special guardianships, and the timeliness of decision to move to adoption has improved. The number of children accommodated under section 20 has also reduced to be more in line with national averages. This has been aided by ensuring that permanency is considered routinely at second child looked after review as well as a robust Permanence Monitoring Panel.
- 3.4 The Quality and Performance Quarterly Board met in February 2017 and was chaired by the Director of Children Services. This Board provides a

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robust forum for presentation and discussion of qualitative audits and required actions, particularly in relation to practice improvements. It enables the service to rate itself from a qualitative and quantity evidence based perspective.

- 3.5 The Swindon Early Help offer is extensive and covers a broad spectrum of services, including community health and education support services. The latest data in relation to early help records is not available for reporting, but the local service data shows that over half of all children coming into contact with social care, have received an early help service, either before, or at the point of referral to social care. Further analysis is needed to understand if these Early Help Record & Plans have developed into actively 'worked' plans with a team around the child. The number of families identified as eligible for the troubled families programme is positive, but getting families to a point where they are have a lead professional working with them to achieved sustained improvement is more of a mixed picture.
- 3.6 The activity in relation to school fixed term exclusions tells the same story as detailed in the last board report: The level and rate of fixed term exclusions from Swindon schools remains high in comparison with other authorities, and increased when looking at the 15/16 academic year compared with 14/15. The number of permanent exclusions has increased notably, and the number for the current academic year to date, exceeds the total number made in the previous year. The Education Strategy Board, chaired by the office of the Regional Schools Commissioner, is monitoring progress against the strategies that have been put in place to work with schools to reduce the level of exclusions and support pupils and families at risk of exclusion.
- 3.7 The performance story in relation to SEN, also remains consistent with the last performance report: Swindon continues to have a higher percentage of pupils with a Statement of Special Educational Needs (SEN) or Education, Health and Care Plan (EHCP) compared to England and statistical neighbours. There has been a slight increase in the number of EHCP's produced in this quarter compared with the same quarter in the previous year. Progress against the key actions identified by commissioners continues with the development of an SEN audit framework and SEN performance dashboard to aid with performance management in this area.
- 3.8 The number of care leavers who are NEET (not engaged in education/employment/training), has decreased which is positive, but Swindon is still above the national average. Swindon had a higher number

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of young people with physical disabilities in this group compared with others based on the latest performance position. Conversely, the number of young people who are engaged in learning has increased and is above the national average. This is because Swindon has a relatively low number of young people with unknown learning destinations. This means Swindon is good at tracking young people and knowing what their learning destination is. Those authorities with a higher unknown cohort but lower NEET, may well have a proportion of unknowns that will be NEET but not reported as such.

- 3.9 Swindon community health professionals continue to work together to provide a strong community health service provision for children and young people. The Care Quality Commission (CQC) inspection for community health services will take place at the end of March 17. There has continued to be a high uptake in relation to all immunisations for children when compared with others. The implementation of the Healthy Child Programme continues, and ante- natal and post-natal checks are taking place routinely to support Mother's in their child's health and well-being. Robust information sharing between the hospital midwifery department and the borough child health team has helped provide a more timely service for expectant mothers in Swindon. The move of the child health service into a new regional provider will be managed to ensure effective information sharing continues to provide the best health outcomes for children in Swindon.

3.10 Supporting Information

None

4 Alternative Options

- 4.1 None

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 The budget in 2016/17 for Children, Families and Community Health was £24.385m. The forecasted variance from budget for 16/17 was a projected overspend of £1.779m based on the year to date January 17 position. The service pressures have decreased in the last quarter, particularly in relation to commissioned placements and additional staffing costs. Difficulties in recruiting staff and increasing workload demands have necessitated the use of agency social care staff across the service in the shorter term, whilst the workforce development strategy and outcomes are

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in progress. There are a higher number of children coming into care and this inevitably impacts on legal costs, as legal services support the process of children coming into the care of the local authority.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act 2000 (as amended) requires every Local Authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance report.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Overview and Scrutiny Committee and in any recommendations made by the Overview and Scrutiny Committee.

Diversity Impact Assessment

- 5.4 No Diversity Impact Assessment (DIA) is required at this stage as this report proposes no changes to services. Any DIA that is required during a review of topics included within the work programme, will be identified at the appropriate stage.

Risk Management

- 5.5 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 **Appendix 1:** Children's Services Performance Report 2016/17.

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Children's Services Performance Report

Children's Health, Social Care and
Education Overview and Scrutiny

*Data Position for end of Quarter 3 16/17
(with January 17 updates where available)*

Headline Messages from the data

Early Help

Contacts– Family Contact Point records all contacts to the Council for children's services. There were 10923 contacts from Apr 16- Jan 17, compared to 11306 for the same period in 2015/16. 2356(21.5%) contacts progressed to referral to children's social care. 2356 referrals accepted by social care during the period April 16 to January 17, which is lower than 2731 in the previous year.

Early Help Record and Plan – Q3 data for this is not yet available – see early help section for further information.

At the end of December 2016, 1290 families received extra support from the **health visiting** service in addition to the universal service offer, compared to 1396 at the end of December 2015.

1074 children had an involvement with **TAMHS (Targeted Mental Health in Schools)** as at the end of December 2016. 149 young mothers are being supported through Family Nurse Partnership.

The number of contacts is now at a lower rate than at the same point in the previous year, and this is a first in 16/17. The number of referrals has also reduced. The MASH implementation is key in this development.

Early help services continue to provide a range of community health services as part of the early help offering. Young mothers are consistently supported through the Family Nurse partnership.

CLA

Children looked after- At the end of January 2017, there were 326 children looked after. This is an increase from 277 at the end of January 16. 123 children (37.7%), were in externally commissioned placements at end January 2017, an increase From 30.4% in Jan 2016.

Adoption – 15 children were adopted between April 2016 and January 2017. compared with 4 for the same period in the previous year. There were 31 children on placement orders at the end of January 17.

Post-16: In-learning rates for 16 and 17 year olds (as at January 2017) was 91.5%, 2.2% increase from the previous year, and below the national (92.2%) and regional (91.8%) averages. **NEET** rate (2.9%) increase for 16-17 year olds but the **Unknowns** for 16-17s has decreased to (2.9%), January 2016 (5.2%).

The number of children looked after continues to remain at a higher level than in previous year.

The number of children being adopted is much higher than in previous year. The decision to adopt is being made within good timescales to ensure best outcome for child.

Education

Children with SEN - At 31st Dec 2016 there were 1,597 children with statutory SEN assessments maintained by the LA (650 with a Statement and 947 with an Education, Health and Care plan). A further 4,336 had a category of SEN Support as recorded by schools in the October census.

School Absence – Primary and Secondary school absence are at 3.7% and 4.9% for the Autumn and Spring terms of 2015/16. Swindon is lower than the national average, and figures are down on the previous year.

School Exclusions – 856 Fixed Term exclusions took place between September 2016 and the end of January 2017, slightly more than the 843 in the same period last year. There have been 29 permanent exclusions in this time period – more than the whole of 2015/16.

Participation in Learning has increased. Less young people have unknown post-16 activities than the previous year.

There are more permanent exclusions in the academic year to January 2017 than there were in all of 2015/16.

Headline Messages from Social Care Safeguarding Data.

REFERRALS

Referrals – There were 2356 referrals from Apr 2016 to Jan 2017 compared to 2731 for the previous year. Of the 2356 referrals, 27.0% were re-referrals . Most of the re-referrals relate to domestic abuse notifications.

Less contacts are progressing to social care referral which is partly attributable to more effective screening at the contact stage in the MASH (Multi Agency Safeguarding Hub).

ASSESSMENTS

Statutory Assessments

From April 2016 to January 2017, a total of 2702 statutory (social care) assessments were completed compared with 2599 for April 15– January 16. Given the lower referral rate this indicates the majority of social care referrals lead to a statutory assessment.

The number of statutory assessments completed has increased despite a decrease in contact and referral, so the demand on the service is still high

There were 668 **child protection enquiries** (also known as **section 47 enquiries**) between April 2016 and January 2017. The percentage of enquiries going to Child Protection Conference within 15 working days has decreased from 76% between April 2015 and September 2015 to 65.8% between April 2016 and January 2017

The number of children on child protection plans continues to be a high level. This inevitably impacts on capacity to progress all cases to initial conference within timescales. The vast majority of cases are reviewed on time, and any delays are authorised by service management.

CHILD PROTECTION

Child Protection Plans - 280 children were on a child protection plan at the end of January 2017. The number has increased from 256 in January 2016. The number of children on a child protection plan is above the national and statistical neighbour average. 97.3% had their child protection **reviews** completed on time as at the end of January 17 compared to 97.2% for the same period inn 2015/16. This is based on those children on a plan at the end of January 17 for 3 months or more.

The rate of children starting a **child protection plan** for a second or subsequent time decreased to 18.5% between April 16 and January 17, down from 21.6% in January 16. This is encouraging in the context of a high number of plans, and performance will continued to be monitored closely .

Children on subsequent child protection plans has sustained good performance since the last report. The number of children remaining on plans for 2 years or more at the point of ceasing, is higher than in previous year, but at present, no child on a plan, has been on one for more than 2 years.

At the end of January 2017, 4.93% (11 children) of children ceasing a protection plan had been on a **plan for 2 years or more** compared to 0.5% January in 2016.

Performance Assessment

No new data is available for Early Help Records and Plans.

Early Help Record (EHR). Due to capacity issues in the FCP/MASH it has not been possible to upload records and plans onto the Children's case management system in a timely way. Records and plans are sent to the MASH mailbox daily and uploading had fallen behind leaving a significant backlog to be uploaded. These EH R&P's are not referrals into FCP/MASH for decision-making and only requires administrative uploading to the ICS system. This is a skilled task requiring an understanding of the case management system. Using temporary staff to clear the backlog was unsatisfactory and a permanent solution has subsequently been found by transferring the task to Business Support in the new Family Service. It is expected that Q3 data will be run by mid-March 17 and the backlog will be reduced to daily uploading by the end of April.

Early Help Plan (Plan) and Early Help Review (Review) The Early Help Record will always lead to a plan being created for the child. The plan may be delivered in a number of ways depending on its complexity. It is important to be reminded that despite the delay in uploading records and plans the Single Assessment process (records, plans and reviews) continues to be central to early intervention. It remains uncertain however if these records and plans leads to active engagement through Teams Around the Child, meetings that support progression and intervention for a child.

Troubled Families Programme:

At the end of January 17 there were 644 families identified as meeting the TF criteria who had engaged with a service team, which is 91% of the 2016/17 Troubled Families target. There are in excess of 148 additional families identified as eligible for the programme and so the service is on track to meet the 2016/17 target. It is likely the service will exceed the targeted number of families to work with in 2016/17 which in turn will put us in a positive position in terms of achieving the 2017/18 target.

Claims linked to successful outcomes have been made for 85 families which is 28% of the 2016/17 target of 309 families. The full year forecast for claims is 105 families (34% of the claims target).

Strengths

- Establishment of a cross agency Early Help Working Group
- Outcomes for children in receipt of early help services are now being routinely reported as part of quality and performance reporting arrangements, including a quarterly quality and performance board

Challenges/Risks

- We need to increase the number of Early Help Records and Plans that are created and utilised to support children early on, and to prevent escalation of cases to children's social care.
- Identifying practitioners or service teams with the capacity to work with the Identified Troubled Families
- Currently the number of families that have been claimed for is only 28% of this year's target of 309 families.

Performance Assessment

Contacts Family Contact Point/MASH records all contacts for children's services in their wider sense (i.e. includes Early Help) as well as contacts that become referrals to Children's Social Care. There were 10923 contacts to Family Contact Point between April 2016 and January 2017, compared to 11306 for the same period in 15/16. Improved partnership working linked to the MASH operating model helps in ensuring agencies are signposting correctly into Children, Families and Community Health.

Referrals and Re-Referrals 2356 referrals were received in Children's Social Care between April 16 and January 17, compared to 2731 for the same period in the previous year. Despite the decrease Swindon's referral rate is still above the national and statistical neighbour averages based on the cumulative rate of referrals between April 16 and January 17. (Swindon 480.8 per 10,000 under 18 compared with 439.3 statistical neighbour and 443.5 national average).

Of the 2356 referrals between April 16 to January 17, 27.0% (636) are **re-referrals**. This is an increase from 26.6% for the same period in the previous year. The national average is 22.3% (15/16).

Statutory Assessments Between April 16 and January 17, a total of 2702 assessments were completed, taking an average of 47 working days to complete. This compared to 2599 for the same period in the previous year. The national average was lower at 28 days. The completion of timely, good quality assessments is an area of focus within the service, in order to improve the timely response to families and the clarity of planning for a child.

Number of children in need (section 17 social care) The number of children in need (this does not include children subject to a child protection plan or children in care) was 1176 at the end of January 2017, down from 1250 at the end of January 2016. This is still above the national average(1150) and the statistical neighbour (999) average.

Strengths

- The service is managing a significant risk in relation to the number of assessments required
- Improved information gathering in the MASH results in better quality referrals to social care; with a reduction in the number of referrals requiring statutory intervention in social care

Challenges

- Re-referral rate has increased during the last quarter, and this raises questions in relation to whether child is referred for a new reason, or if original need was not met. Routine audits are undertaken, and action taken on a case by case basis as required. The Step Down process is also promoted to ensure children are 'handed over' to support services, outside of social care, in a planned manner.

Child Protection Processes and Outcomes

Performance Assessment

Child Protection Enquires (also known as Section 47's) going to initial child protection conference within 15 working days - 668 child protection enquires were completed from April 16 to January 2017. This is an increase from 628 in the same period in 2015/16

236 out of the 668 (35.3%) of child protection enquires completed went to **child protection conference** between April and January 2017, this is compared to 264 out of 628 (42.0%) , in the same period in 2015/16. The percentage of enquires that went to initial child protection conference within 15 working days was 65.8% between April 16 and January 17. This is below the national average of 76.7%.

Children on Child Protection Plans 280 children were on a child protection plan at end January 17. This is higher than the national average. The average duration of a child on a plan was 280 days based on those on plans at the end of January 17, compared with 256 at the same point in the previous year.

Timeliness of Child Protection Reviews

Between April 16 and January 16, 97.3% of children on child protection plans had their **reviews** completed on time. This is essentially static from 97.2% in January 2016. The national average is 93.7% and the statistical neighbour average is 95.8%.

The number of children having second or subsequent plans was 18.5% between April 2016 and January 2017, a decrease from 21.6% in January 16. This is above the national average (17.9%) but below the statistical neighbour (18.9%). This measure should be considered alongside duration, as a high percentage of second and subsequent plans and low duration could indicate that children's plans are being ceased prematurely, or that intervention outcomes are not sustainable. It is also important to note that a percentage of children will have subsequent plans due to family circumstances changing and for different reasons to their original plan. Regular auditing is undertaken to understand any practice changes that required in relation to repeat plans.

Duration of children on child protection plans: 4.9% (11) of children ceasing a child protection plan remained on a plan for two years or more between April 16 and January 17, compared to 0.5% in the previous year. This is above the 2015/16 national average of 3.6% and the statistical neighbour average of 3.7%. There are currently no children on a plan for two years or longer.

Timeliness of Child protection visits. Of all children who have been on a child protection plan at any point between April 2016 and January 2017, 81.4% had their visits within 6 weeks of the previous visit. This is an improvement from 70.8% recorded for the same period in 2015/16. One late visit means the child will be late in terms of performance for the whole year. Data analysis has identified areas of excellent practice in terms of visit timeliness by social workers, and will be building on this across teams to improve the overall timeliness of visits experienced by each child for every visit throughout the year.

Strengths

- % of children with subsequent child protection plans is reducing
- Vast majority of child protection reviews taking place within timescales

Challenges/Risks

- Partners need to work to reduce the number of children subject to Child Protection Plans, if that is appropriate to the risk a child is subject to.
- To improve visit timeliness so that vast majority of children receive ALL visits on time every time

Number of children in care. 326 children were looked after at the end of January 2017; this compares with 277 at the end of January 2016. Swindon is above the national average (291 children in care when scaled to the Swindon population). 123 children in care (37.7%) were in externally commissioned placements at the end of January 2017. This compares with 30.4% (83 children) in January 2016.

21.7% of children in care were placed more than 20 miles away from their home address as at the end of January 2017, up from 18.4% at the end of January 2016; this is above the national average of 13%. 89.3% of looked after children were in family placements at the end of January 2017. This is an increase from 86.6% in January 2016 and is above the national average of 85%.

Placement Stability. Short term placement stability is measured based on those children having 3 or more placements during the reporting period as a percentage of the number of children looked after at the end of January 2017. 10.1% of children in care had 3 or more placements. This is in line with the national average for 15/16 which was 10%. Swindon has more adolescent young people in care than the average and we know this age group tends to have a higher number of placement moves.

Long term stability of placements for children in care for 2.5 years or more has decreased to 55.4% at the end of January 2017 from 76.6% at the end of January 16. Performance is below the national average (68%). This could in part be linked to an increase in adoptions, where permanency is achieved for those children who were previously in long term stable placements.

Adoption - 15 children were adopted between April 2016 and January 2017. This is a significant improvement from the same period the previous year when a total of 4 children were adopted. A further 16 children also became subject to special guardianships between April 16 and January 17. Swindon was below the national average in 15/16, but performance in quarter 3 for 16/17 has shown improvement, and this will be monitored closely going forward.

Timeliness of Adoption – The average number of days between becoming looked after and being placed for adoption is high, at 704 days at the end of January based on the 3 year rolling average as reported in the adoption scorecard published by the Department of Education annually. This compares with 593 nationally (2012-2015). Swindon's performance has improved since end of March 16 when 905 days was recorded. We know this figure is also higher due to the legacy of poor performance in previous years as well as the complexity of the children that were found placements. The majority of children are placed well within national threshold.

Strengths

- The number of special guardianships shows these are being used as a good alternative to adoption where in the child's best interests.
- Adoption timeliness has remained good for the majority of children, with a very small number of cases where needs were complex, skewing the average. The number of adoptions is higher than in previous year

Challenges/Risks

- Reduction in placement stability for children looked after
- Higher number of children looked after brings resourcing impacts on placement options
- Increase in unaccompanied asylum seeking children and their placement requirements

Children, Families & Community Health have continued to strengthen and embed its Quality Assurance Framework. The scrutiny role of the Quarterly Performance Board which oversees the audit and performance activity has also continued to be more challenging and place expectations upon all managers to embrace their QA role, especially in relation to audits as well as practice improvement. The Board continues to review the Key Quality Indicators (KPIs), its Performance indicators and has now introduced the monitoring of action plans from SCR's and their learning. It can consider qualitative as well as quantitative information, as well as its key performance indicators for improvement (known as "obsessions"). There has been some progress made with regards to the shared knowledge between the Early Help and Children's Social Care Quarterly Performance Board and the aim continues to bring the two boards together in 2016-2017 to adopt a more joined up approach to performance review.

Monthly Case File Audits took place during Q2 and Q3. The comments given regarding these audits were that the outcomes for the children were good however the record on the files affected the overall grade of the case. Basic information and evidence of the child's journey was missing. Supervision and management oversight requires strengthening. The reflections and issues from the independent audits mirrored what our own audits showed.

Feedback from service users during Q2 was that

- 69.4% stated that their social worker always or usually arrived on time
- 87.7% knew the telephone number of their social worker
- 65% felt respected and
- 51% felt they saw their social worker often enough.

Strengths

- Continued strengthening of Quality Assurance Framework

Challenges/Risks

- Continued focus on consolidating the learning through audit activity and for teams to understand the journey of the child and what 'good' looks like.

Performance Assessment

Workforce information for Children's Social Care:

Overall caseloads compare reasonably with the national picture. Caseloads in Assessment and Child Protection (ACP), have decreased to around 25 – 30 (from 30-35) children on average per social worker. At the end of December 2016, the average caseload for a social worker within the long term social work teams were approximately between 18 – 22 children per social worker. It should however be noted that newly qualified social workers have a protected case load, with no complicated child protection matters allocated to them. This, therefore, increases the caseloads for other more experienced social workers. Recruitment remains a priority area to enable the allocation of lower caseloads for social workers across the service. Caseload weighting is undertaken on a monthly basis within teams, to identify both the complexity as well as the quantity of cases held within a team; this provides an opportunity for analysis across teams. This data, inclusive of feedback from social workers on how manageable they feel their caseloads are inform service planning.

The relentless focus on recruitment, development and retention of social workers (SW) and their managers has led to a reduction in SW Vacancies to 11% (below the national average of 14%); however, keeping the workforce vacancy rate low continues to be a challenge. Continual improvement to the recruitment and retention rates remain an area of focus.

Strengths

- Good progress in developing potential managers from existing workforce
- New Academy approach to developing Newly Qualified Social Workers introduced and assists in 'growing our own' social workers

Challenges

- Reviewing caseloads for social workers to ensure complexity of caseloads as well as quantities are considered in the allocation process

Primary Education: Validated 2015/16 Results

Performance Assessment

Early Years: Performance in the headline Early Years measures for Swindon pupils has fallen slightly below the national average. The percentage of Swindon pupils with a Good Level of Development is 68.8% (69.3% nationally), and the percentage of Swindon pupils meeting all 17 Early Learning Goals is 67.1% (67.3% nationally). The average total points score from Swindon pupils (34.6) is still just above the national average (34.5).

Phonics: The percentage of Swindon Year 1 pupils achieving the required standard of Phonics decoding continued to increase, reaching 76% in 2015/16 (75% in 2014/15 and 73% in 2013/14). However, the gap between Swindon and England has grown. In 2015/16, 81% of Year 1 pupils in England achieved the required Phonics standard, up from 77% in 2014/15. The percentage of Swindon Year 2 pupils achieving the required standard of Phonics decoding remained level with the England average at 91%, having increased from 90% in 2014/15.

The 2015/16 Key Stage 1 and 2 cohorts were the first to be assessed against the new, more challenging curriculum that was introduced in 2014. The results are now reported as scaled scores rather than levels. Because of these changes, Key Stage 1 and 2 figures for 2015/16 are not comparable to those for earlier years. A new measure of progress between Key Stage 1 and Key Stage 2 is being reported from 2015/16, replacing the previous 'expected progress'.

Key Stage 1: In Swindon, 71% of pupils reached at least the expected standard in reading, with 63% reaching the expected standard in writing and 70% in maths. The comparable figures for England were 74%, 65% and 73% respectively. The percentage of Swindon pupils reaching the higher standard for reading, writing and maths were 21%, 12% and 13% compared to 24%, 13% and 18% in England.

Key Stage 2: The attainment of Swindon pupils in tests was broadly similar to the national average. 67% achieved at least the expected standard for reading (66% in England); 70% reached this standard for maths (70% in England) and 73% reached the standard in grammar, punctuation and spelling (73% in England). Writing is assessed by teacher assessment. Only 60% of Swindon pupils were assessed as being at the expected standard for writing compared to 74% in England. This is very different to previous years when writing achievement was similar to the national average. Nationally, 54% of pupils reached the new expected standard in all of reading, writing and maths. In Swindon, this figure was 46%, with the gap due primarily to the writing assessment results.

The new progress measure compares pupil's Key Stage 2 results to those of other pupils nationally with similar prior attainment. A score of zero means pupils on average performed as well as those with similar prior attainment nationally. A positive score means pupils did better and a negative score means pupils did worse. The Swindon average progress scores for reading, writing and maths were -0.3, -3.6 and -0.4 respectively.

Strengths

- Attainment in the KS2 tests continues to be broadly in line with the national results in reading, mathematics and grammar, punctuation and spelling, as it had been in previous years and despite the higher expectations
- KS2 progress, from pupils' KS1 starting points, is broadly average for reading and maths

Challenges/Risks

- Secure accurate teacher assessment in all subjects at the end of KS1
- Secure accurate teacher assessment in writing and maths at KS2
- Improve the teaching and learning of phonics in Year 1

Secondary Education: Validated 2015/16 Results

Performance Assessment

Key Stage 4: The new Attainment 8 measure calculates a score for each pupil based on their grades in a selection of eight subjects, chosen to include E Baccalaureate subjects, and giving double weight to English and Mathematics. The average Attainment 8 for Swindon pupils is 48.0 compared to the national figure for the state-funded sector of 50.1.

The Progress 8 measure is a key stage 4 value-added measure comparing Attainment 8 scores with expected attainment based on pupil achievement at the end of Key Stage 2. A score of 0 represents the national average, calculated using all England schools. The national average for the state sector is -0.03. The average Progress 8 score for Swindon is -0.17. Six schools had positive Progress 8 scores and five had negative ones.

32.8% of Swindon pupils were entered for subjects that would allow them to achieve the English Baccalaureate (compared to 39.8% nationally) and 17.4% of all Swindon pupils achieved the English Baccalaureate (compared to 24.8% nationally).

Extensive work continues to support the new “Swindon Challenge” initiative to improve educational outcomes in Swindon. This includes strong partnership working with all partners through a range of programmes to improve attainment. Information sharing arrangements with secondary schools are also being developed to enable better information sharing of attainment and progression data amongst Swindon schools.

Key Stage 5: The average point score (APS) per entry for Swindon A level pupils is 26.67, equivalent to a C- grade. The APS per entry nationally is 30.44, equivalent to a C.

From 2015/16, vocational qualifications are recognised under the two separate groups of Applied general and Tech levels. Applied general pupils in Swindon had an average point score (APS), per entry of 31.33 equivalent to a Distinction- grade (34.66, nationally). Tech level pupils in Swindon had an APS per entry of 25.82 equivalent to a Merit grade (30.76, nationally).

51% of 19 year olds in Swindon in 2015 (the most recent validated destinations data) were qualified to Level 3, in comparison with 57.4% of 19 year olds in the state sector nationally.

Strengths

- Strong partnership with Swindon and OFSTED delivering conferences on narrowing the gap between Swindon and the National Average
- Development of information sharing agreement to enable sharing of rich data intelligence in relation to attainment and progression amongst Swindon Schools

Challenges/Risks

- Swindon underperforms on key headline measures for KS4
- Average point scores per entry for Swindon pupils are below the national average for all three groups of Level 3 qualifications
- The proportion of 19 year olds in Swindon qualified to Level 3 falls below the national average

Performance Assessment

Fixed term school exclusions (FTEs)

Figures for September 2016 to the end of January 2017 show that 856 Fixed Term exclusions (FTEs) were given to pupils in Swindon, marginally more than the 843 given in the equivalent period last year. There is a considerable time-lag for official DfE exclusion figures (due to appeals, reviews etc.) but the 2014/15 data show Swindon with a FTE rate of 5.6%, compared to 3.9% nationally and 3.8% regionally.

143 (17%) of Fixed Term exclusions were from primary-aged pupils while 713 (83%) were from secondary-aged pupils. Persistent Disruptive Behaviour remains the most common reason given by schools for exclusions, at 40% (342) from September to the end of January 2017. Physical assault against a pupil (15%) and verbal abuse / threatening behaviour against an adult (15%) were the second and third most common reasons for FTE.

Permanent school exclusions (PEX)

29 children were permanently excluded from Swindon schools up to the end of January 2017, compared to 11 children for the same period in the previous year. Notably this figure is also higher than the 24 children permanently excluded in the whole of the 2015/16 academic year. In addition to formal permanent exclusions, parents/carers of a further 10 pupils who had reached the point of permanent exclusion accepted their Head Teacher's offer of a 'withdrawn permanent exclusion'. This is a local agreement implemented from 2009 which is part of the Swindon Fair Access Protocol and enables pupils to move on without the stigma of a formal permanent exclusion. During the same period in the 2015/16 academic year, 14 parent/carers had accepted permanent exclusion withdrawal.

2014/15 national data show Swindon with a 'Permanent exclusions as percentage of school population' rate of 0.09%, in comparison to 0.07% nationally and 0.08% regionally.

Strengths

Challenges/Risks

- Fixed term exclusion rates still above the national average rate
- Over representation by vulnerable pupils receiving school exclusions
- More children excluded in this academic year so far than in the whole of the previous year

Performance Assessment

In January 2016, the percentage of pupils with a Statement of Special Educational Need (SEN) or Education, Health and Care Plan (EHCP), in Swindon was 3.8%. This is higher than the 2.8% reported for England and Statistical Neighbours. These figures are published annually, but for Swindon the latest census in October shows a small reduction in this figure to 3.7%.

It is worth noting that Swindon receives more requests for assessment per 10,000 population than Statistical Neighbours and England. In Swindon in 2015 the rate was 39.8 per 10,000 population compared to 28.6 for Statistical Neighbours and 34.2 for England. In Q3, there were 87 requests for assessment, compared to 49 for the same period in the previous year.

In Quarter 3 16/17, 60 new EHCP's have been issued; this compares to 52 for the same period last year. (NB: This figure includes statements that have converted to EHCP in the quarter).

In the calendar year 2016, Swindon issued 69.4% of EHCP plans within the required 20 weeks (excluding exceptions) this compares to 37.6% for 2015. The Special Educational Needs and Disability (SEND) reforms require authorities to convert SEN statements to EHC Plans by July 2018. Of statements open as at January 2016, Swindon had converted 42.8% of these by the end of December 2016.

Commissioners are working closely with partners to refresh Swindon's SEND strategy and develop an action plan to drive improvement. This has included the development of a SEN performance dashboard and audit framework to track progress. A "turning the curve" exercise has been undertaken to address the high prevalence of children who have a statement/ EHC plan in Swindon. The resulting action plan being developed will focus on:

- Ongoing review of SENRAP (Special Educational Needs Resources and Assessment Panel).
- Workforce development re quality first teaching.
- A review of the SEN funding formula including the notional SEN budget to increase the funding to schools without the need for a statutory plan.

Strengths

- Embedding the Special Educational Needs and Disability (SEND) reforms
- SEN Performance Dashboard and audit framework development completed

Challenges/Risks

- Higher rate of children who are SEN compared with the national average
- Timeliness in issuing ECHPs – although improvements shown during reporting period
- Conversion rate for statements to EHC plans

School Attendance, NEET, Participation in Learning and Youth Unemployment

Performance Assessment

The DfE introduced a more rigorous Persistent Absenteeism threshold from 2015/16. Pupils are now classified as PA if they miss 10% or more of all possible sessions – up from 15% in 2014/15.

Primary School Absence stood at 3.7% for the Autumn and Spring terms of 2015/16, down from 3.9% in the previous year and below the national average of 3.9%. In terms of Persistent Absenteeism, 8.1% Primary pupils (1,328) hit the threshold in the Autumn and Spring terms of 2015/16, down from 8.7% in 2014/15 (1,392 pupils). Primary persistent absence in Swindon compares favorably to the national and regional averages (both 8.8%).

Secondary School Absence continues a steady decrease with an all-time low of 4.9% in the Autumn and Spring terms of 2015/16, down from 5.1% in the previous year and slightly below the national average (5.0%). In terms of Persistent Absenteeism, 12.7% Secondary pupils (1,438) hit the threshold in the Autumn and Spring terms of 2015/16, down from 14.1% in 2014/15 (1,593 pupils). This remains somewhat above the national average of 12.3%.

Locally reported monthly absence data show both primary and secondary absence rates are higher than last January (4.4% and 6.6% respectively compared to 3.8% and 5.2% in January 2016).

Pupils attending good or outstanding schools

As of 31st August 2016, 94% of Swindon primary pupils were attending good or outstanding schools, above both the national (90%) and regional (92% averages). However, only 48% of secondary pupils were attending good or outstanding schools, compared to 82% in England and 88% in the South West.

Post-16 activities of young people: NEET, participation in Learning and Youth Unemployment

January 2017 figures show that the proportion of 16-17 year-olds **in learning** (education or training) activities in Swindon, at 91.5%, is up on the previous year (89.3%) – a difference of 62 young people, out of a possible 4500. The learning rate is currently below the national average (92.2%) and South West average (91.8%). Looking at previous years we know that Swindon is quick to track most destinations before the October data submission. However 'In Learning' national and regional figures will start to level between November and December.

Local authorities have a statutory duty to track young people's post-16 activities, with the primary aim of identifying those not participating so that support can be provided for those to take on positive activities. The proportion of young people in **'unknown'** activities was 2.9% (145) for 16-17 year-olds in January 2017, 2.3%pts lower than the previous year, at 5.2% (274 young people). This is equal to the national and regional averages. The proportion of 16-17 year-olds that were **NEET** in Swindon as at January 2017 was 2.9% (145 young people) – higher than last year's figures of 2.3% (121), and just above the national average. The increase of NEETs can be mostly explained by more young people being tracked, therefore moving from the Unknown cohort to NEET.

In terms of the wider cohort (16 to 24 year-olds), the **Youth Unemployment rate** - *those working out of all those 'available' for work* - was on average 11.6% during October 2015 to September 2016, compared to 12.6% in 2014/15 and compares favourably to a national average of 14.0% and regional average (12.8%).

Strengths

- Primary and secondary school absence rates lower than the national average
- Reduction in the youth unemployment rate (16-24's)
- An increase in young people 'In Learning' and a drop in the Unknown rates for the RPA cohort (16-17s)

Challenges/Risks

- Persistent Absenteeism & % pupils attending good or outstanding secondary schools
- Keeping our figures stable and performing in line with national average

Performance Assessment

As well as reporting NEET for the Swindon population as a whole there are also some key measures in relation to NEET and EET that are reported to the Department of Education as part of our statutory reporting responsibilities for our care leavers.

We have a responsibility to keep in touch with our care leavers up until the age of 21 and promote, encourage participation in learning opportunities. We also have a responsibility to actively monitor whether young people are engaged in Education, Employment and Learning activity. The headlines below refer to quarter 1 of 16/17. Please note that as early in the reporting year there are only 34 care leavers in the co-hort, the statistics therefore should be treated with an element of caution in terms of drawing conclusions this early in the reporting year.

Care Leavers in NEET (Low is good)

Care leavers who are NEET slightly decreased from 50.7% in 14/15 to 48.3% (85 out of 176 young people) in 15/16. The 14/15 National average was 39% Statistical neighbour was 39.3%. Although a positive direction of travel since 14/15, Swindon is still above national and statistical neighbour average. It was also the highest in the South West in 14/15, where an average of 42% was reported. Between April 2016 and January 2017 46.5% of care leavers were NEET

Relevant context of NEET population: 4 of the NEET care leavers (13.2%) were due to disability or illness as at the end of January 2017. This is higher than the 8% recorded nationally in 15/16, and is higher than the 9.1% outturn for 2015/16. 5 (3.5%), was due to parenting responsibilities; lower than 20% for 2015/16 and lower than the national average of 6%. The reason for the decrease in this group in January 17 is that a number of young parents moved out of the NEET co-hort as turned 22.

Care Leavers in EET (High is good)

Care leavers EET increased from 33% in 14/15 to 48.9% in 15/16 (86 out of 176 young people) - National 14/15 comparator was 48% and the Statistical Neighbour average 46.6%. High is good for this performance measure, and we are now in line with national average. This is positive. Between April 2016 and January 2017 performance improved again to 52.1%.

Strengths

- EET has increased significantly from last year and is now in line with national average
- Swindon has a very low number of “unknowns” compared with others, meaning that we are in touch and actively engaged with our care leavers .

Challenges/Risks

- Swindon has a high number of NEET with a disability compared with others, and routes to EET for this group is challenging

Performance Assessment

Number of Young People committing offences for the first time – First Time Entrants (FTE)

The locally set target is to maintain low numbers of first time entrants (FTEs) into the justice system. Based on previous year's outturns our local target is to have less than 30 first time entrants into the justice system per quarter. Local data indicates an decrease from **29 FTE's** in **Q2 2016/17** to **15 FTE's** in **Q3 2016/17**. Nationally reported figures (published by the Youth Justice Board YJB) for the rolling year (Jul 15 – Jun 16) show there has been small reduction in the number of FTEs from **132 to 127 individuals**. There is ongoing work designed to try and recognise and reconcile the high figures reported by YJB against the local data which suggests much lower numbers and more in tune with SW and National data and trends. Nonetheless the downward trend is welcome.

Re-offending

Data is produced by the Ministry of Justice (MoJ) using police (PNC) and Youth Justice Board (YJB) data and is based on a rolling cohort identified 24 months previously. Swindon's re-offending rate has been reducing year on year since it's peak of 43.2% in 2012/13. Latest data shows Swindon's reoffending rate at 36.5% for Jan 14 – Dec 14 which is lower than the national average of 37.8%. Whilst the decrease shown is welcome it does not reflect current data, trends or concerns. This is predominately why Swindon YOT have, with the approval of the YOT Management Board, moved to using the 'live tracker' YJB tool which gives contemporaneous data with the data effectively re-set each financial year. The cohort it is based on is those with a substantive outcome in the current financial year that have subsequently re-offended in year. Therefore at the start of each year this figure will be very low (as they will have only had a couple of months in which to re-offend) but is very likely to increase throughout the year as the cohort grows and the amount of time in which the cohort can re-offend increases. Using 'live tracker' the current re-offending rate (April 2016 to December 2016) shows a local current Swindon re-offending rate of **32.4%**.

Strengths

- FTE rates remain low and continue to reduce and Re-offending rates showing a positive direction of travel
- Post inspection action plan well progressed

Challenges

- Ensuring cautions and pre-Court disposals are used where appropriate
- Reconciliation of PNC and local datasets for First Time Offending to ensure data is accurately reported
- National predictions of increasing in FTE, and challenges to service this brings.

Performance Assessment

Healthy Child Programme

Breastfeeding

Prevalence of breastfeeding at 6 weeks was 47.1% of all eligible babies (724) during Quarter 2 of 16/17, compared with 44.4% nationally and 48.6% in Quarter 1 of 2016/17. The coverage in Q2 was 95.9% in Swindon which is the same as Q1 16/17. Nationally, coverage in Q2 was 87.5%. Coverage is measured in terms of all eligible babies receiving a 6-8 week visit from their health visitor.

Health Visitor Contacts

Antenatal visits by Health Visitors at 28 weeks are now being completed and in Quarter 2 of 16/17, 463 pregnant women have a recorded visit after 28 weeks gestation. This compared to 498 in Quarter 1.

New Birth Visits were completed for 98.2% of eligible babies in Quarter 2 (80.9% before 14 days and 17.3% after), a slight drop from the 98.7% in Quarter 1 but still higher than the 97.8% reported nationally.

6-8 Week Reviews were completed for 84.4% of 724 eligible babies by the time they were 8 weeks old, which is in line with the 84.3% reported in Quarter 1, but higher than the 81.9% reported nationally.

12 Month Checks were completed for 77.9% of 712 eligible children prior to them reaching 15 months. This has increased from the 70.5% reported in Quarter 1, but is lower than the national figure of 82.5%.

2-2.5 Year Checks were completed for 72.4% of 733 eligible children, increasing from 72.1% in Quarter 1 but lower than the national figure of 78.1%. Of those visited, 79.9% had a developmental test (known as ASQ-3 test), completed compared with 77.9% in Quarter 1.

Strengths

- Coverage for the 6-8 week visit and breastfeeding advice remains high and is above national performance.
- The vast majority of new birth visits are taking place within 10 days

Challenges

- 12 month checks have improved considerably since Q1 (7.4ppts), but still have a gap of 4.6ppts compared to national performance.
- Following an increase in Q1 of antenatal visits, in Q2 it has dropped slightly. This will need to be monitored to ensure it stabilises.

Performance Assessment

Obesity

The prevalence of obesity for both Reception and Year 6 children in the 2015/16 decreased from the previous academic year and the figures were lower than those reported nationally in 2014/15: 8.5% of 2,701 Reception were classed as obese, decreasing from 9.2% the previous year. In Year 6 the prevalence was 17.4% of 2,199 children, a 2.1% decrease from 2014/15.

The combined proportion of overweight and obese children in Reception was lower in Swindon than in the whole of England (according to the 2014/15 figures) – 21.1% compared to 21.9% – yet it increased from the previous year's figure of 20.5%. The prevalence in Year 6 was also lower than the national figure (32.7% as opposed to 33.2%) and decreased from 34.3% in 2014/15.

Immunisations

Uptake of primary vaccinations at 24 months decreased for the third consecutive quarter, from 97.6% in Q3 2015/16 to 97.2% in Q2. Uptake for Primary MMR at 24 months, however, increased by 1.6%, from 93.8% to 95.4%. All 13 measures were higher than both the national figures and those reported for the Bath, Gloucestershire, Swindon and Wiltshire Area Team.

Uptake for diphtheria, tetanus and polio (Td/IPV) vaccination in Year 9 pupils for the 2015/16 school year was 89.3%, dropping slightly from 91.8% in 2014/15. The Meningitis ACWY vaccination was introduced in the 2015/16 school year and uptake amongst Year 9 pupils was 89.4%, compared with 91.3% receiving the Meningitis C vaccination the previous year. The percentage of Year 9 girls completing a two-dose course of HPV was 95.8% whereas in the previous year 95.0% completed the course. At this time national data for school-based immunisations is not published so no comparison can be made.

Strengths

- Uptake across immunisations is high compared with others

Challenges

- Decrease in obesity at both reception and year 6, and lower than national average. Need to ensure that this is a sustained decrease and continue to work with partners as this reflects the effective work being done by all agencies who contribute to this outcome.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

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29th March 2017

Author:	Service Manager for Quality Assurance and Review Service
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To update the Committee on work being undertaken regarding Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse.
- 1.2 This is the first report and it has been requested to update the committee of the progress being made in relation to Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse.
- 1.3 Tackling these areas of harm which children and their families in Swindon experience is linked to the Council's Corporate Priority of reducing vulnerability. It also contributes to the One Swindon Priority: Living Independently, protect from harm, leading healthy Lives and making a positive contribution. There are also links to the Crime and Disorder Act whereby Section 17 of the Act 1989 makes it a statutory responsibility for all local authorities to consider community safety as part of its core business.

2. Recommendations

2.1 The Committee is recommended to:

The Committee is recommended to note the contents of this report and provide appropriate challenge and scrutiny in relation to the information it contains. It is the responsibility of the author to take forward any actions required.

3. Child Sexual Exploitation (CSE):

- 3.1 The council's CSE working group was established in January 2015 which is now chaired by Karen Reeve Director of Children Services. (Previously John Gilbert). The CSE strategy has been refreshed and has been approved by cabinet in February 2017. The Council CSE Working group is currently writing a new delivery plan and each Head of Service will be supporting the strategy with SMART actions and measures.

Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

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- 3.2 A successful bid was made to One Swindon that led to leaflets being produced for children, taxi drivers, hotels, leisure centres, bus drivers, parents and professionals
 - 3.3 The money from the One Swindon Bid is also providing training. The aim of training for organisations outside of the Council is to train the trainer so this can be rolled out as part of their ongoing safeguarding training.
 - 3.4 A new basic CSE e-learning course is now available. It has finally been agreed by the Council's Corporate Management Team that the course will be mandatory for all SBC staff in contact with the public. A mandatory targeted e-learning course was already in place for all Children, Families and Community Health staff.
 - 3.5 The Local Safeguarding Children's Board (LSCB) undertook a multi-agency staff survey. Results from the survey were mostly positive and indicated a good awareness of CSE across the workforce.
 - 3.6 Additional training has been developed through the Children's Workforce Development Team to enhance practitioner's skills and practice also in relation to CSE and children with learning difficulties and working with parents.
 - 3.7 Multi-agency Risk Panel (MARP) quality assures the children who are high risk of CSE, Criminal Exploitation and Missing. Over the last 6 months, MARP saw an increased number of referrals for children who are being criminally exploited. These have all been boys. As a direct response to this change in vulnerability the role of the CSE and Missing Manager has been extended to include this development area and the revised council CSE strategy also reflects this change.
 - 3.8 MARP further focus on perpetrator disruption in relation to each child and the use of all orders/powers available to the council and the police.
 - 3.9 Children who have been missing three times in 90 days, for over 24 hours and children under 13 are also highlighted at MARP. Participants at MARP, challenge the absence of a clear plan for a child or when strategy discussions are not being undertaken to address risk associated with children that go missing. There is also a shift in emphasis to ensure that children that do go missing, who are not open to social care, are actively supported through the Early Help Record and Plans so that support can be put in place in a more proactive and preventative way.

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- 3.10 Multi-Agency Perpetrator Disruption Meetings have been developed jointly with the police to discuss complex cases. These are convened quickly when concerns are highlighted in relation to perpetrators. They are chaired by the police detective inspector for public protection. MARP has made requests for these meetings to be convened. Police and Children's Social Care have also made requests.
 - 3.11 There has been challenge to the Police by MARP to provide performance information regarding the legal orders used to pursue perpetrators and this information is now developing.
 - 3.12 Multi-Agency Support Networks have been established and chaired by the CSE and Missing Manager for key schools where MARP has identified concerns regarding Criminal Exploitation.
 - 3.13 MARP was subject to an Independent Evaluation in 2014. The same evaluator is currently re-evaluating MARP and has observed one of its meeting with initial positive feedback. It is of key importance to be able to demonstrate the impact of MARP.
 - 3.14 Opal Team: The multi-agency Opal Team has been operational for nine months. The team are co-located at Clarence House and work closely with the Multiagency Safeguarding Hub (MASH) / Family Contact Point (FCP). One of the key benefits of this model has been the sharing of intelligence that has safeguarded children and disrupted perpetrator activity.
 - 3.15 The Opal Team practitioners deliver bespoke packages for each child. These are closely linked with their care plans and are negotiated with the child and family.
 - 3.16 The service is child-centred; staff work flexibly by working outside normal office hours and weekends as/if required.

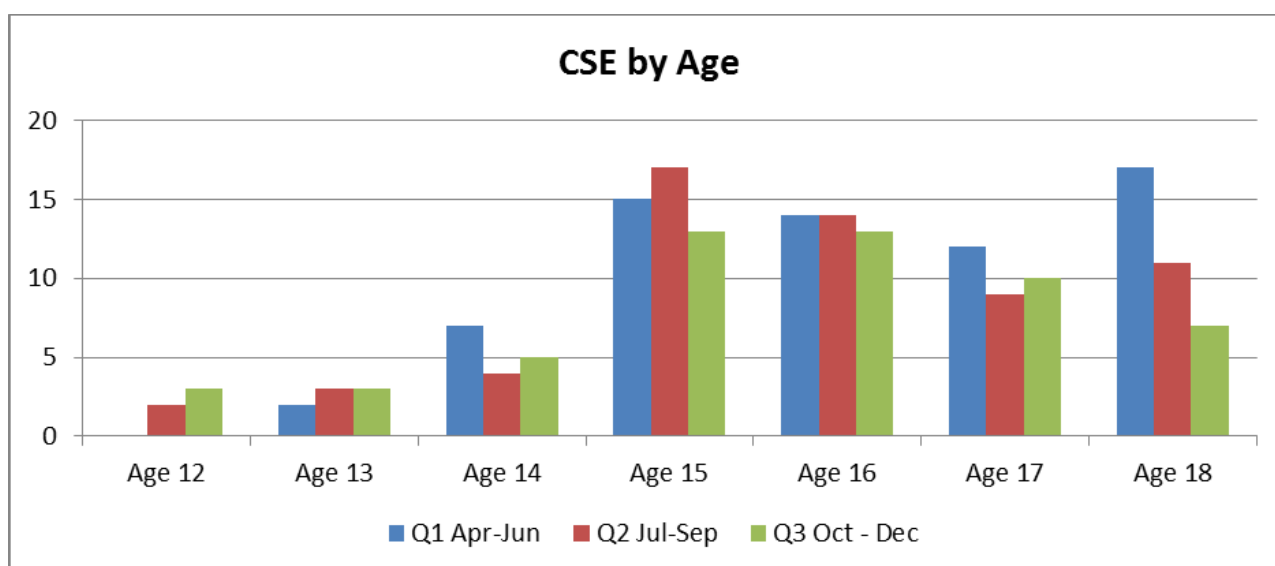
A performance scorecard is in place for CSE. The following quantitative information is collected on a quarterly basis.

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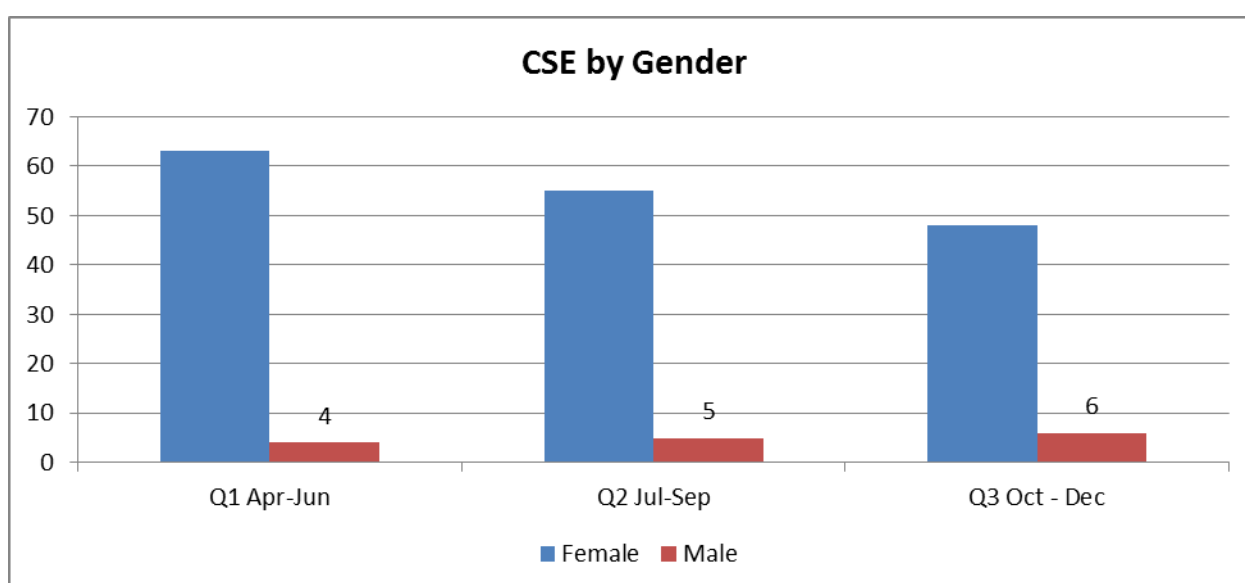
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Table 1 shows the age of children subject to CSE by age across Q1 Q2 and Q3.



This information evidence that the target age where children become subject to CSE is from 15 years onwards. This indicates that the younger children, and the prevention strategies below 15 years could possibly be strengthened.

Table 2 shows the number of children who are subject to CSE by gender across Q1, Q2 and Q3



Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

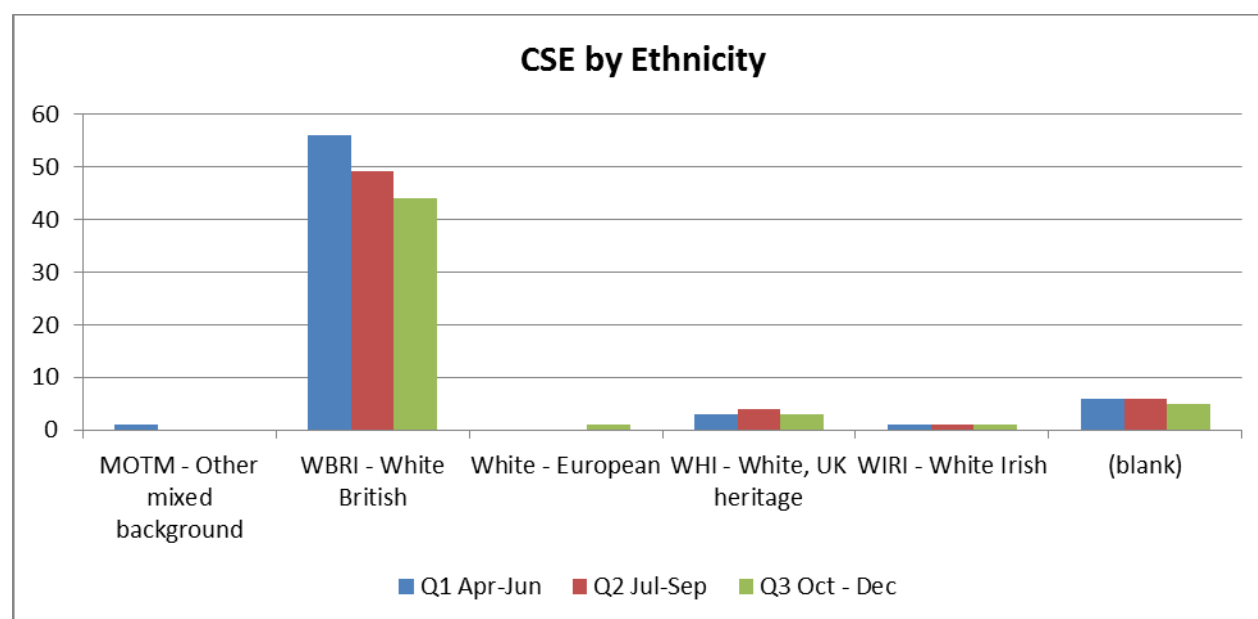
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This information shows us that boys are starting to be identified as victims of CSE. This was an area of concern as professionals do not always recognise boys as being subject to CSE.

Table 3 shows the comparison of children subject to CSE across Q1, Q2 and Q3



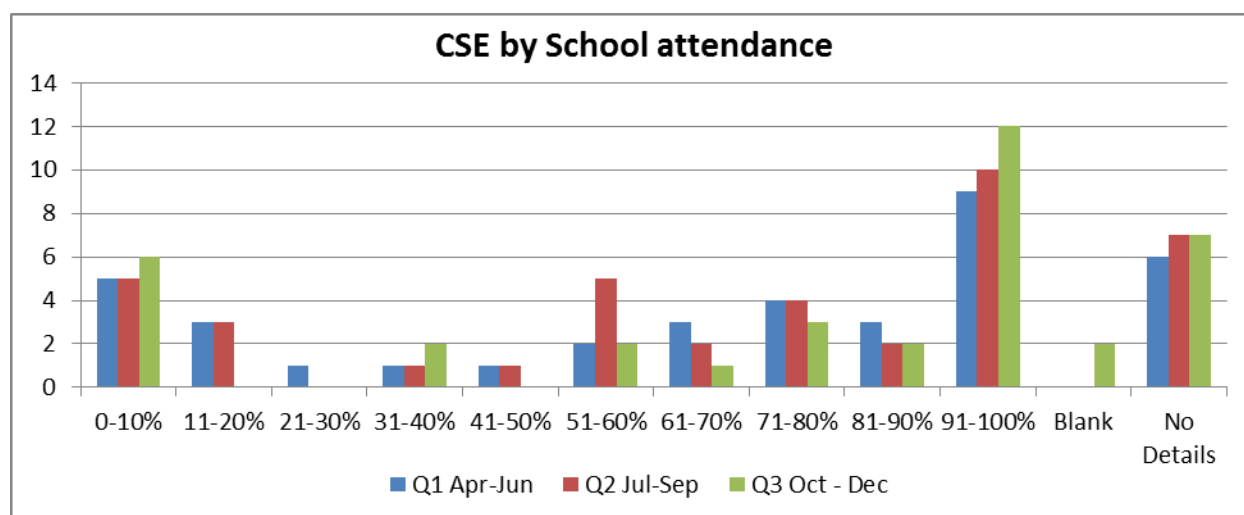
This table evidence that white British children are the highest ethnic group who are subject to CSE. This does not mean that other ethnicities are not subject to CSE rather it is not being identified and referred to services.

Table 4 shows the school attendance of those children subject to CSE (up to 16 years) and their school attendance across Q1, Q2 and Q3.

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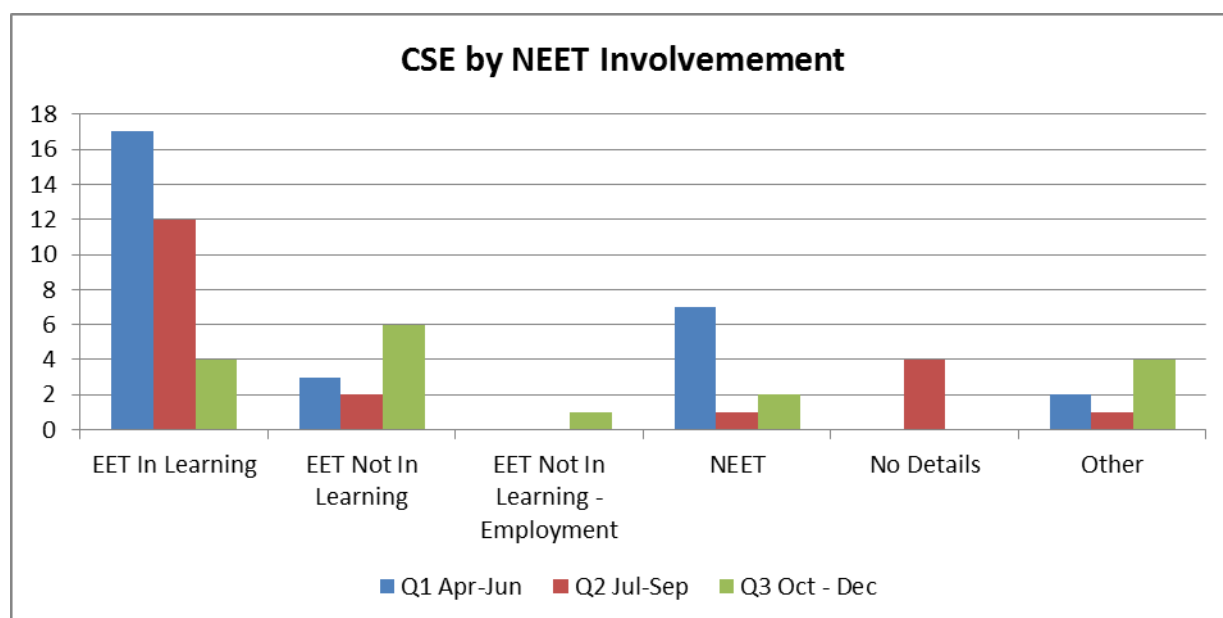
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This table indicates that the numbers of children subject to CSE is decreasing, and that those who are subject to CSE are improving their school attendance. This is good.

Table 5 shows the NEET Activity (17-18 yr olds) across Q1, Q2 and Q3.



This table evidence a reduction across Q1 – Q3 for those young people subject to CSE who are NEET.

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3.17 Honour Based Violence (HBV)/ Female Genital Mutilation (FGM) /Forced Marriage

In 2015/2016 there were 5 contacts to Children's Social Care in relation to FGM. All resulted in no further action. There were 4 referrals in relation to honour based violence and all progressed onto assessments. One referral in relation to concerns about Forced Marriage, was not substantiated at the conclusion of an assessment. There is a good awareness within MASH/FCP and the Assessment and Child Protection Team around concerns relating to FGM, HBV. Partner agencies are referring into the service and seem to also have a good understanding.

3.18 Specialist awareness courses continued in 2015/2016 and 80 practitioners attended. A good cross section of agencies attended from health, education, voluntary sector, police and SBC were trained. There are a further two full day courses planned for 2017/2018 (March & October) and two half day sessions just on FGM in June.

3.19 The community safety partnership lead on the development of the Violence against Women and Girls Strategy, HBV, FGM and force marriage are key areas in the strategy and will form part of the delivery plan. CSE and Teenage Domestic Abuse are also key areas of the Violence against Women and Girls Strategy.

3.20 The FGM protocol and practitioner toolkit is still in place and will be updated by a multi-agency working group within the next two months.

3.21 Domestic Abuse

Swindon has estimated high levels of domestic abuse, compared with its 'nearest neighbours'. Evidence suggests that the number of children affected by domestic abuse has increased in recent years. Domestic Abuse continues to be a high priority across all of Children Families and Community Health and work is underway within the Community Safety Partnership to develop the risk, prevalence and impact of domestic abuse in Swindon by developing new models of working which are based on successful evidenced based practice.

3.22 Domestic abuse (DA) accounted for 32.5% of contacts for MASH in January 2017 (352 contacts) - however this is only where DA is identified as being the primary reason for referral. This is higher than any other category of need. Table 6 depicts the rate of domestic abuse referrals that progressed to referrals between April 2016 – January 2017. This shows the percentage of those contacts that became referrals to social care.

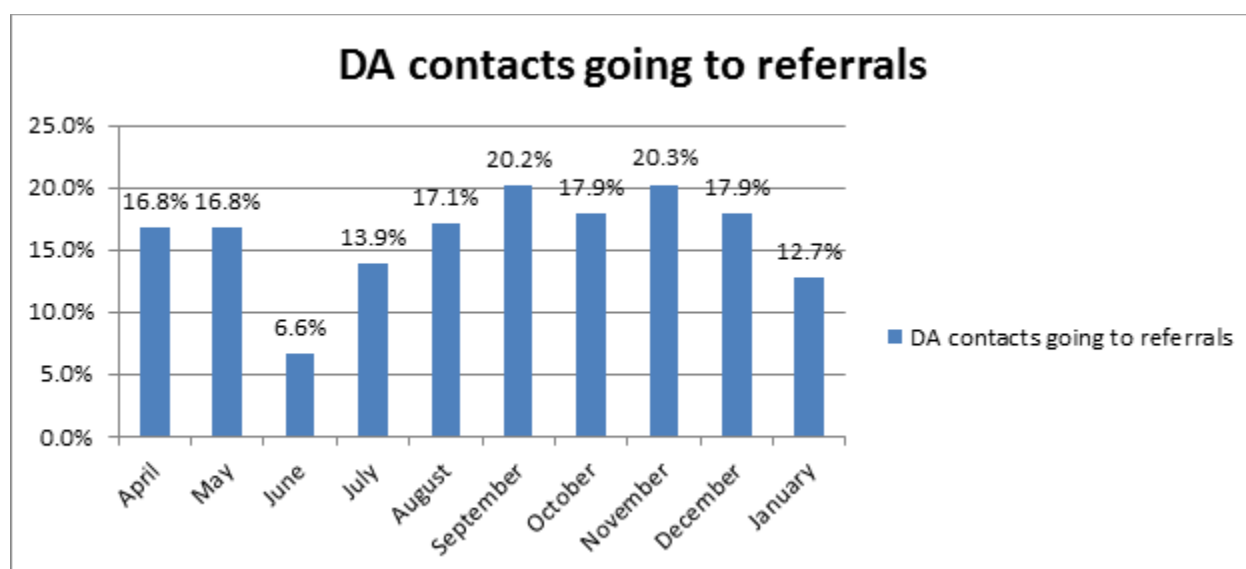
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Table 6



- 3.23 MASH has been working with partner agencies regarding its pathways for referral and domestic abuse and involved schools in a number of workshops in November 2016.
- 3.24 FCP/MASH also have information sharing agreements with the refuge and they advise every time a Swindon family leave the refuge.
- 3.25 Police are risk assessing domestic abuse notifications to consider the risk to a child and a RAG rating is being applied.
- 3.26 The new model for sharing police notifications, Encompass - started in February 2017 and police are now sharing all domestic abuse notifications with schools. Police are going to expand this model to include the sharing of notifications with Early Years and Health partners as well. There are also meetings in place to progress the sharing of this information with GP’s. In the meantime, Children Social Care continue to share these notifications.
- 3.27 Children’s Social Care are leading on the Strengthening Families – ‘Repeat Removals’ project which is about to commence. This project is based on the national research that at least 1 in 4 women will return to the family court, having previously lost a child through a court order, and the chances of having a child removed increases to at least 1 in 3 for the youngest women who were

Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

teenagers at the birth of their first child. This statement is supported by research undertaken by Professor Karen Broadhurst, Dr Bachar Alrouh, Claire Mason and Emily Yeend (2015).

- 3.28 After a child had been removed from a mother's care, a mother was unlikely to get the required level of help to bring about the changes needed, because agencies are not under any statutory obligation to provide comprehensive post removal support; many of these women had experienced very difficult childhoods themselves and are then severely and emotionally damaged by the removal of their baby.
- 3.29 In Swindon, we found that between June 2013 - June 2015, 34 mothers returned to court losing 66 subsequent children to the care or adoption system. In the majority of these cases it was due to domestic abuse and a parent's failure to protect a child/ren.
- 3.30 A number of projects and initiatives have been developed, across England, to address this problem. Pause Project and similar initiatives across other Local Authorities have demonstrated the positive impact of working with mothers and families to reduce repeat removals.
- 3.31 Swindon is starting a Project to provide a multi-agency support pathway for vulnerable women and families, who have had at least one child removed from their care or have an unborn child on a child protection plan where the plan is removal. The purpose of such a support pathway is to reduce the number of children taken into care following unplanned pregnancy and to improve parenting capacity for planned births into vulnerable families, where a chaotic lifestyle would preclude them from safely caring for a child.
- 3.32 The proposal is to offer:
- Mothers and their partners to engage with the idea of long term reversible contraception (LARC) in order to avoid unplanned pregnancy; and/ or
 - Mothers and their partners who do wish to have a family, support, them to modify behaviours and circumstances in order that they can successfully parent

Through this Project it is planned to reduce the number of children that become looked after by the local authority.

Child Sexual Exploitation, Female Genital Mutilation (GM), Honour Based Violence (HBV) and (DA) Domestic Abuse Update

Children's Health, Social Care and Education Overview & Scrutiny Committee

29th March 2017

4. Alternative Options

4.1 This report is for information only.

5. Implications, Diversity Impact Assessment and Risk Management

5.1 Financial and Procurement Implications

At the time of writing this report there is no discernible financial implications.

5.2 Legal and Human Rights Implications

Human Right considerations have been taken into account fully in compiling this report. It is considered that the recommendations of this report are compatible with Convention rights.

5.3 All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

None

5.4 Diversity Impact Assessment

This report is covered by the Diversity Impact Assessment for Swindon's Children Social Care.

5.5 Risk Management

There are no risk implications.

6. Consultees

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None

8. Appendices

8.1 None

Further information on the subject of this report can be obtained from Fiona Francis, ffrancis@swindon.gov.uk.

Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 29th March 2017

Author: Director of Law & Democratic Services
Wards: All Wards
Locality Affected: All Localities
Parishes Affected: All Parish Areas

1. Purpose and Reasons

- 1.1 Each Overview and Scrutiny Committee is requested to have a work programme that details the activities that it will be undertaking during the Municipal year.
- 1.2 The work programme details the various topics and issues that each Committee intends to look into during the coming year with the aim of producing evidence based recommendations intended to provide service improvements for Cabinet and external agencies/bodies to consider.
- 1.3 Under the Council's Constitution, Overview and Scrutiny Committees are required to agree a work programme at the start of the municipal year outlining their priorities and likely outcomes of considering these issues.

The work programme is developed taking into account:

- Corporate priorities and objectives, including the Cabinet Forward Plan.
 - Partnership strategic priorities and objectives.
 - The interests and concerns of Members, Council officers, members of the public and other stakeholders such as community and voluntary groups and local businesses.
- 1.4 Committees are encouraged to review the work programme on a regular basis to ensure it remains relevant and to prioritise the workload of the Committee.
 - 1.5 Members are reminded that the work programme must also take into account:
 - The workload of the Committee and of individual members.
 - The capacity of the Scrutiny Unit and other officers to support a review.
 - The resource implications of carrying out a review.
 - The timescales for a review.
 - The most appropriate method of carrying out a review e.g. Committee meeting, Task Group, Member Champion review.
 - 1.6 The Local Government and Public Involvement in Health Act 2007 have presented the Children's Health, Social Care and Education Overview and Scrutiny Committee with a role, remit and powers regarding local health matters.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 29th March 2017

- 1.7 The Children's Health, Social Care and Education Overview and Scrutiny Committee is encouraged to be mindful of its role and remit when considering a work programme for the 2016/17 Municipal Year.

2. Recommendations

The Committee is recommended to:

- Consider and discuss the Chair's proposal for the 2016/17 work programme.
- Approve the proposed Work Programme for the 2016/17 Municipal year.
- Appoint Members to any Task Groups agreed by the Committee.

3. Detail

- 3.1 It is important that Overview and Scrutiny adds value to the work of the Council and the Borough and produces tangible outcomes for local people that result in real service improvements. Selecting the right topics is crucial to ensure that Overview and Scrutiny will be effective.

The work programme will be reviewed at every Committee meeting or as the Committee sees fit to ensure that it remains relevant and that Members and Officers have sufficient capacity to effectively achieve its objectives.

- 3.2 The Work Programme attached at Appendix 1 includes these suggestions and the Committee is asked to approve the work programme for the 2016/17 municipal year.
- 3.3 Members of the Children's Health, Social Care and Education Overview and Scrutiny Committee are encouraged to work with Cabinet in the best interests of the Borough and to take into account the priorities and suggestions of Cabinet as detailed in the Cabinet Work Programme and Forward Plan, attached at Appendix 2 when considering the contents for their work programme.
- 3.4 In addition, attention is drawn to the Scrutiny Process Flowchart, attached at Appendix 3, which is aimed at assisting the Committee in identifying how they could influence policy development.

Task Group Reviews

- 3.5 The Committee is required to undertake individual reviews throughout the municipal year and proposals for reviews should be proposed and discussed at the Committee meeting.

4. Alternative Options

- 4.1 The Committee can choose not to have a detailed work programme although it is recommended that it is best practice to do so.

Further information on the subject of this report can be obtained from Contact Rita Glen-Gallo, 01793 463410, rglen-gallo@swindon.gov.uk

Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 29th March 2017

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no financial or procurement implications arising as a result of this report. Any expenditure arising as a result of an item on the Committee's work programme will be met by the Overview and Scrutiny Support budget, subject to the approval of the Committee.

Legal and Human Rights Implications

- 5.2 Section 21 of the Local Government Act requires every local authority to establish an overview and scrutiny function to hold the Executive to account, undertake policy development and review, monitor and improve performance.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no other direct implications arising as a result of this report. Any further implications will be identified when a topic is reviewed by the Scrutiny Committee and in any recommendations made by the Scrutiny Committee.

Links to One Swindon, Plans and Policies

- 5.4 The remit of the Committee includes the review, scrutiny and development of policy recommendations and the monitoring performance of corporate priorities including One Swindon.

Diversity Impact Assessment

- 5.5 No Diversity Impact Assessment is required at this stage, any DIA that is required during review of topics included within the work programme will be identified at the appropriate stage.

Risk Management

- 5.6 No risk management issues have been identified at this stage. Any risk management issues will be identified at the appropriate time when a topic is under review by the Scrutiny Committee and if it makes any recommendations.

6. Consultees

- 6.1 The Section 151 Officer and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

Work Programme 2016/17

Children's' Health, Social Care and Education

Overview & Scrutiny Committee

Date: 29th March 2017

8. Appendices

- 8.1 Appendix 1 – Work Programme for 2016/17.
- 8.2 Appendix 2 – Cabinet Work Programme and Forward Plan for the period 10th February 2017 to 10th February 2018.
- 8.3 Appendix 3 – Scrutiny Process Flowchart.

Children's Health, Social Care and Education **Work Programme 2016-2017**

Terms of Reference of the Committee

To fulfil all the functions of an overview and scrutiny committee as they relate to: –

- The review, scrutiny, and development of policy recommendations.
- The management of performance.
- The monitoring of progress towards delivering relevant strategies and corporate priorities.
- The formulation of advice for the Cabinet, Council and other partners and stakeholders.

To have specific responsibility for (but not limited to) the scrutiny of:–

- The performance of services for children towards agreed local and national Performance Indicators.
- The quality of provision and effectiveness of Local Authority strategies to raise standards of education within Swindon.
- Specialist social services and integrated social services for children and young people in Swindon.
- The delivery of services to children and young people in Swindon generally.

In addition, as these relate to Children and Young People:

- The performance of services seeking to deliver healthy communities towards agreed local and national performance indicators.
- Health, health commissioning and service delivery.
- Public Health, Health promotion and the work of the Health and Wellbeing Board.
- Health Integration and collaborative working and commissioning with Health agencies and providers and General Practitioners.

In accordance with Section 7 of the Health and Social Care Act 2001 (as amended), the Children's Health, Social Care and Education Overview and Scrutiny Committee will undertake scrutiny of local health service providers jointly with the Adult's Health, Social Care and Housing Overview and Scrutiny Committee.

Review of the Work Programme

The work programme will be reviewed at every meeting of the Children's Health, Social Care and Education Overview & Scrutiny Committee to ensure that it remains relevant, to ensure that Members and Officers have sufficient capacity to deliver the work programme and to include any additional items on the work programme, if appropriate.

Contact details

Committee Officer: Rita Glen-Gallo
Email: rglen-gallo@swindon.gov.uk
Tel: 01793 463611

6th July 2016		
Item	Objectives	Witnesses
Co-optees Appointment	To confirm the appointment of Co-optees to the Committee.	Chair
Performance Report	To provide a detailed report on the Children's Services performance, informing the Committee of the latest indicators across Children's Services.	Phillipa Lamb / Jo Ash
Youth Forum and Youth Parliament	To introduce new Youth Parliament members; receive details of the Youth Forum's work for the 2016/17 period and to give the Committee an opportunity to identify any issues raised that Overview and Scrutiny can assist with.	Paul Dobson/ Claire Smith
Work Programme discussion	To set the work programme for the forthcoming municipal year and agree Task Groups and Membership on to those groups.	All

14th September 2016 – Themes: SEND; Disabilities; Transport Appeals		
Item	Objectives	Witnesses
SEND & Disabilities	To inform the Committee on the inspection regime to include preparatory work and policy dynamics.	Lyn Frith
Provision at Saltway	To update the Committee on work being undertaken by Saltway Centre to include performance and policy development.	Mark Green
Transport Appeals	To update the Committee on School Transport system to include information regarding policy, funding and transport appeals.	Rebecca Mathis/ Ann Crowley

9th November 2016 – Themes: Adolescent Issues; Health		
Item	Objectives	Witnesses
Youth Parliament	To include an update on the Youth MP Survey.	Paul Dobson
Youth Offending Team	Update on work being undertaken by the Restorative Youth Service since its last report to include: a) challenges and achievements of the service and b) presentation (DVD) relating to restorative justice.	Matt Bywater

9th November 2016 – Themes: Adolescent Issues; Health		
Mental Health – TAMHS, CAMHS	Update on mental health of young people to include challenges, evidence of need and impact.	Maria Young (TAMHS) / Thomas Kearney (CAMHS)
Performance of health services performance to include immunisation	<p>Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services.</p> <p>To include take up and effectiveness to include meningitis vaccinations for young people.</p> <p>GWH (to include A&E, midwifery, paediatrics; Child's Voice).</p> <p>CCG (to include waiting times on autism pathway).</p>	<p>Phillipa Lamb/Jo Ash</p> <p>Cherry Jones</p>

18th January 2017 – Theme: Education & Standards		
Item	Objectives	Witnesses
Education Standards	To provide the Committee with the latest school standards figures; the impact of academies; Swindon schools' standards as compared to out of borough; school improvement arrangements; update on work being undertaken by the Education Strategy Board; Ofsted Local Authority School Improvement Report update.	Peter Nathan
Early Years	To update the Committee on the Early Years Pilot Project.	Peter Nathan
Routes to Employment	Detailed report by the Routes to Employment Commissioner on the actions being taken to address the reduction in the Youth employment rate.	Sally Burnett
Update on Autism Pathway	To update the Committee on the work being undertaken to improve the Children's Mental Health Pathways	Gill May (CCG)

29th March 2017 – Themes: Child Protection; Social Care Work		
Item	Objectives	Witnesses
Child Protection and Social Care	<p>To receive a report on child protection work being undertaken to include recruitment of social workers; an update on Government SW accreditation; caseload issues/ SW Health Check issues.</p> <p>To update the Committee on work being undertaken regarding Child Sexual Exploitation, Female Genital Mutilation, Honour Based Violence and Domestic Abuse.</p>	<p>Maria Young</p> <p>Fiona Frances</p>
Performance	<p>Detailed report on the Children's Services performance. Informing the Committee of the latest indicators across Children's Services</p> <p>GWH (to include Service Level Agreements; Standards)</p> <p>CCG</p>	<p>Phillipa Lamb/Jo Ash</p> <p>Sarah Merritt</p> <p>Gill May</p>
Joint Local Area SEND Inspection – an update	Further to Minute 14 – Committee to receive an update regarding the self-assessment processes being conducted.	Lyn Frith
Further to Min 22 - Progress Update of Youth Participation	The Committee to receive an update regarding the emotional health and well-being survey.	Paul Dobson

TASK GROUPS

Item	Objectives
SEND reforms	The SEND Task Group will continue the review of the Special Education and Disability (SEND) Reforms relating to the Children and Families Act 2014 with special focus on their implementation throughout the Borough of Swindon.

Swindon Borough Council

CABINET WORK PROGRAMME AND FORWARD PLAN

10 FEBRUARY 2017 - 10 FEBRUARY 2018 – Proposed AGENDA ITEMS and KEY DECISIONS (as at 09/03/17)

Key Decisions are defined as:

- a) decisions that are likely to be significant in terms of spending or savings having had regard to the Council's budget for that particular service or function, and
- b) decisions that are likely to have a significant impact on two or more Council wards.

If you wish to make your views known on any matter set out in this work-plan, please contact the relevant Cabinet Member or the contact officer identified.

Councillor:	Portfolio:
David Renard	Leader of the Council and Chair of Cabinet
Russell Holland	Deputy Leader of the Council and Vice-Chair of Cabinet and Cabinet Member for Finance and Corporate Services
Oliver Donachie	Cabinet Member for Housing and Homelessness
Toby Elliott	Cabinet Member for Strategic Planning and Sustainability
Fionuala Foley	Cabinet Member for Children's Services
Brian Ford	Cabinet Member for Adults' Health and Social Care
Mary Martin	Cabinet Member for Communities
Garry Perkins	Cabinet Member for the Economy, Regeneration and Skills
Keith Williams	Cabinet Member for Streetsmart, Highways and Transport

Cabinet Member Decisions Proposed for February 2017

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
Acquisition of the former Oxford Brookes university building at Ferndale Road, Swindon	No	Cabinet Member for Children's Services	Cabinet Member for Children's Services	Councillor Des Moffatt (Ward Member) (Labour) – very supportive of this action. Councillor Peter Watts (Ward Member) (Labour) – content with the proposals. Councillor Carol Shelley – No comment Councillor Stan Pajak – happy with the outlined proposals. Councillor Jim Grant – No comment Date of Notice – 21 st February 2017	Gareth Cheal Tel: 01793 465802 Email: gcheal@swindon.gov.uk gcheal@swindon.gov.uk	Acquisition of the former Oxford Brookes University building at Ferndale Road Swindon
Location for Swindon's restored WW1 Memorial	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet Member for the Economy, Regeneration and Skills	Councillor Jim Robbins (Labour) – supportive of action but did observe that not everyone he consulted was of the same view. Councillor Stan Pajak – supportive of proposed action. Date of Notice – 1 st March 2017	Ian Surtees Tel: 01793 466619 Email: isurtees@swindon.gov.uk	Location for Swindon's Restored WW1 Memorial
BT proposal to remove 44 callboxes from Swindon Borough	No	Cabinet Member for Strategic Planning and Sustainability	Head of Planning, Regulatory Services & Heritage	Councillor Jim Robbins (Labour) – appreciative of consultation with members and supportive of proposed action. Councillor Stan Pajak – expressed his worry about the loss of public provision but recognised that BT was taking note of expressed concerns therefore he was supportive of proposed action. Date of Notice – 9th March 2017	Head of Planning, Regulatory Services & Heritage or Karen Phimster Tel: 01793 466425 Email: kphimster@swindon.gov.uk	BT Proposal to Remove 44 Callboxes from Swindon Borough

Cabinet Meeting Date - 15th March 2017

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
Budget Management 2016/17	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Mick Bowden Tel: 07392 109917 Email: mbowden@swindon.gov.uk	N/A
Capital Programme Monitoring 3rd Quarter 2016/17	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 22 nd April 2016	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Securing a sustainable future for Swindon's Cultural Assets	Yes	Cabinet Member for Communities;	Cabinet	N/A Date of Notice: 12 th February 2016	Bernie Brannan, Corporate Director Communities and Place or Rachel Watts Tel: 07823 525297 Email: RWatts2@swindon.gov.uk bbrannan@swindon.gov.uk	Cabinet Minute 58 2015/16 refers
Draft Economic Strategy	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Corporate Director Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email: tgodfrey@swindon.gov.uk	N/A

SBC Solar Investment	No	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A Date of Notice: 26 th January 2017	Andy Evans, Corporate Director, Economy, Regeneration, and Skills or Philippa Venables Tel: 07824 550469 Email: pvenables@swindon.gov.uk AEvans@swindon.gov.uk	N/A
Private Sector Housing Renewal Assistance policy	No	Cabinet Member for Housing and Homelessness	Cabinet	N/A Date of Notice: 13 th February 2017	Director of Public Health Cherry Jones Tel: 01793 444681 Email: Cherryjones@swindon.gov.uk	N/A
Household Waste Recycling Centre - Options	Yes	Cabinet Member for Streetsmart	Cabinet	N/A Date of Notice: 7 th November 2016	Head of StreetSmart Leon Barrett Tel: 07818 510602 Email:lbarrett@swindon.gov.uk	N/A
Major Projects and Delivery	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 14 th February 2017	Stephen Taylor, Director, Law and Democratic Services staylor@swindon.gov.uk	N/A
Swindon Housing Development Company	No	Cabinet Member for Strategic Planning and Sustainability	Cabinet	N/A Date of Notice: 30 th December 2016	Bernie Brannan, Corporate Director Communities and Place Paul Smith Tel: 01793 463976 Email: psmith2@swindon.gov.uk, Jan Willis, Interim Corporate Director, Resourcesbbrannan@swindon.gov.uk, Jan.Willis@swindon.gov.uk	N/A

Cabinet Meeting Date - 26th April 2017

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
Budget Management 2017/18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 1 st February 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance Tel 07392 109917 Email:mbowden@swindon.gov.uk	N/A
School Transport	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 22 nd December 2016	or Nigel Pickering Tel: 01793 465754 Email: NPickering@swindon.gov.uk	N/A
Swindon Education Challenge	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 22 nd December 2016	Peter Nathan, Head of Education Services Tel: 07467 440955 Email: pnathan@swindon.gov.uk	N/A
Draft Airports National Policy Statement consultation	No	Cabinet Member for StreetSmart, Highways and Transport	Cabinet	N/A Date of Notice: 6 th February 2017	Corporate Director Economy, Regeneration & Skills or John Seddon Tel: 01793 465279 Email: jseddon@swindon.gov.uk	N/A
Skills and	No	Cabinet Member	Cabinet	N/A	Corporate Director Economy,	N/A

Employment Strategy		for the Economy, Regeneration and Skills		Date of Notice: 6 th February 2017	Regeneration & Skills or Philippa Venables Tel: 07824 550469 Email: pvenables@swindon.gov.uk	
Libraries Strategy - Alternative Delivery Models	No	Cabinet Member for Communities	Cabinet	N/A Date of Notice: 13 th February 2017	Head of Localities and Volunteering Patrick weir Tel: 07946 595852 Email: pweir@swindon.gov.uk	Cabinet Minute 94 2016/17 refers
Motion At Council - Dial-A-Ride	No	Cabinet Member for StreetSmart, Highways and Transport	Cabinet	N/A Date of Notice: 26 th January 2017	Jason Humm, Head of Highways & Transport or Nigel Hale Tel: 01793 466211 Email: nhale@swindon.gov.uk	N/A
Motion at Council - Children's Library Registration Scheme	No	Cabinet Member for Communities	Cabinet	N/A Date of Notice: 13 th February 2017	Patrick Weir or Allyson Jordan Tel 01793 46 6035 Email: ajordan@swindon.gov.uk pweir@swindon.gov.uk	Council Minute 78 2016/17 refers
Swindon Local Transport Plan - Implementation Plan 2017/18	Yes	Cabinet Member for StreetSmart, Highways and Transport	Cabinet	N/A Date of Notice: 6 th February 2017	Jason Humm, Head of Highways & Transport Tel: 01793 463201 Email: jhummm@swindon.gov.uk	N/A
Wichelstowe - Parcels 2 and 3	No	Cabinet Member for Strategic	Cabinet	N/A Date of	Andy Evans, Corporate Director, Economy, Regeneration, and Skills	Cabinet Minute 98(4)

		Planning and Sustainability		Notice: 14 th February 2017	or Rob Powe Tel: 01793 463305 Email: rpowe@swindon.gov.uk AEvans@swindon.gov.uk	refers
North Star - development update	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 19 th January 2017	Head of Property Assets Rob richards Tel: 07740037316 Email: rrichards@swindon.gov.uk	N/A

Cabinet Meeting Date - June 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
Budget Out-turn and Management 2016/17.	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Housing Revenue Account - Medium Term Financial Plan	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Paul Smith Tel: 07500 884176 or Email: psmith@swindon.gov.uk	N/A
Capital Programme Monitoring Out-Turn 2016/17	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Performance 2016/17	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate	Cabinet	N/A Date of Notice: 27 th May 2016	Interim Corporate Director, Resources or Paul Smith, Finance, Tel: 463976 or Email: psmith2@swindon.gov.uk	N/A

		Services				
References from other Council Bodies - Health and Wellbeing Board (Early Help Strategy 2017- 2022)	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 2 nd March 2017	Phillipa Lamb, Strategy and Development Manager Plamb@swindon.gov.uk	N/A
Economic Strategy - Final	No	Cabinet Member for the Economy, Regeneration and Skills	Cabinet	N/A Date of Notice: 16 th September 2016	Corporate Director Economy, Regeneration & Skills or Trudy Godfrey Tel: 01793 466416 Email tgodfrey@swindon.gov.uk	N/A

Cabinet Meeting Date - July 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
Budget Management 2017-18	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 7 th June 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Education Transport Policy 2018-19.	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 13 th September 2016	Head of Education Services Peter Nathan Tel: 07467 440955 Email: pnathan@swindon.gov.uk	
Debt Management	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 13 th September 2016	Head of Revenues and Benefits Andy Stevens Tel: 01793 464661 Email: anstevens@swindon.gov.uk	

Cabinet Meeting Date - September 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
Budget Management 2017/18 and 2017 - 2021 Efficiency Statement	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 13 th September 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	
Annual review of Local Ombudsman Complaints	No	Leader of the Council	Cabinet	N/A Date of Notice: 13 th September 2016	Director of Law & Democratic Services (Monitoring Officer) or Erz Turner Tel; 01793 463002 Email: eturner@swindon.gov.uk	

Cabinet Meeting Date - October 2017 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
2017-18 Budget Management, 2018-19 Draft Budget and Medium Term Resourcing Plan	Yes	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 21 st October 2106	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A

Cabinet Meeting Date - December 2017 (TBC)

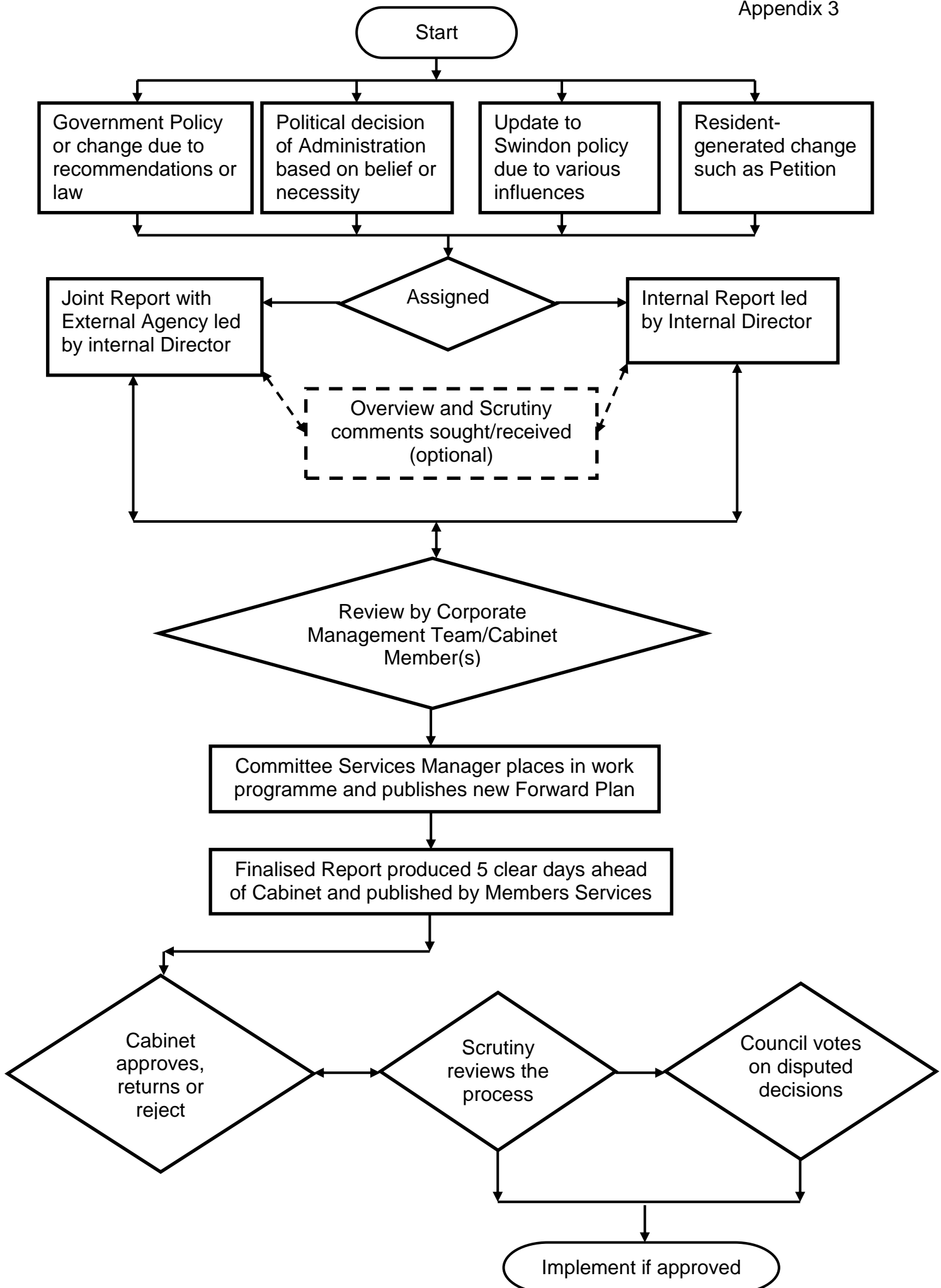
Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
2017-18 Budget Management, 2018-19 Draft Budget and Medium Term Resourcing Plan	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services;	Cabinet	N/A Date of Notice: 24 th October 2016	Interim Corporate Director, Resources or Mick Bowden, Interim Head of Finance, Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	
Capital Programme Monitoring - Second Quarter and Treasury Management Performance 2017/18.	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Notice of Decision: 9 December 2015	Interim Corporate Director, Resources or Ian Burbidge, Finance, Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Strategy Statement (Minimum Revenue Provision Policy)	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 26 th October 2016	Interim Corporate Director, Resources or Paul Smith Tel: 01793 463976 Email: psmith2@swindon.gov.uk	N/A
Polling District and Places Review	No	Leader of the Council	Cabinet	N/A Date of Notice: 5 th October 2016	Director of Law & Democratic Services (Monitoring Officer) or Sally Sprason Tel: 01793 46399 Email: ssprason@swindon.gov.uk	N/A

School Organisational Changes 2018/19	No	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 19 th September 2016	Head of Education Services or Danielle Maundrell Tel: 01793 466314 Email: DMAundrell@swindon.gov.uk	N/A

Cabinet Meeting Date - February 2018 (TBC)

Subject	Key Decision Yes/No?	Portfolio Holder / Cabinet Member	Decision Maker	Consultation Responses	Contact Officer	Available Background Papers
Budget 2018/19 and Beyond	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Mick Bowden Tel: 07392 109917 or Email: mbowden@swindon.gov.uk	N/A
Capital Programme 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Ian Burbidge Tel: 464384 or Email: iburbidge@swindon.gov.uk	N/A
Treasury Strategy Statement 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate Services	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Paul Smith Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A
Housing Revenue Account - Rents and Charges 2018/19	No	Deputy Leader of the Council and Cabinet Member for Finance and Corporate	Cabinet	N/A Date of Notice: 20 th January 2017	Interim Corporate Director, Resources or Paul Smith Tel: 07500 884176 or Email: psmith2@swindon.gov.uk	N/A

		Services				
Swindon Pay Policy Statement 2018	No	Leader of the Council	Cabinet	N/A Date of Notice: 20 th January 2017	Tel: 07823 525337 or Email: snowbray@swindon.gov.uk	N/A
School Admission Arrangements	Yes	Cabinet Member for Children's Services	Cabinet	N/A Date of Notice: 20 th January 2017	Head of Education Services or Emily Heaton Tel: 01793 465769 Email: eheaton@swindon.gov.uk	N/A



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