

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date: **Friday 29 January 2016**

Time: **10.00 am**

Place: **Council Chamber, The Shire Hall, St. Peter's Square,
Hereford, HR1 2HX**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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If you would like help to understand this document, or would like it in another format, please call Ruth Goldwater, Governance Services on 01432 260635 or e-mail ruth.goldwater@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health & Social Care Overview and Scrutiny Committee

Chairman
Vice-Chairman

Councillor PA Andrews
Councillor J Stone

Councillor CR Butler
Councillor ACR Chappell
Councillor PE Crockett
Councillor CA Gandy
Councillor JF Johnson
Councillor MD Lloyd-Hayes
Councillor MT McEvelly
Councillor PD Newman OBE
Councillor A Seldon
Councillor NE Shaw
Councillor D Summers

AGENDA

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest by members in respect of items on the agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the minutes of the meeting held on 14 December 2015.</p>	9 - 14
5.	<p>SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</p> <p>To consider suggestions from members of the public on issues the committee could scrutinise in the future.</p> <p><i>(There will be no discussion of the issue at the time when the matter is raised. Consideration will be given to whether it should form part of the committee's work programme when compared with other competing priorities.)</i></p>	
6.	<p>QUESTIONS FROM THE PUBLIC</p> <p>To note questions received from the public and the items to which they relate.</p> <p><i>(Questions are welcomed for consideration at a scrutiny committee meeting so long as the question is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it no later than two working days before the meeting to the committee officer. This will help to ensure that an answer can be provided at the meeting).</i></p>	
7.	<p>WYE VALLEY NHS TRUST CARE QUALITY COMMISSION INSPECTION</p> <p>To consider a presentation following the Care Quality Commission (CQC) inspection of Wye Valley NHS Trust.</p>	15 - 30
8.	<p>ADULT AND WELLBEING QUARTER 3 PERFORMANCE</p> <p>To note the quarter 3 performance report for adults and wellbeing.</p>	31 - 40
9.	<p>CHILDREN'S SAFEGUARDING PERFORMANCE</p> <p>To note the performance in relation to children's safeguarding for the month of October 2015, together with trend data over the previous 12 months.</p>	41 - 96
10.	<p>HEALTHWATCH HEREFORDSHIRE UPDATE REPORT</p> <p>To consider an update from Healthwatch Herefordshire.</p>	97 - 100
11.	<p>WORK PROGRAMME 2016-17</p> <p>To consider the committee's work programme for 2016-17.</p>	101 - 104

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committee to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committee is not able to discuss questions relating to personal or confidential issues.)

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YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
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- Please note that filming, photography and recording of meetings is permitted provided that it does not disrupt the business of the meeting.
- The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 14 December 2015 at 2.00 pm

Present: Councillor PA Andrews (Chairman)
Councillor J Stone (Vice Chairman)

Councillors: ACR Chappell, PE Crockett, CA Gandy, JF Johnson, MD Lloyd-Hayes, MT McEvilly, PD Newman OBE and NE Shaw

In attendance: Councillors JG Lester (Cabinet member, young people and children's wellbeing), AJW Powers and DW Greenow

Officers: Jo Davidson (director, children's wellbeing), Geoff Hughes (director, economy, communities and corporate), Claire Ward (monitoring officer), Steve Hodges (directorate services team leader), Chris Baird (assistant director, commissioning and education), Paul Deneen (chair, Healthwatch Herefordshire)

42. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors DG Harlow, A Seldon and D Summers, and Mr M Samuels, director, adults and wellbeing.

43. NAMED SUBSTITUTES (IF ANY)

Councillor CR Butler attended as a substitute member for Councillor DG Harlow, Councillor EPJ Harvey for Councillor A Seldon and Councillor JLV Kenyon for Councillor D Summers.

44. DECLARATIONS OF INTEREST

During the meeting, a pecuniary interest was declared by Councillor JLV Kenyon as a parent who had accessed the service.

45. MINUTES

RESOLVED

That the minutes of the meeting held on 17 November 2015 be agreed as a correct record.

46. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

No suggestions from the public were received.

47. QUESTIONS FROM THE PUBLIC

No questions from the public were received.

48. TASK AND FINISH GROUP: REVIEW OF PROVISION OF SHORT BREAK AND RESPITE SERVICES FOR CHILDREN WITH DISABILITIES

The monitoring officer clarified that in relation to the item for consideration today there was the threat of separate legal action but that did not affect the ability of the committee to receive the report. She reminded all present to observe confidentiality for service users and to focus on the service rather than on individuals.

The chairman thanked the vice-chairman for his work on the matter in hand.

The vice-chairman presented the report of the task and finish group, making the following introductory remarks:

- the task and finish group was set up as a direct result of concerns raised by the parents of service users about short term provision and the possibility of the closure of No. 1 Ledbury Road;
- thanks given to members and officers from the council, Wye Valley Trust and the Clinical Commissioning Group for all the work they have carried out for the task and finish group and for those, especially parents of service users, who informed the work;
- the recommendations contained in the task and finish group's report were unanimously agreed by the task and finish group;
- face to face interviews were carried out and the group visited 1 Ledbury Road, for which staff were thanked;
- the group identified a number of key questions, detailed in the report, which provided a focus for the review;
- members were asked to note that a number of sentences in the report were in italics, which emphasised their importance;
- the group had set out the statutory basis for the council and other partners to provide short breaks and respite services;
- as stated in the recommendations, corporate parenting was a responsibility for the council and for all elected members;
- a consistent feature of the work was the criticism from parents of the children who attend 1 Ledbury Road regarding the lack of information and explanation about the future plans for the facility. The task and finish group found it unacceptable that parents did not find out about the possibility of the closure of 1, Ledbury Road until July 2015 although discussions had been going on about its future for some time;
- the task and finish group acknowledged that regular meetings with all the different parties were now taking place but there was concern that the uncertainty and confusion of recent months should be ended as soon as possible;
- there should be proper provision available for all the families who currently access 1 Ledbury Road and the task and finish group was not satisfied that this was in place;
- the proposed fostering service seemed at an early stage and attention was drawn to sections 5.18 and 5.19 in particular in the report where it was noted that "The Group felt that No. 1 Ledbury Road offered security as well as peace of mind for service users and parents that a foster carer would be unable to." Foster parents would need special training to look after children with complex needs.

The vice-chairman reminded members of the meeting of the Council on 25 September 2015 and the motion that was passed as detailed in the report, with the recommendation that No. 1 Ledbury Road remained open and jointly funded whilst the redesignation process was undertaken. Noting that whilst the provision, or any alternatives, may be expensive, it was a priority of the Council's Corporate Plan to "keep children and young people safe and give them a great start in life" and this needed to become a reality.

The vice-chairman's statement was supported by the members of the task and finish group.

A member made the initial comment that recommendations must not be ignored by the executive.

A request was also made for some indication of where the task and finish group felt that there might have been potential to have not considered disabled children's interests as required by the Article 8 of the European Convention on Human Rights. The vice-chairman acknowledged that there were children with complex needs and that they were identified.

Members discussed the seventeen task and finish group recommendations in turn. In summary, the main points of the discussion were:

- the task and finish group had given thorough consideration to the role of foster carers and their recruitment and training. There were a number of factors that led to high attrition rates, and which impacted on the cost of provision, such as: the special skills and understanding required to fulfil the role, the level of support needed, the impact on foster carers' homes and lives, and a necessarily rigorous selection process. The impact of the reduced network due to foster carers being dispersed across the county was also noted and more research was required on feasibility of such a provision. The number of carers identified in the report to provide a foster service was a minimum requirement and would need to account for holidays and sickness;
- the use of buddying needed to give due regard to a continuing relationship and stability;
- a redesignation of 1 Ledbury Road would need to follow due process and be registered with either or both regulatory bodies, i.e., CQC or Ofsted, as appropriate. To provide a short breaks facility for children and young people to age 18, a redesignation would have to ensure it attracted the right staff in terms of appropriate skill mix and ratios;
- current funding is from the Clinical Commissioning Group (CCG) and the council. The CCG commissioned Wye Valley Trust to provide the premises and staffing, and this relationship influenced the registration through CQC. The council provided top-up funding if someone had additional needs;
- staff turnover has been affected by speculation about the future of the service and it was essential to communicate a decision on redesignation as a matter of urgency to give staff better information;
- Healthwatch Herefordshire needed to be kept informed with accurate information regarding 1 Ledbury Road and this was welcomed and acknowledged by Healthwatch at the meeting;
- Regular updates to the committee would be required in order to provide assurance that the provision was being addressed and this could be achieved through continuation of the task and finish group;
- The value of having a councillor join, or attend, the Wye Valley Trust board was noted in terms of communication between partner organisations on matters that affect the community, although the governance arrangements needed consideration. Poor communication was a common feature in scrutiny findings and it was essential to get communication right. In this particular case it was a reason for recommending links to the WVT board. There should have been far better communication from all services involved and there was key information that had not been made known to all those affected in a timely way;
- the group's recommendation to be more entrepreneurial about how services were provided was in recognition of the challenges faced by all areas of the care sector and the need to be cost effective in providing the right care to meet peoples' needs;

- due regard was needed for appropriate care and planning to manage the impact of change on individuals and their families, especially as people make the transition to adulthood, as reflected in the children and young peoples' plan;
- work programmes needed to encompass scrutiny of care across all age groups, making use of education, health and care plans and it was important for short breaks to have a proper place in that. This was opportunity to address any gaps in services to enable wider understanding of the impact of autism and challenging behaviour and how to provide appropriate support for people to cope with changes.

The Cabinet member for young people and children's wellbeing thanked the vice-chairman, the task and finish group and participants. He welcomed input from members as it reminded everyone of the importance of short breaks for children and their families. He confirmed that he would give full consideration to the recommendations and a formal response would follow.

The vice-chairman summarised that the 17 recommendations identified by the task and finish group had been reviewed by the committee which made the following amendments at the meeting today:

- Recommendation 6 be amended to read:
"that the council, the CG and the WVT ensure that No. 1 Ledbury Road remains open and jointly funded whilst the redesignation process is undertaken as a matter of urgency."
- Recommendation 9 be amended to read:
"that monthly meetings continue to be held by the council, the CCG and the WVT in order to keep the children and parents presently accessing the service, and the task and finish group apprised of future plans of the service."
- Recommendation 10 be amended to read:
"that a lead member is identified to help improve communications and engagement between partner organisations."
- Recommendation 11 be amended to read:
"that an action plan be agreed for the delivery of the executive's requirement from the meeting of the council on 25 September to retain options for access to professionally staffed respite care in Herefordshire and beyond."
- A further recommendation (Recommendation 18) to be added to read:
"that the task and finish group remains in place for scrutiny as and when required."

The task and finish group's recommendations were seconded and support was shown for the findings contained in the report. Members were unanimous in carrying the 18 recommendations to be made to Cabinet for consideration.

The vice-chairman was thanked for leading the meeting today. He reiterated his thanks to all who supported and participated in the work of the task and finish group.

RESOLVED

THAT: subject to the inclusion of the amendments to the recommendations made above -

- (a) **the report of the task and finish group: review of provision of short break and respite services for children with disabilities, be considered, in particular its recommendations, and the findings be agreed for submission to the executive; and**

- (b) the executive's response to the review, including an action plan, be reported to the first available meeting of the committee after the executive has approved its response.**

The meeting ended at 3.39 pm

CHAIRMAN



MEETING:	Health and social care overview and scrutiny committee
MEETING DATE:	29 January 2016
TITLE OF REPORT:	Wye Valley NHS Trust Care Quality Commission inspection
REPORT BY:	Chief Executive, Wye Valley NHS Trust

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

To consider a presentation following the Care Quality Commission (CQC) inspection of Wye Valley NHS Trust.

5. Recommendation

THAT:

- a) the presentation be noted; and
- b) any items for further attention be identified for addition to the committee's work programme

6. Alternative Options

There are no alternative options as this presentation is for information.

7. Reasons for recommendations

The recommendations provide for the outcomes of the CQC inspection to be noted and allow for the identification of items to be included on the committee's work programme.

8. Key considerations

The committee is asked to consider the update from Wye Valley NHS Trust, having regard to the CQC's ratings, the trust's response, the quality improvement plan for exiting special measures, and the challenges faced.

9. Financial Implications

There are no financial implications to this report as it is for information.

10. Legal Implications

There are no legal implications to this report as it is for information.

11. Appendixes

Appendix 1 – Presentation

12. Background Papers

None identified.

“A quality of care we would want for ourselves, our families and our friends”



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Richard Beeken
Chief Executive

Our Ratings

	Safe	Effective	Caring	Responsive	Well-led	OVERALL
A&E	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical Care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Critical Care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and Family Planning	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement
Children and young people	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Inadequate	Inspected but not rated	Good	Inadequate	Inadequate	Inadequate
OVERALL	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate

Our Ratings

	Safe	Effective	Caring	Responsive	Well-led	OVERALL
Community health services for adults	Good	Good	Outstanding	Good	Good	Good
Community health services for children	Good	Good	Good	Good	Good	Good
Community health inpatient services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community dental services	Good	Good	Good	Requires improvement	Good	Good
OVERALL	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement

	Safe	Effective	Caring	Responsive	Well-led	OVERALL
OVERALL TRUST	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	INADEQUATE



We have heard and responded to your concerns



Vacancy rates and temporary staff usage unacceptably high



Deteriorating RTT performance and lack of oversight of risk to patients resulting from this



Ineffective incident management - reporting and learning



Safeguarding of adults and children needs to improve



Inconsistent adherence to local policies and procedures

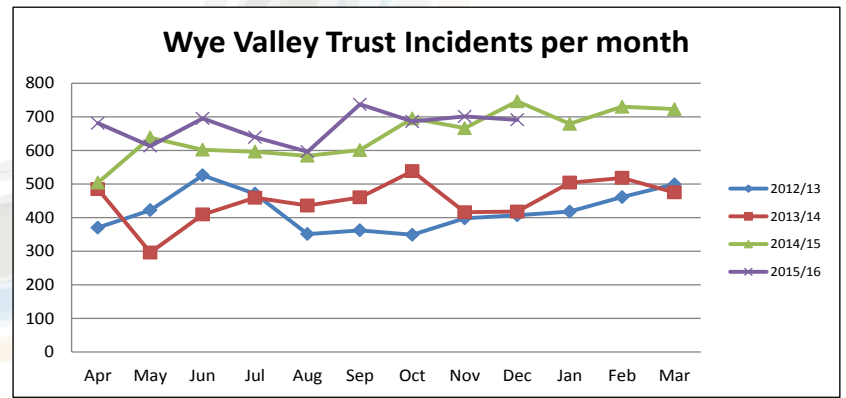
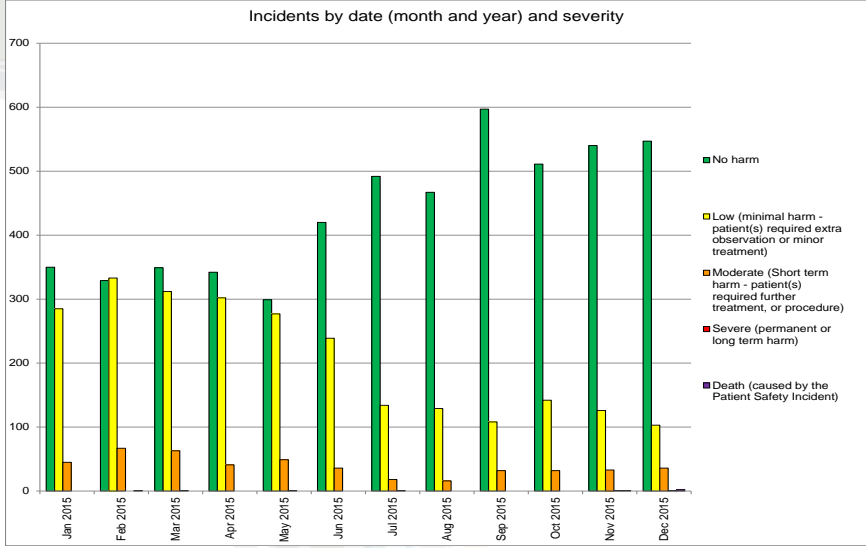




How we have responded – October 2014 - September 2015

- More Executive Team stability and continuity
- Improved patient safety culture and reporting
- Strong safety thermometer performance
- Improved ED and emergency admission patient safety and continuity of care

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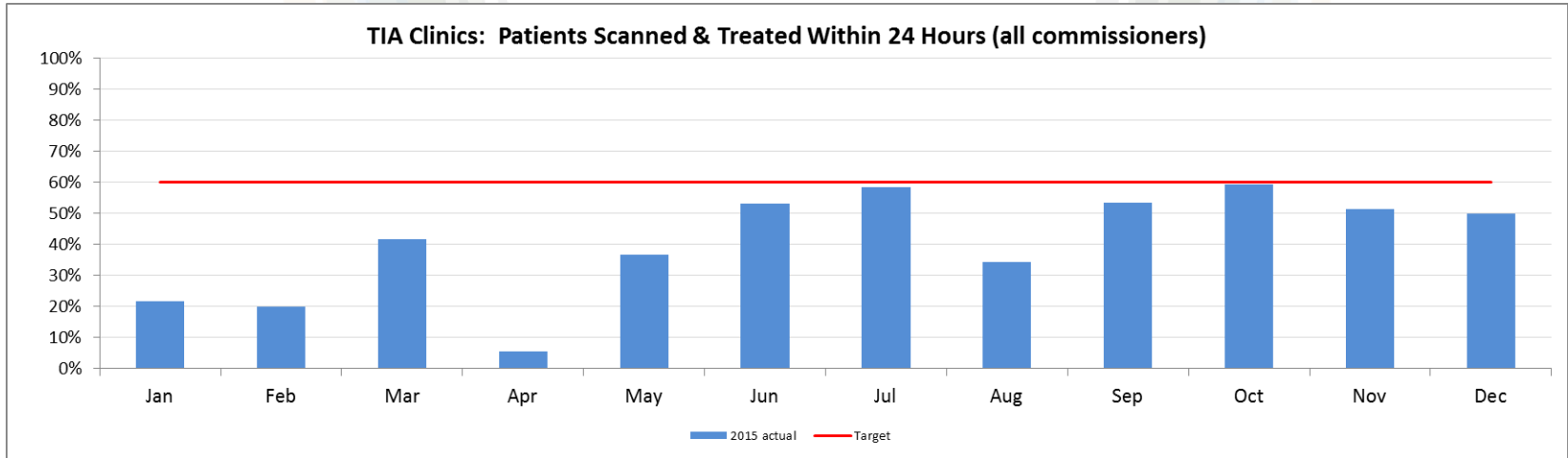




How we have responded – October 2014 - September 2015

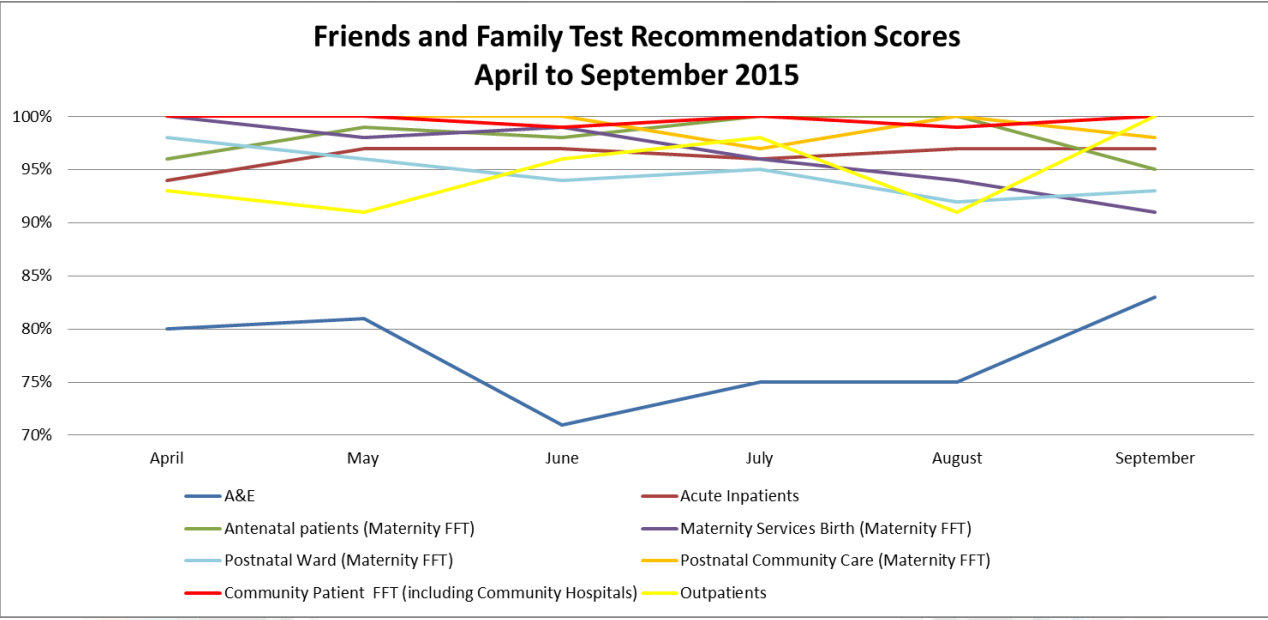
- Strengthened process and engagement – mortality governance
- No MRSA bacteraemia for >1000 days
- Improved stroke and TIA performance, despite resilience issues

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How we have responded – October 2014 - September 2015



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- **FFT response rate and results improvement**
- **Fundamentals of daily living improvements - ED and CAU**
- **Consultant recruitment – surgical specialties and acute medicine**
- **Improved staff engagement**

Safeguarding

- Regular reviews of staff knowledge by Safeguarding Team and Quality and Safety Team
- Detailed case note reviews
- Introduction of Integrated Paediatric Health Record

Medicines Management

- NSI reporting now includes missed doses
- Missed dose audit – December 2015
- Access to bedside lockers resolved
- Parent to child medication policy adopted



Agency Staff Reduction

- **New, standardised induction checklist in place**
- **Regular spot check process established**
- **Band 5 nurse vacancy rate will be reduced by over 50% by March 2016**

RTT and Patient Safety

- **420,000 open pathways nearing completion of validation**
- **Admitted pathways PTL revised – Nov 2015**
- **Non-admitted pathways PTL – Dec 2015**
- **Follow-up waiting list management and process – Cardiology, Plastics, Gastro, Respiratory in place – remaining specialties in development**
- **New '4 point' process adopted**
- **Long waiters harm review process agreed with local GPs and CCG**
- **Realistic and evidence based RTT Recovery Plan in development**



Quality Governance Improvement

- Executive Leadership – Medical Director
- New Executive panel oversight of SI's, RCA's and associated learning
- Quality Governance systems external review – GGI
- Executive oversight of Divisional quality governance arrangements

Emergency Department Consultant staffing

- Benchmarking with other Trusts complete
- ED consultant rota being reviewed – weekend cover
- ED strategic workforce plan to be refreshed





Exiting Special Measures – Our Quality Improvement Plan

-  Thematic, programme based approach with greater emphasis on measuring intended outcomes
-  Quality Governance & Risk
-  Reducing harm
-  Organisational Development
-  Estates Strategy
-  Patient experience and involvement
-  Safeguarding
-  Urgent Care
-  Stroke Service



Exiting Special Measures – Our Quality Improvement Plan



New Improvement Director – Programme Management Approach / measurement of outputs and outcomes



New 'buddy' organisation - common characteristics



Text of CQC report shows progress made and where further progress needs to be seen

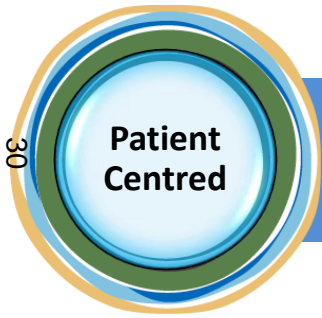


Targeted challenging yet realistic exit timetable from Special Measures



Ongoing systemic challenges – no quick fix

- ✓ Diseconomy of scale and lack of resilience (i.e. bed capacity)
- ✓ Recruitment (nursing and medical) and retention
- ✓ Capital investment in outmoded estate
- ✓ Financial health – the whole Herefordshire system
- ✓ Clinical and organisational strategy ('One Herefordshire')
- ✓ Incremental rebuilding of reputation



Thank You



Meeting:	Health and social care overview and scrutiny committee
Meeting date:	29 January 2016
Title of report:	Adults and wellbeing quarter 3 performance report
Report by:	Performance lead

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To note the quarter 3 performance report for adults and wellbeing.

Recommendation(s)

THAT:

- (a) the quarter 3 performance data (as shown in appendices) be reviewed; and
- (b) any areas which might benefit from further investigation by scrutiny be identified for inclusion in the future work programme

Alternative options

- 1 The report is for information, therefore there are no alternative options.

Reasons for recommendations

- 2 In order to allow the committee to receive adults and wellbeing performance and to identify potential areas requiring further clarity and assurance.

Further information on the subject of this report is available from
Paul Harris, Performance Lead on Tel 07792 881832

Key considerations

- 3 This is the quarter 3 performance report produced for cabinet; including the following documents:
- A summary report of areas of achievement in the last quarter, areas causing issues and also indicating priorities over the next quarter(s) (appendix 1);
 - A copy of the adult and wellbeing dashboard (appendix 2);
 - A copy of the adult and wellbeing delivery plan databook (appendix 3).

Community impact

- 4 The performance reports are intended to give a holistic view of performance within adults and wellbeing and is therefore a reflection of the performance of our services within the county of Herefordshire.
- 5 The measures in the databook are those identified within the adults and wellbeing delivery plan; the means by which adults and wellbeing drive the delivery of the corporate plan. Within these scorecards are indications of service user satisfaction.

Equality duty

- 6 The report identifies our performance in how we support our vulnerable people with a range of tailored services.

Financial implications

- 7 There are no financial implications for the report itself, however the report does detail the current financial position within the directorate.

Legal implications

- 8 The Local Government Act 2000 provided the Council the right to scrutinise services to improve the wellbeing of its inhabitants. This power was strengthened through the Health and Social Care Act 2001 which gave specific powers to a local authority's overview and scrutiny committee (OSC) to examine health services. This was laid out in the Local Authority (Overview and Scrutiny Committees Health Scrutiny functions) Regulations 2002.
- 9 The remit of this committee in Herefordshire is to discharge the Council's statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services affecting the area and to make reports and recommendations on those matters. The committee will also discharge the overview and scrutiny of the health and wellbeing board and other matters relating to health and social care.
- 10 The recommendations to be considered are within the terms of reference of this committee.

Risk management

- 11 The proposal does not contain any specific risks in itself. However, the key

Further information on the subject of this report is available from
Paul Harris, Performance Lead on Tel 07792 881832

directorate risks are set out in the scorecard attachments (appendix 2).

Consultees

- 12 This has been produced in consultation with key members of the adults and wellbeing directorate.

Appendices

Appendix 1 – Adults and wellbeing quarter 3 achievements, issues, aims

Appendix 2 – Adults and wellbeing quarter 3 performance dashboard

Appendix 3 – Adults and wellbeing quarter 3 databook

Background papers

None.

Achievements

In November we introduced our revised care pathway; this revision was designed to bring equity for service users in the way that adult social care teams are allocated to individuals.

Historically, cases have been allocated to teams based on diagnostic cohorts, rather than on the basis of their needs. In November 2015, staff previously within the Learning Disability, Mental Health and Acquired Brain Injury teams were brought together and renamed as the North and South teams.

The new teams will focus on the most complex cases within the system. This change will help to ensure that support is provided proportionately based on the needs of the individual and ensure that reviews are provided as needed and in a timely manner. Aligned to these team and process changes, additional training was put on for operational staff to support them through the transition.

During the last quarter we mobilised both the sexual health and substance misuse contracts. Sexual health services have been awarded to a partnership of Worcester Health & Care NHS Trust and Taurus Healthcare who started to deliver the service at the beginning of December 2015.

The contract covers a range of community and specialist services, including information and advice, sexual health screening, contraception (emergency and long acting) and treatment. Substance misuse services, awarded to Addaction, was also mobilised at the start of December, this will deliver adults and young person's cessation and recovery support services. Both services expect to deliver from other localities in Herefordshire after setting up initially in the city.

Issues

During the last quarter, one of the care homes within Herefordshire closed. Whilst this closure was managed appropriately, keeping people safe and in receipt of appropriate levels of care, it did highlight the need to review our home closure processes. This review is now complete and a training session has been delivered to provide an opportunity for staff to practice the processes that need to be followed in the event of care home closures.

We also continue to experience fragility in the home care market with difficulty placing packages of care in certain areas of the county, meaning that alternative care provision has had to be sought. In order to help alleviate some of the problems within the market, an uplift of 1% has been agreed for providers.

Work has commenced on the commissioning of a new Home and Community support service that will focus more on enabling people to regain independence and stay at home where possible. The new service will commence in July 2017 and engagement with providers, service users and other key stakeholders to support this redesign will be undertaken in early 2016.

We continue to face challenging financial targets; the directorate has plans for the delivery of savings for 2016/17. Whilst the targets are challenging, there is a degree of confidence over delivery, however, planning for savings in 2017/18 will require more fundamental changes to service models and reviewing all non-statutory services. Consultation on these plans is now underway.

Aims

In order to meet the Care Act requirement to review all cases against new eligibility standards, a review team has been put in place. At present, 45% of people have received a review, it is anticipated that over 70% of reviews will have been completed by the end of March 2016, with the remaining cases to be concluded in the first quarter of 2016/17. Reviews are an important part of care management and are vital to ensuring that the needs of the individual are met in the most cost effective way and supports the enablement philosophy.

The Wellbeing Information and Signposting (WISH) service, comprising of a face to face walk in centre and website, is due to go live at the end of January 2016. WISH will help to inform and signpost people in the

community and professional staff, of a wide range of services that exist that could meet their needs and support people to improve their health and wellbeing. A town centre base in Hereford has been identified for the hub and this will be operational from 1 February 2016. A schedule of regular “pop-up” hubs around the county starting from 1 February 2016 is also in development. So far 500 local community services are listed within the directories component of the website and around 150 information content pages have been developed. Testing of the site is currently being undertaken and modifications are being made on to ensure that the website is of good quality when it is launched.

Another aim this quarter will be to further support our blueprint for the future model of care. As part of this, we are going to develop the following areas;

- GP practice managers engagement – to ensure that they are aware of the refocus to align with primary care, rather than acute, to assist the admission avoidance
- Role of the community pharmacy – how can community pharmacies help to provide care in the local community
- Community connectors – bridging the link between voluntary, professional and statutory services, to look at alternative ways to meet needs and reduce demands on adult social care.

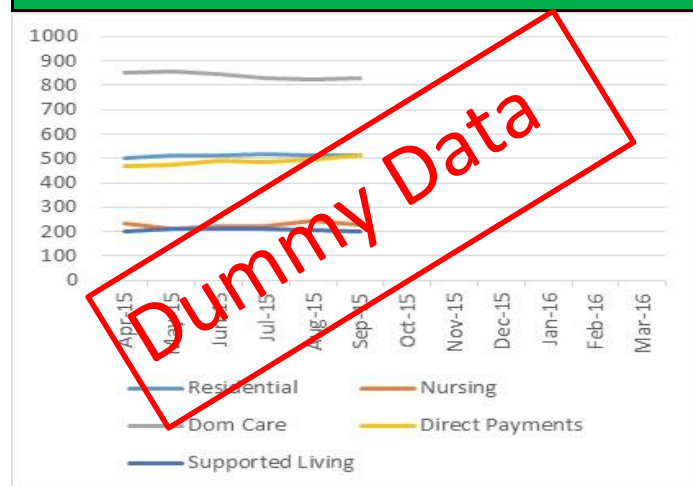
Adult Wellbeing Scorecard - December 2015

Staffing	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
FTE	239	237	239	242	244	254	255	260	255
Headcount	271	269	272	274	275	285	285	290	286
Permanent Costs (£k)	722	736	746	737	768	786	796	799	793
Agency	28	19	29	30	32	35	32	30	29
Agency Cost (£k)	95	212	237	262	221	204	116	169	172
Sickness	4.5%	3.3%	4.6%	6.1%	5.9%	6.5%	7.8%	6.1%	5.1%
Turnover (annualised)	25%	24%	22%	22%	11%	10%	10.9%	10.5%	11.4%
IG Mandatory Training	11.8%	39.3%	48.2%	60.5%	64.1%	66.4%	-	-	-

Performance Management update

Trends remain relatively static, however there have been improvements in both safeguarding closures and in the number of clients receiving direct payments. In addition sickness has reduced further in December, although is still over target levels. The scorecard measures have been reviewed in January and will be revised from February.

Service User Numbers



Decisions next month

December

Forward Plan Key Decisions & Activities

Forward Plan Key Decisions & Activities

Indicators	Measure	Target	Latest	Period	Trend
Indicators	Permanent admissions - U65	15	5.6	Dec	
	Permanent admissions - 65+	680	298	Dec	
	Social Care Delayed Transfers	2.7	4.53	Nov	
	Reablement - 91 days after discharge	85%	78%	Dec	
	Safeguarding - closures in 28 days	80%	38%	Dec	
	Safeguarding - outcomes met	80%	96%	Dec	
	Direct Payment recipients	40%	21%	Dec	
	Percentage of carers in receipt of support	30%	43%	Dec	
	Timeliness of Service (28 days of referral)	80%	54%	Dec	
	Reviews undertaken	100%	45%	Dec	
	Affordable housing units delivered	200	62	Dec	
	Households in temporary accommodation	50	42	Sep	
	NHS Health checks	60%	43%	Nov	

Risk Management

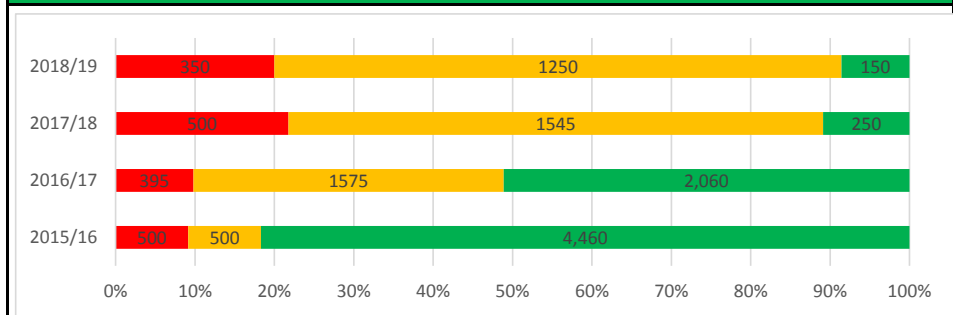
Risk	L	I	Risk Mitigation	
Demographic Pressures	5	5	25	Reablement, Rapid Response, IAS. Prevention programme in place. Working with partners to establish service models and care pathways
Integration	5	5	25	Transformation Board & JCB in place. Programme review and independent chair/programme director in place
Reducing Resources and impact on statutory duties and ability to deliver transformation	5	5	25	Transformation plan in place, regular performance management arrangements and appraisal processes in place
Health Visiting & School Nursing	5	5	25	Dedicated consultant oversight, finalising agreement with NHS England
DOLS Capacity	4	5	20	Staff Training, additional legal support, constant re-evaluation of prioritisation. BIA training programme
Better Care	4	5	20	
Mosaic Upgrade	4	5	20	Governance arrangements in place and strong contract management of supplier

Risk Management updates

A review of the risk register is required so that all risks are understood by owners and that the current most relevant mitigating actions are recorded. This highest risks identified above, have not changed since last month

Risks around Safeguarding, DoLS and AMHP's have been updated in the last month

Savings



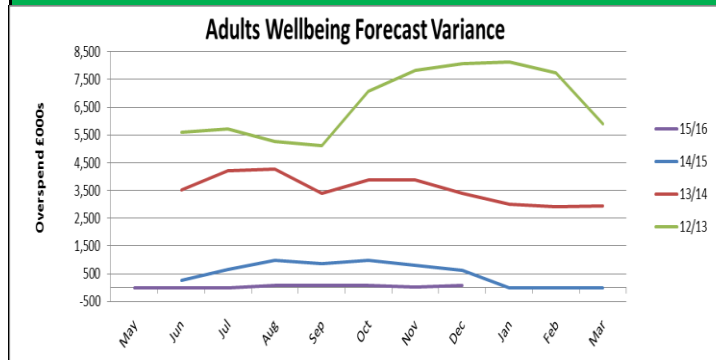
Programme

Programme	Lead	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Mosaic	DL	System Freeze					EDRMS implementation						
		Sandpit Analysis	Training for upgrade Testing	Go-live upgrade (tech)	Business process change								
EMS	TM	Go-live	Embedding change and handover to BAU										
Abacus	TM	Mosaic interface development and testing											
WISH (online)	HS	Phase 1 go live (31st)	Phase 2 - PA directory, events directory, tools, marketplace, assessment/calculators										
RAS	DL				Review FACE RAS								
ASC Pathway design	JB	Phase 1 Info sessions	Phase 2 - scope review	Phase 2 starts									
Just right	JB		Units removed	Review of packages	Project closure								
Managing the care home market	JB	Provider engagement		Key Dec - unified contract	Provider engagement								
Quality assurance framework	PKJ	Internal consultation	Officer decision - sign off		Mosaic config for QA info								
Transitions	IL	Transfer to BAU			Mosaic config for transitions (AWB/CWB)								
HACS	tbc												
Housing Solutions		Housing allocation remodelling			Housing solutions tender								

Programme updates

WISH hub due to go live by the end of January. EDRMS go live is now being shifted back due to the fact Corelogic are not planning to deliver the API into Mosaic until April. Mosaic sandpit is in place, although outstanding issues with this means that the business have only just started to analyse the gaps in functionality required prior to migration to the new system.

Finance



Outturn variance has increased in the last month and it is indicated that we are currently expecting to be overspent by £88k at year end. This is due to an increase in personal budgets, without the subsequent reduction in dom care spend.

Outturn Detail

	Budget			Forecast			Variance
	Expenditure £000's	Income £000's	Full Year £000's	Expenditure £000's	Income £000's	Full Year £000's	
Learning Disabilities	17,102	(2,277)	14,825	18,843	(3,286)	15,557	732
Mental Health/Memory & Cognition	10,185	(2,310)	7,875	9,669	(2,433)	7,237	(638)
Physical Support	25,559	(7,116)	18,443	27,608	(8,053)	19,555	1,112
Sensory Support	873	(205)	668	647	(158)	489	(178)
Operations	8,238	(1,689)	6,549	12,657	(6,855)	5,802	(746)
Commissioning	6,621	(1,598)	5,022	7,419	(2,298)	5,121	99
Directorate Management	926	(1,682)	(755)	483	(1,284)	(801)	(45)
Public Health	8,091	(7,971)	120	9,076	(8,951)	125	5
Transformation and Safeguarding	1,373	(5)	1,368	1,117	(2)	1,116	(252)
	78,968	(24,854)	54,114	87,520	(33,319)	54,201	88

Performance Measure	Outturn				2014-15	Target 2015-16	Narrative (<i>what is the data telling us</i>)	Frequency	Polarity
	Q1	Q2	Q3	Q4					
ASCOF 3A - Overall satisfaction of people who use services with their care and support	Annual Survey				67.0%	70%	Annual Figure	Annual	Bigger is Better
Improved timeliness of assessment	DD	60.60%	53.70%		39.3%	90%	This value shows the proportion of new cases where the service is delivered within 28 days. This continues to be monitored against a challenging target. Some problems in being able to place packages of care has a significant impact on this measure.	Quarterly	Bigger is Better
Numbers of clients undertaking self-assessment	1	5	7		-	-	Numbers of clients requesting and subsequently completing self assessments has been very small so far this year.	Quarterly	Bigger is Better
Increased number of carers assessments	265	471	687		981	-	A new assessment and review framework is in place for carers. Based on manual data collated by the ART team. This is the number of	Quarterly	Bigger is Better
Number of clients signposted	DD	2396	3719		DD	-	calls with an outcome of advice/signposting, during this period, one person might have called a number of times.	Quarterly	Bigger is Better
Percentage of clients progressing through to referral	39.8%	39.2%	40%		DD	-	Percentage of clients progressing to full social care assessment	Quarterly	Smaller is Better
ASCOF 1C - Number of people receiving self-directed support via a direct payment in the year to 31st March as a percentage of all clients receiving community based services	19.4%	20.4%	21.49%		23.1%	40%	Net increase of over 70 cases in year. Further investigatory work being done to ensure that take up is maximised	Quarterly	Bigger is Better
ASCOF 3D – The proportion of people who use services and carers who find it easy to find information about support	Annual Survey				74.5%	75%	Annual Figure	Annual	Bigger is Better
Percentage of carers receiving services	44.6%	44.5%	43.3%		48.0%	30%	The proportion of carers in receipt of services is reducing following the introduction of a new carers assessment, which included the adoption of a new eligibility criteria to support the Care Act	Quarterly	Bigger is Better
Increase affordable housing units by 200 units	7	39	62		159	200		Quarterly	Bigger is Better
Reduce the numbers of rough sleepers	Annual Figure				12	10	Annual Figure	Annual	Smaller is Better
Number of households in temporary accommodation	44	50	NA		53	50	Quarterly figure not yet available	Quarterly	Smaller is Better
The number of households in B&B (excluding use as a result of an emergency)	0	0	NA		0	0	Quarterly figure not yet available	Quarterly	Smaller is Better
Number of major adaptations completed	21	72	113		149	-	Similar number of completions expected in 15/16 compared to 14/15	Quarterly	Bigger is Better
Reduction in the number of people on the accessible housing register	NA	NA	NA		874		Quarterly figure not yet available	Quarterly	Smaller is Better
Percentage of clients supported by assistive technology	32.3%	35.8%	36.9%		31.3%	70%	Net increase of approx. 300 cases in this year to date	Quarterly	Bigger is Better
Number of assessments undertaken	469	1358	1997		3541	-	Number of social care assessment episodes completed. This figure is typically demand driven, but will be influenced by the provision of universal, preventative services	Quarterly	Smaller is Better
Reduction in waiting lists	NA	NA	NA		<10%	-		Quarterly	Smaller is Better
Number of hits on IAG website	NA	NA	NA		NA	-	IAG web pages are currently in development and set to go live at the end	Quarterly	Bigger is Better
Number of pop-up clinics held	NA	NA	NA			-	This model is still in development	Quarterly	Bigger is Better
ASCOF 1G – LD client living at home or with family	Annual Calculation				60.2%	80%	Annual Figure	Annual	Bigger is Better
ASCOF 2A – rate of permanent admissions to residential and nursing 65+	116.4	194.7	298		655.3	680	This figures is currently showing a significant improvement on last year's result	Quarterly	Smaller is Better
ASCOF 2A – rate of permanent admissions to residential and nursing Under 65	2.8	3.7	5.6		13	15	This figures is currently showing an improvement on last year's result	Quarterly	Smaller is Better
ASCOF 1C – Proportion of people using social care services who receive self-directed support	88.7%	90.0%	91.0%		87.3%	95.0%	This is increasing as the Care Act re-assessments are being undertaken	Quarterly	Bigger is Better
ASCOF 2C – Delayed Transfers of Care (for social care reasons)	5.71	4.35	4.53		4.1	2.7	Figure to November 2015, December data is yet to be published	Quarterly	Smaller is Better
Non-elective admissions aged 65+ per 1000 population	2171	2240	NA		2189	5.1% reduction	This measure is produced by the CCG and forms one of the suite of Better Care measures	Quarterly	Smaller is Better
ASCOF 2B - Older people who were still at home 91 days after discharge from hospital into Reablement/ rehabilitation services	86.40%	78.50%	78.4%		77.0%	85.0%	This measure is included as part of the suite of Better Care indicators	Quarterly	Bigger is Better

	Annual Calculation								
Customer Satisfaction/User Survey				TBC	83%	This is an amalgamation of satisfaction with both social care and health services. It is one of the measures in the Better Care suite	Annual	Bigger is Better	
Reduction in falls related admissions	NA	NA	NA		16	This measure is produced by the CCG and forms part of the suite of Better Care measures	Quarterly	Smaller is Better	
Reduce the Alcohol attributable admissions DSR per 100,000 (NI39)	520.8	NA	NA	529.7		More up-to-date information is not currently available	Quarterly	Smaller is Better	
Reduce rates of syphilis and HIV	NA	NA	NA	68.2% (2010-12)		More up-to-date information is not currently available	Quarterly	Smaller is Better	
Increase the percentage of carers taking short breaks	275	284	320	345			Quarterly	Bigger is Better	
Increase the number of residents accessing day opportunities	371	398	407	365			Quarterly	Bigger is Better	
To improve the percentage of compliant providers	DD	DD	DD			A scorecard approach is being developed to monitor provider quality	Quarterly	Bigger is Better	
Percentage of service users with EMS installed	16	16	16	80%		EMS system is still in development; additional 4 providers identified and expected to be online soon	Quarterly	Bigger is Better	
Percentage of cases audited as good/excellent	85%	87.8%	NA	NA		Q3 results are not yet available	Quarterly	Bigger is Better	
Reduction in staff sickness	3.60%	6.5%	5.1%	6.8%	4%	Staff sickness reduced during November and December	Quarterly	Smaller is Better	
Improvements in retention of staff	8.8%	10.5%	11%	27%		Previous figures updated to give a more accurate reflection of the turnover of staff and not just looking at the turnover in-month	Quarterly	Smaller is Better	
Percentage of safeguarding completed in 28 days	32.1%	33.6%	37.9%	33.9%	80%	An improvement in the performance of the teams in Q3, although performance is still not at an appropriate level. This continues to be monitored on a weekly basis. A Safeguarding review is currently underway in order to implement the recommendations of the Peer Review	Quarterly	Bigger is Better	
Percentage of safeguarding cases where client feels safer as a result of the safeguarding intervention	89.40%	98.40%	97.3%	95.6%	80%	Almost all cases have reported that they have felt safer, either fully or partially as a result of the safeguarding intervention. We are continuing to work with operational staff in order that they ensure that this is recorded on all enquiries	Quarterly	Bigger is Better	
Percentage of cases where safeguarding decision is made within 2 days	73.02%	85.89%	88.5%	65.0%	80%	Performance in this area continues to improve	Quarterly	Bigger is Better	



Meeting:	Health and social care overview and scrutiny committee
Meeting date:	29 January 2016
Title of report:	Children's safeguarding performance data
Report by:	Director for children's wellbeing

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

To note the performance in relation to children's safeguarding for the month of October 2015, together with trend data over the previous 12 months.

Recommendations

THAT:

- (a) the performance of children's safeguarding be reviewed and any additional improvement actions identified for consideration; and
- (b) any other performance indicators which the committee would like to be included in future reports be identified

Alternative options

1. There are no alternative options as this is an opportunity for scrutiny to review and challenge the performance of children's safeguarding.

Reasons for recommendations

2. To allow the committee to undertake effective scrutiny of the council's statutory functions in relation to safeguarding for children in need.

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

Key considerations

Outcome of whistleblowing investigation

3. As members of the committee will be aware, staff in some teams have raised concerns about the behaviour and culture prevailing in those teams which is not conducive to effective working and practice. These concerns have been thoroughly investigated and a short term task and finish group is implementing some changes to aspects of general management such as induction; case load management and reporting and performance management.
4. An action plan has been developed and a resource manager has been appointed to manage and oversee many aspects of this plan and to continue the development of the actions when the group disbands. The resource manager will work with managers and corporate functions on key areas such as recruitment, retention, training, performance, HR, finance, ICT and property related matters.
5. The purpose of this role is to work alongside managers to ensure that improvements are made in these areas, which will also create the capacity for managers to focus on supporting and developing their social worker teams, paying particular attention to safeguarding, quality supervision and appraisals to ensure we have good professional standards and quality across the service.

Recruitment and retention

6. At the end of November 2015, the ratio of permanent to agency workers was 61:39. This compares with the ratio at the end of September 2014 of 43:57, so we have seen a significant incremental improvement over the last 14 months.
7. Most recently, during the period September 2015 to November 2015:
 - 3 overseas social workers started
 - 8 additional newly qualified social workers (NQSWs) started
 - 8 NQSWs became qualified social workers and replaced 6 agency staff
 - 3 potential permanent staff were recruited through the rolling social worker recruitment campaign
 - 3 “step up to social work” students are commencing their training programme and will qualify by April 2017 when they will become permanent members of staff.
8. As a result of the above, the division is starting to reduce the use of agency staff. This in turn has reduced the financial pressures by approximately £600k.
9. In April 2016, a new cohort of 4 further NQSWs will start, with a further 6 in September 2016.
10. There is confidence that the workforce strategy currently being used is the right approach. However further work is needed and there may be a need to strengthen the establishment further, particularly within the children in need teams.

Caseloads

11. Caseloads in the children in need and MASH teams remain challenging. As at

Further information on the subject of this report is available from
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October 2015, average caseloads were in the mid to late 20s on average. Additional temporary resources have been deployed in the child in need (CiN) service to help manage demand.

Case file audits / QA framework

12. Individual case file audits are undertaken on a monthly basis by managers, and the findings aggregated to identify themes and trends, positively and negatively, to enable us to better understand what is working well, and what we need to prioritise in terms of practice improvement. This information is considered alongside feedback from complaints, and outcomes from any multi agency case or thematic audits undertaken through the HSCB.
13. Linked to the process above, an audit of cases being progressed through the MASH was undertaken in September 2015, revealing improving practice and confidence as to the application of thresholds and the timeliness of decision making and action. 27 children's cases were audited, with 18 of the 27 (67%) assessed as 'good' and 8 (30%) 'requires improvement'. 1 case was identified as inadequate and remedial action has been taken to address the identified issues.
14. That being said, a recurring theme of concern emerging from audit activity is the quality of assessments undertaken. This in part relates to the recruitment and retention issues highlighted previously, in the changes of social worker and delays in completion both impact on timeliness and customer satisfaction, but the degree of inconsistency as to assessment standards remains. Initial work has been commenced through the Children of Herefordshire's Improvement and Partnership Programme (CHIPP) as to the development of standards and practice guidance with respect to assessment quality, and this work is now being progressed through a task and finish group, to ensure that staff have the training, skills and abilities to this end. Further audit activity will focus on assessment quality to evaluate progress in Q3 2016/17.

Performance

15. The attached report considers performance for the month of October 2015, together with trend data over the previous 12 months (appendix 1).
16. We believe the information being reported is more accurate than before and this is linked to the overall transformation of Frameworki, the social care case management system. This includes installing 19 case management and reporting upgrades to Frameworki since April 2014. This transformation project is part of the overarching (CHIPP) with 70% of the work in the Frameworki project plan completed. However, whilst the work is being completed within project timescales, further improvements have been put on hold as attention turns to the upgrade to MOSAIC in April 2016. We do now have a much better understanding as to how the whole system is operating than we have had previously, and this has enabled us to drive up standards and performance.

Positives

17. Regarding performance over the last period there have been some positive improvements to report. In relation to all contacts received by children's safeguarding being screened by a qualified practitioner on the same working day, this has been consistently strong over the last five months, with performance at 98.2% at the end of October 2015. Audits have confirmed that all contacts were screened appropriately.

Further information on the subject of this report is available from
John Roughton, head of safeguarding and quality on Tel (01432) 260804

18. There is clearer definition of when a contact should be appropriately progressed to a referral, and as at this month, 48% of contacts were progressed, reflecting a broad trend over the last six months. Whilst the majority of contacts and referrals from the police during October 2015 follow the established pattern of domestic abuse notifications, the upward trend of sexual abuse has continued in relation to significantly heightened awareness of child sexual exploitation. The high rate of contact from the police is being explored, and work is progressing in the implementation of a triage system to reduce unnecessary contacts, albeit too early to evaluate the impact of this.
19. The re-referral rate has continued to remain within expected parameters and consistent with regional and national levels, at 21.4% at the end of October.
20. The number of initial assessments completed within timescales during October 2015 has improved in comparison with the previous two months, and is at an all year high of 140 completed within timescales and 192 completed overall, therefore 73% completed in timescale. This improving figure reflects the consolidation of resources in the MASH and a clearer business process in terms of transitioning cases from MASH appropriately.

Challenges

21. Of continuing concern has been the increase in the number of strategy discussions/meetings leading to S47 child protection investigations reported in June and July reflected the higher than usual number of child protection referrals from the police in relation to an ongoing child protection investigation. However, whilst having reduced, there were still 131 during October, of which 41% did not progress to S47, which may be indicative of too low a threshold being applied to convening such meetings. Audit activity to test this hypothesis is due to commence.
22. The rate per 10,000 in Herefordshire of children subject to a child protection plan is higher than our statistical neighbours and the England average, and this number continues to rise to 246 children subject to a plan at the end of October. The incremental rise in the number of children subject to plans as a consequence of emotional abuse, where domestic abuse is the common factor of concern, and as highlighted above due to increased awareness of child sexual exploitation, in part reflect the reasons behind this increase. However further analysis is being undertaken with respect to the progress of children remaining subject to a plan beyond 18 months, to better understand the factors as to why children are remaining subject to a CP plan for so long.
23. As at October 2015, however, only 2% of the on a child protection plan were subject to such a plan for the second or subsequent time. This figure is lower than the all England and West Midlands local council average (15.8% and 9.5% respectively) and indicates that children are at least not being stepped down from a CP plan precipitately.

Community impact

24. Delivering the corporate plan is key to the council achieving the positive impact it wishes to make across Herefordshire and all its communities. Given the decreasing financial resources available to the council, monitoring performance is likely to become even more important so as to ensure that resources are best directed to meet the council's agreed priorities and statutory obligations.

Equality duty

25. This report is to provide an update on performance for safeguarding and the equality duty is not applicable.

Financial implications

26. This report has no financial implications and is for information and comment only.

Legal implications

27. This report is required to allow the health and social care overview and scrutiny committee to perform its statutory duty to ensure that local public services are delivered effectively and efficiently. Service performance should also be monitored and suggestions for improvements made.

Risk management

28. There are no risks associated with this report which is for information only.

Consultees

29. Herefordshire Safeguarding Children Board. Any actions arising from these consultations are incorporated into the main body of the report and any actions are also picked up as part of the overall improvement programme.

Appendices

Appendix A – Safeguarding performance data

Appendix B – Safeguarding performance presentation

Background papers

None identified.

Performance Report - October 2015

Please note;

Figures are accurate at time of Frameworki reporting, however, due to the live nature of the system, this can change subsequently. Reports were all run as at 31st October 2015 and includes all data within Frameworki up to and including 31st October 2015

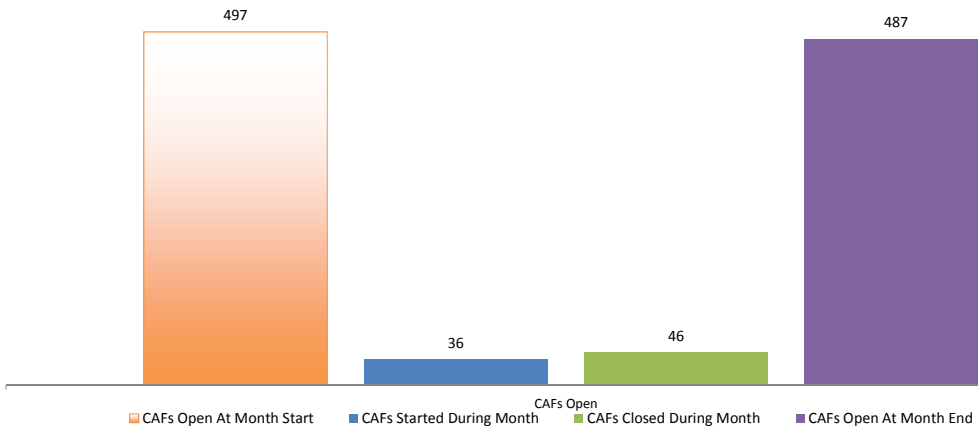
For further information please contact:-

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Head of Safeguarding and Review
Childrens Wellbeing Directorate

jroughton@herefordshire.gov.uk
01432 260804

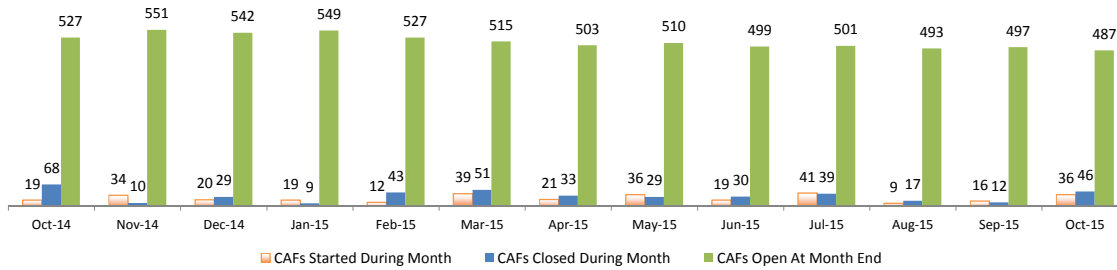
Code	1	Name	CAF Summary Information	Responsible officer	Nicola Turvey
Full Description	CAF Summary Information as at 31 October 2015				
Measure	N/A	Indicator Guide			

Headline CAF Data



Last Update	October 2015
Current Value	487
Rate per 10,000	145.98
Overall assessment	
Target	N/A

CAF Summary Information as at 31 October 2015 (CAFs started, closed and open by month)



Direction of Travel (Comparator with last year)	
Previous Values	
Sep-15	497
Aug-15	493
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	291
Measure Period	
Month End (Snapshot)	

Comments

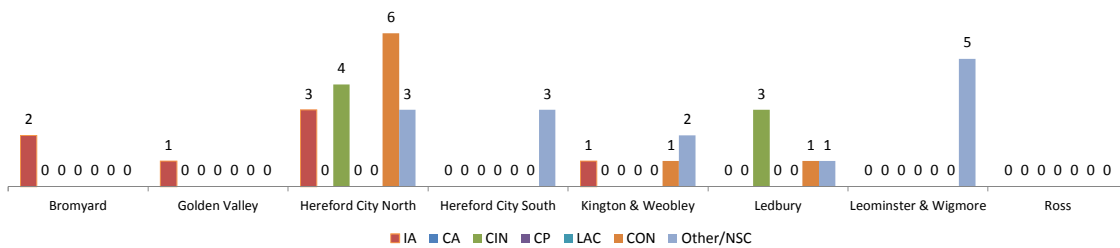
Increase in numbers of CAFs initiated in October when compared to August and September 2015. This generally follows trends from previous years.

- Higher than average number of cases initiated both with and without Social Care involvement
- 50% of all step-down cases were initiated in North City as a single locality
- Step-down numbers for October higher than average for 2015
- Educational settings have initiated the vast majority of new cases
- Step-Ups to Social Care down on par with average for 2015
- High proportion of CAF cases were closed with needs being met
- Majority of CAF cases were re-opened to Social Care due to reoccurring and historical issues. Some new issues highlighted which contributed to escalation.
- More even spread of CAF lifespans across time categories
- 3-6 month category has the highest number of cases for CAFs closing in October

We are now able to report on the number of open CAFs at month end with a comparative rate per 10,000 children in Herefordshire, which for October 2015 is 145.98. There is no national indicator for CAFs and the most recent West Midlands data for Q2 2014-15 shows a wide variation across authorities in terms of the rate per 10,000 ranging from 24.4 to 468.0. The West Midlands average is 291.0 per 10,000 children.

Code	2	Name	CAF Summary Information	Responsible officer	Nicola Turvey
Full Description	CAF Summary Information as at 31 October 2015 (CAFs Started and Closed)				
Measure	N/A	Indicator Guide			

CAFs Started During Month (via Step-Down)



Last Update	October 2015
Current Value	14
Rate per 10,000	N/A
Overall assessment	
Target	N/A

CAFs Started During Month (via Step-Down and by Lead Professional)



Direction of Travel (Comparator with last year)	
Previous Values	
Sep-15	16
Aug-15	5
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

Comments

The number of cases opened to CAF in October at 36 cases is considerably higher than the previous month of September (16 cases) and is higher than the average per month for 2015 (to date) of 25. A higher number of CAFs in October is not unusual, especially compared to August and September, as educational settings have had time to put support in place following the summer holiday break.

Step-downs formed 38.9% of all cases opening to CAF (14), which is exactly equal to the number of CAFs opened without any Social Care involvement (14). Step-downs are slightly higher than the average per month for 2015, but this follows two months where step-down numbers were very low. Similarly, new cases not involving Social Care were greater than the average per month, but this also follows two months of low levels.

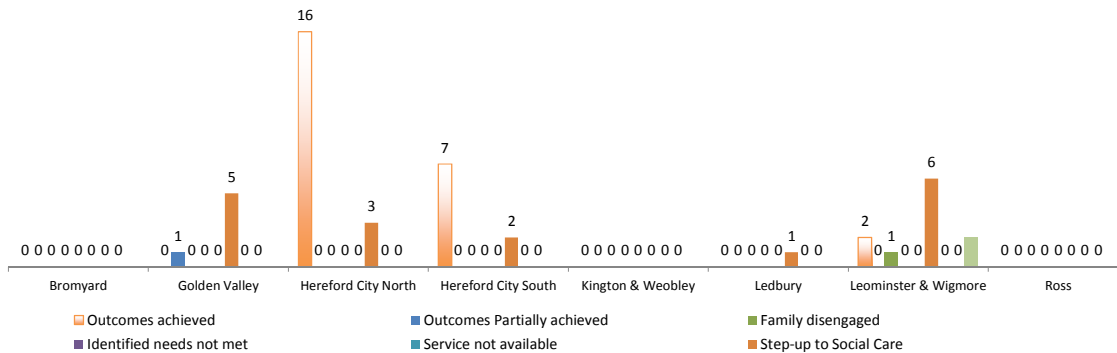
Hereford North City locality contained a significant proportion of cases open for October. 50% of all step-down cases were initiated in North City as a single locality.

Although the overall number of active CAFs decreased into October, there was a significant rise in the number of CAFs initiated compared to the previous 2 months. As 2015 has moved on, and despite the odd small fluctuation, there appears to be a very steady decline in the number of CAFs overall.

Of all the 36 CAFs initiated in October, Educational settings were involved in 91.7% of cases. Although schools regularly take-on a high proportion of cases, this is the highest level of 2015 so far. Of the step-down cases, schools were involved as LP in 85.7% of cases. The remaining 2 cases were held by MAG, as school's weren't able to hold LP role, which helps to illustrate the significant role schools play in supporting families via CAF, be it following Social Care involvement or independently.

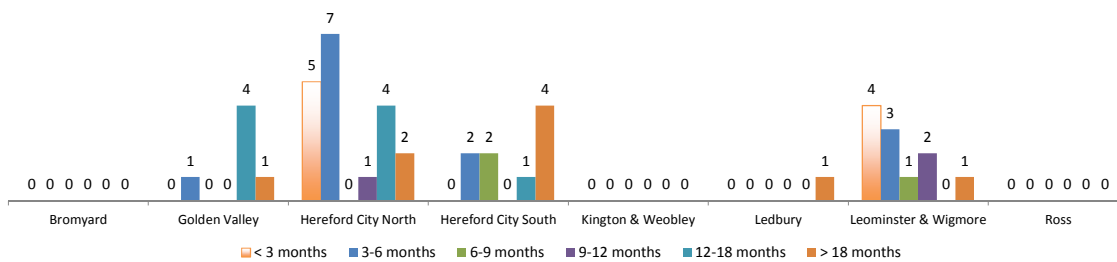
Code	3	Name	CAF Summary Information	Responsible officer	Nicola Turvey
Full Description	CAF Summary Information as at 31 October 2015 (CAFs Closed and Length of time open)				
Measure	N/A	Indicator Guide			

CAFs Closed During Month by Reason



Last Update	October 2015
Current Value	46
Rate per 10,000	N/A
Overall assessment	
Target	N/A

Length of Time Open at Point of CAF Closure



Direction of Travel (Comparator with last year)	
Previous Values	
Sep-15	12
Aug-15	17
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

Comments

Of all the 36 CAFs initiated in October, Educational settings were involved in 91.7% of cases. Although schools regularly take-on a high proportion of cases, this is the highest level of 2015 so far. Of the step-down cases, schools were involved as LP in 85.7% of cases. The remaining 2 cases were held by MAG, as school's weren't able to hold LP role, which helps to illustrate the significant role schools play in supporting families via CAF, be it following Social Care involvement or independently.

Although the number of step-ups back to Social Care is the 3rd highest for 2015, when compared as a percentage of the number of CAFs closed in the month, it is almost exactly the same as the average (per month) for the whole year so far (37.0% for Oct – 37.5% for 2015). Over 54% of CAF cases which have closed in October have met the needs of the child or family. This is a significant rise on previous months and is far higher than the 2015 average of 20.7%.

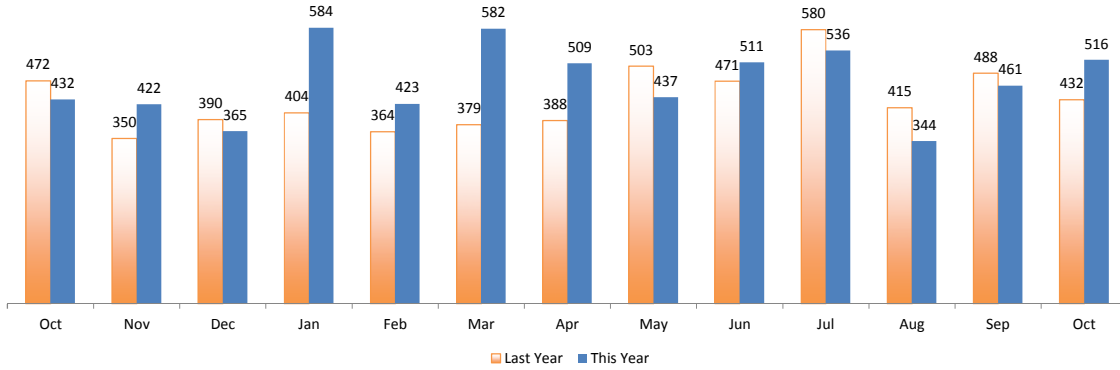
For October, there were 17 cases which were escalated to Social Care due to Level 4 concerns. As detailed above, although 17 is quite high compared to other months, when considered as a percentage of all the CAFs closed within the month, it is about average.

15 of the cases which were escalated to Social Care, had originally been stepped-down to CAF. These 15 cases make up 7 families who were re-opened to Social Care, with most of them re-entering at CIN level and with 1 family undergoing CP proceedings. Case summary can be seen below:

- 1 case (1 family): Young person with emotional problems and Child Sexual Exploitation (CSE) concerns. CAF was not able to contain behaviour.
 - 4 cases (1 family): On-going problems with DV, alcohol abuse and adult mental health.
 - 1 case (1 family): On-going child mental health and behaviour issues – OCD, ADHD.
 - 2 cases (1 family): On-going parental mental health issues impacting on children.
 - 1 case (1 family): Dysfunctional family life; some new issues relating to risky teenage behaviours and poor friendship groups.
 - 3 cases (1 family): On-going parenting concerns and risk issues with Father.
 - 3 cases (1 family): Aunt of children originally perceived to pose risk to children but she left family home so case moved to CAF. Mum's mental health was an issue and CAMHs support was needed but this could be addressed via CAF. Case reopened to Social Care due to risks associated with Mum's new boyfriend and disclosures from children in school.
- The cases highlighted in these 7 families follow trends from previous months where reoccurring issues are contained within a CAF before concerns reach Level 4 and input from Social Workers around safeguarding departments is required. Trends dictate that these issues seem to be based around adult/child mental health, domestic abuse in the family home, adult alcohol miss-use and child/adolescent behaviour issues. In all of the cases above, these issues were known to Social Care before cases were first stepped-down, and then stepped-back-up. Two of the cases above did include new issues relating to child behaviour concerns and CSE, which seemed to have not been a significant concern in previous Social Care involvement, but made the CAF more difficult to manage at Level 3 and added to the need to escalate.

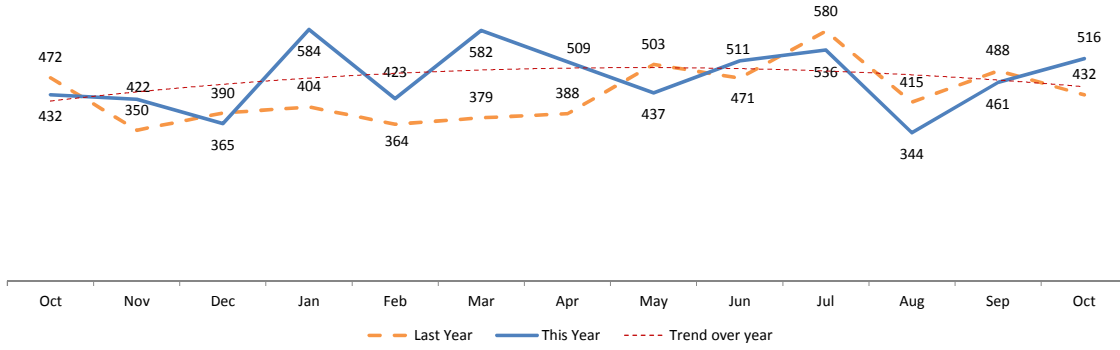
Code	4	Name	Contacts Received Per Month	Responsible officer	Kay Prescott
Full Description	Total number of contacts by month. This indicator is to ensure that all contacts are relevant and followed up where appropriate.				
Measure	N/A	Indicator Guide	Contacts are monitored to ensure relevance and identify trends in requests for services. Overall volumes will directly impact on the flow of work throughout Children's Wellbeing.		

Contacts Received Per Month



Last Update	October 2015
Current Value	516
Rate per 10,000	N/A
Overall assessment	
Target	N/A

Contacts Received Per Month - Trend



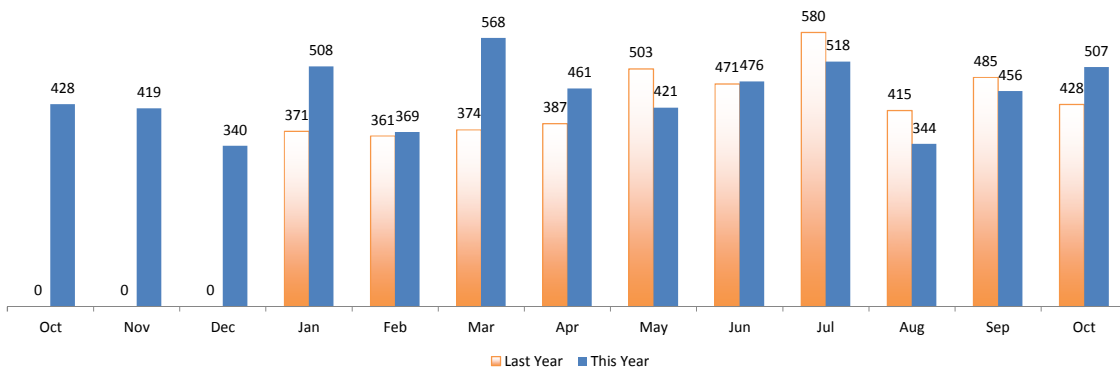
Direction of Travel (Comparator with last year)	↑
Previous Values	
Oct-14	432
Oct-13	472
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Cumulative)	

Comments

Code	5	Name	Contacts Received Per Agency - This Month	Responsible officer	Kay Prescott
Full Description	Total number of contacts per Team. This indicator is to ensure that all contacts are relevant and followed up where appropriate.				
Measure	N/A	Indicator Guide	Contacts are monitored to ensure relevance and identify trends in requests for services. Overall volumes will directly impact on the flow of work throughout Children's Wellbeing.		
Referring Organisation	Number	%	Number progressed to referral and %		Last Update
Police	241	46.71%	76 - 31.54%		October 2015
Schools	93	18.02%	55 - 59.14%		Current Value
LA services - Social care eg. adults social care	11	2.13%	7 - 63.64%		
Family Member / Relative / Carer	25	4.84%	6 - 24.00%		Rate per 10,000
Other - eg. childrens centres / independent agency	40	7.75%	25 - 62.50%		
External eg. from another LAs	6	1.16%	6 - 100.00%		Overall assessment
Health services - A&E	9	1.74%	2 - 22.22%		
Housing or housing association	1	0.19%	1 - 100.00%		
Education Services	4	0.78%	4 - 100.00%		
Health services - Other primary health services	44	8.53%	36 - 81.82%		Target
Anonymous	15	2.91%	9 - 60.00%		
Health services - Health Visitor	3	0.58%	3 - 100.00%		N/A
Other Individuals e.g. strangers / MPs	0	0.00%	0 - 00.00%		
Health services - GP	14	2.71%	13 - 92.86%		Direction of Travel (Comparator with last year)
Acquaintance eg. neighbours / child minders	2	0.39%	1 - 50.00%		
LA services - Other internal department eg. youth offending	6	1.16%	6 - 100.00%		
Health Services - 2Gether (Adults)	0	0.00%	0 - 00.00%		
Health Services - 2Gether (CAMHS)	1	0.19%	1 - 100.00%		Previous Values
Health services - Other eg. hospice	0	0.00%	0 - 00.00%		
Health services - School Nurse	0	0.00%	0 - 00.00%		Oct-14
Self	1	0.19%	1 - 100.00%		432
Unknown	0	0.00%	0 - 00.00%		Oct-13
Total	516		252 - 48.84%		472
Contacts Received in September 2015					
Referring Organisation	Number	%	Number progressed to referral and %		England
Police	180	39.05%	58 - 32.22%		2013/14
Schools	49	10.63%	22 - 44.90%		N/A
LA services - Social care eg. adults social care	39	8.46%	34 - 87.18%		Statistical Neighbours
Family Member / Relative / Carer	42	9.11%	16 - 38.10%		2013/14
Other - eg. childrens centres / independent agency	50	10.85%	17 - 34.00%		N/A
External eg. from another LAs	13	2.82%	2 - 15.38%		West Midlands
Health services - A&E	5	1.08%	1 - 20.00%		2013/14
Housing or housing association	7	1.52%	4 - 57.14%		N/A
Education Services	2	0.43%	0 - 00.00%		Measure Period
Health services - Other primary health services	29	6.29%	15 - 51.72%		Month End (Cumulative)
Anonymous	22	4.77%	7 - 31.82%		
Health services - Health Visitor	10	2.17%	9 - 90.00%		
Other Individuals e.g. strangers / MPs	0	0.00%	0 - 00.00%		
Health services - GP	4	0.87%	0 - 00.00%		
Acquaintance eg. neighbours / child minders	5	1.08%	5 - 100.00%		
LA services - Other internal department eg. youth offending	1	0.22%	1 - 100.00%		
Health Services - 2Gether (Adults)	0	0.00%	0 - 00.00%		
Health Services - 2Gether (CAMHS)	0	0.00%	0 - 00.00%		
Health services - Other eg. hospice	0	0.00%	0 - 00.00%		
Health services - School Nurse	0	0.00%	0 - 00.00%		
Self	3	0.65%	1 - 33.33%		
Unknown	0	0.00%	0 - 00.00%		
Total	461		192 - 41.65%		
Comments					

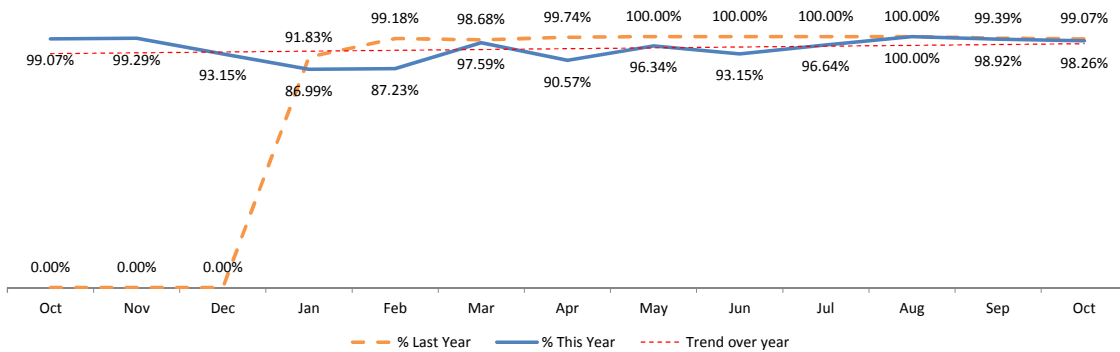
Code	6	Name	Contacts Screened by a Qualified Practitioner on Same Working Day	Responsible officer	Kay Prescott
Full Description	Number of Contacts screened by a qualified practitioner within 24 hours, in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Contacts screened by a qualified practitioner within 24 hours to a level at, or above benchmarks.		

Contacts Screened by a Qualified Practitioner on Same Working Day



Last Update	October 2015
Current Value	98.26%
Rate per 10,000 (YTD)	N/A
Overall assessment	
😊	
Target	100%

Contacts Screened by a Qualified Practitioner on Same Working Day - Trend

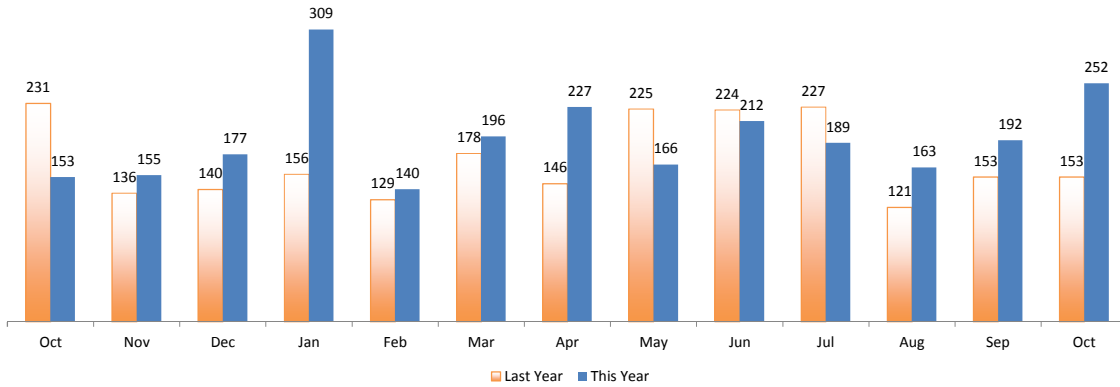


Direction of Travel (Comparator with last year)	
↓	
Previous Values	
Oct-14	99.07%
Oct-13	0.00%
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Cumulative)	

Comments

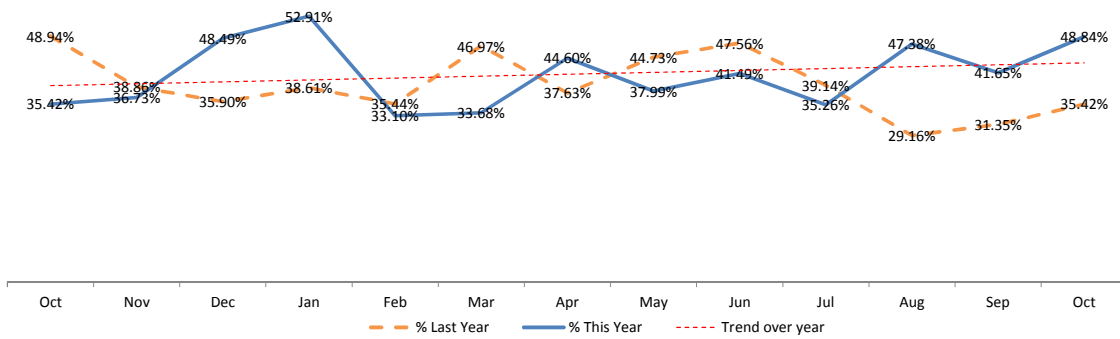
Code	7	Name	Contacts Progressed to Referral	Responsible officer	Kay Prescott
Full Description	Number of Contacts which have progressed onto a referral in the month.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

Contacts Progressed to Referral



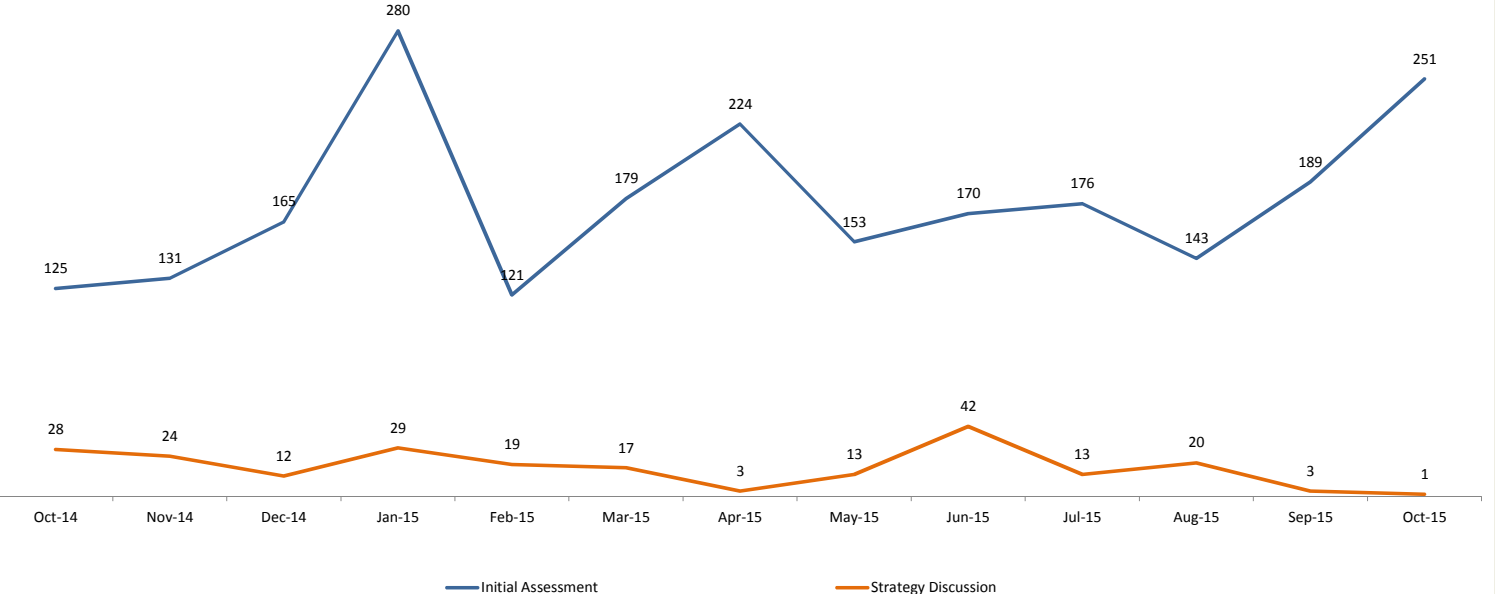
Last Update	October 2015
Current Value	48.84%
Rate per 10,000	N/A
Overall assessment	
😊	
Target	
N/A	

Contacts Progressed to Referral - Trend



Direction of Travel (Comparator with last year)	
↑	
Previous Values	
Oct-14	35.42%
Oct-13	48.94%
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Cumulative)	

Referrals - Outcomes, by Category - per Month

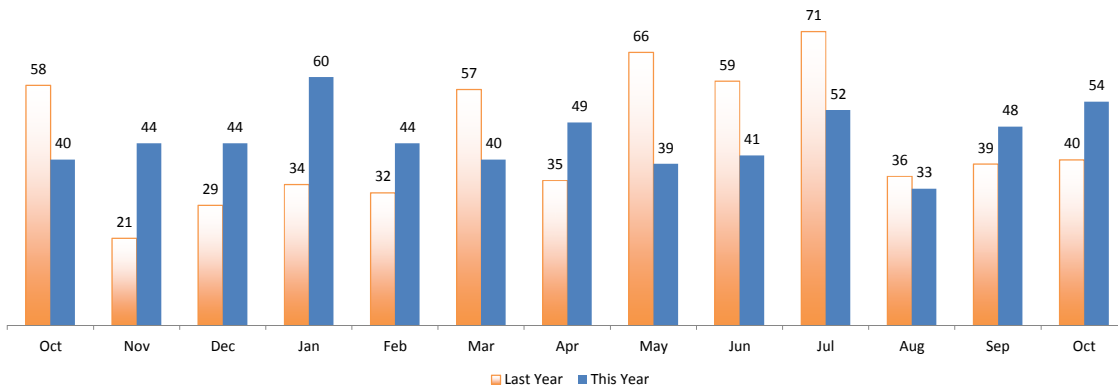



Comments



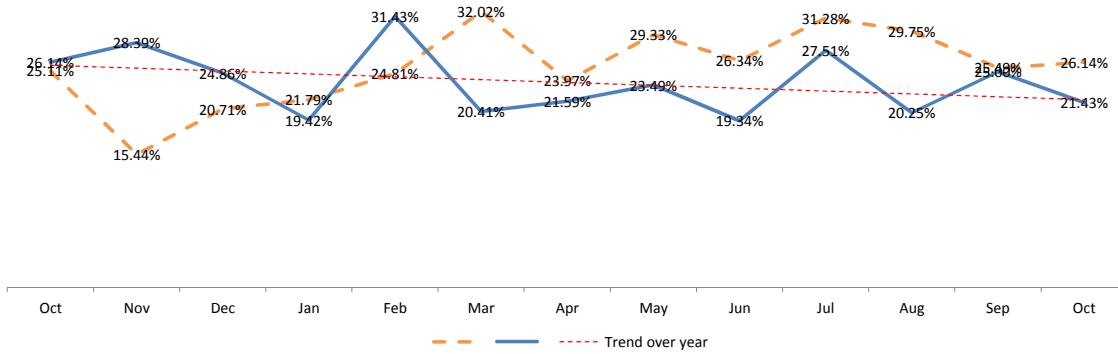
Code	8	Name	Re-Referrals	Responsible officer	Kay Prescott
Full Description	Total number of Rereferrals to social care teams by month. This indicator is to ensure that all referrals to Children's Wellbeing are followed up where appropriate. It is reported in the Children in Need Census.				
Measure	To Target	Indicator Guide	ReReferrals should directly reflect level of demand for statutory responses in the authority. It should also reflect the confidence of partners to appropriately identify children who are potentially at risk. The rates should be in line with authorities experiencing similar levels of deprivation and need.		


Re-Referrals



Last Update	October 2015
Current Value	21.43%
Rate per 10,000 (YTD)	151.80
Overall assessment	
	
Target	N/A

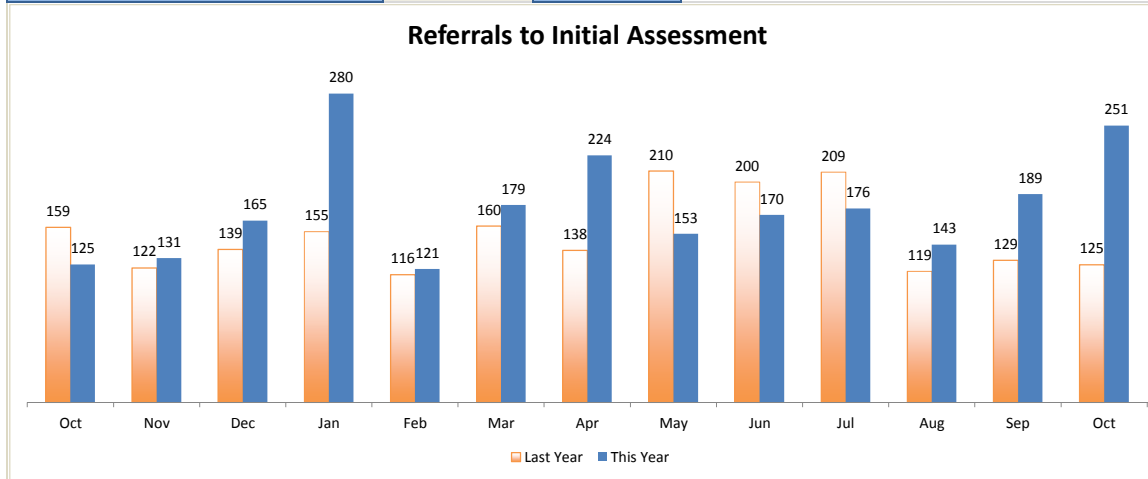
Re-Referrals - Trend



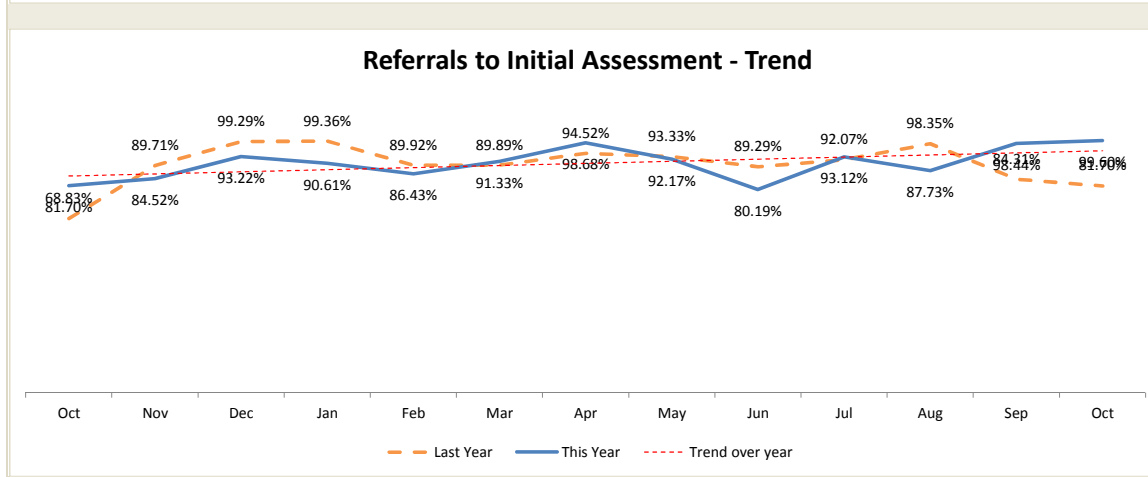
Direction of Travel (Comparator with last year)	
	
Previous Values	
Oct-14	26.14%
Oct-13	25.11%
England	
2013/14	23.4
Statistical Neighbours	
2013/14	23.65
West Midlands	
Q4 2014/15	21.78
Measure Period	
Month End (Cumulative)	

Comments

Code	9	Name	Referrals to Initial Assessment	Responsible officer	Kay Prescott
Full Description	Total number of referrals to social care which lead to completion of an initial assessment.				
Measure	N/A	Indicator Guide	Looking for highest possible % of referrals to the MASH team to lead to an initial assessment. This is to ensure that all referrals are relevant and any unnecessary referrals are limited.		



Last Update	October 2015
Current Value	99.60%
Rate per 10,000 (YTD)	604.43
Overall assessment	
Target	N/A

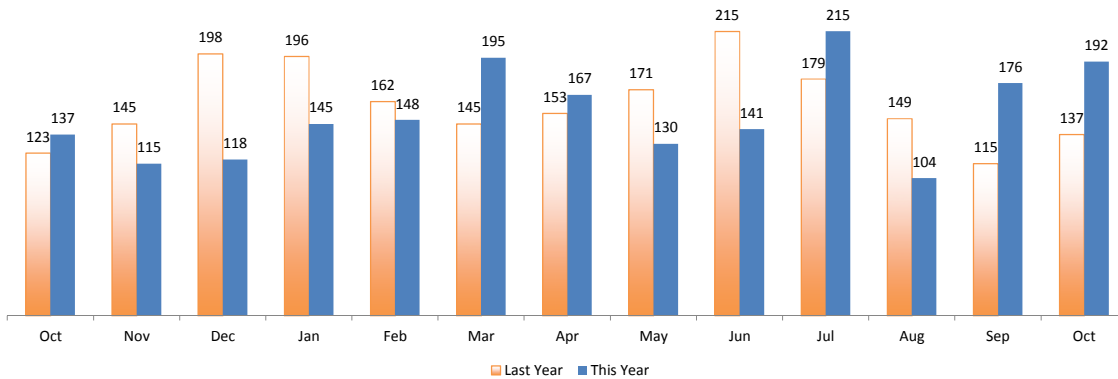


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	81.70%
Oct-13	68.83%
England	
2013/14	86.0%
Statistical Neighbours	
2013/14	62.4%
West Midlands	
Q4 2014/15	86.06%
Measure Period	
Month End (Cumulative)	

Comments

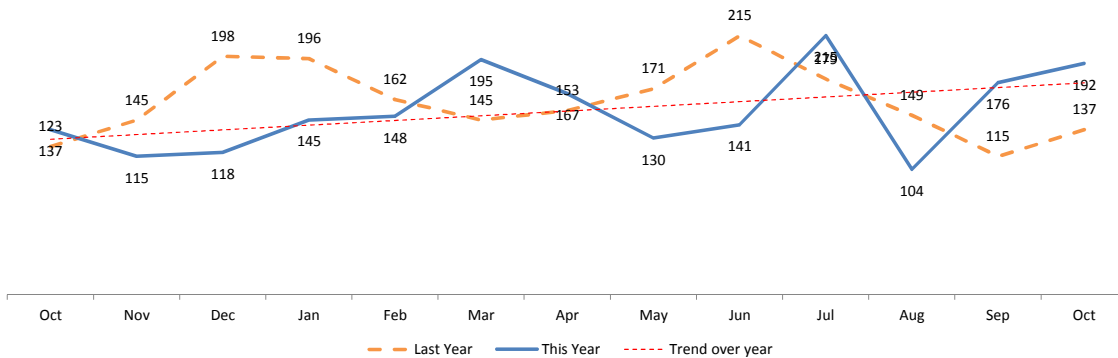
Code	10	Name	Initial Assessments Completed	Responsible officer	Kay Prescott
Full Description	Initial Assessments completed per month.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

Initial Assessments Completed



Last Update	October 2015
Current Value	192
Rate per 10,000 (YTD)	511.36
Overall assessment	
Target	

Initial Assessments Completed - Trend

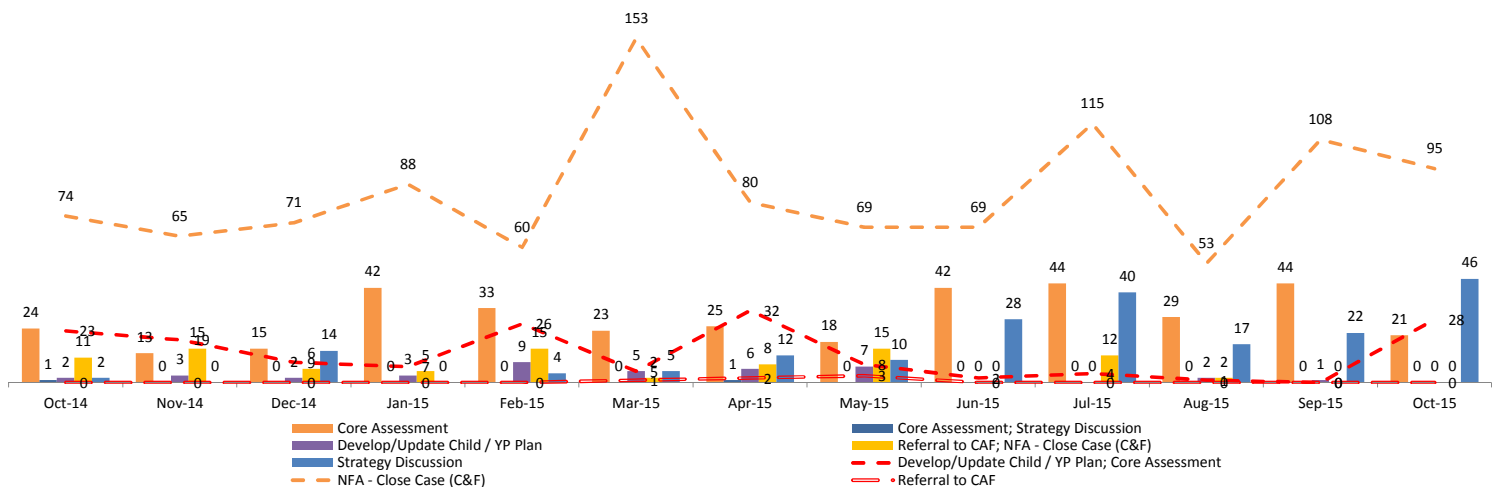


Direction of Travel (Comparator with last year)

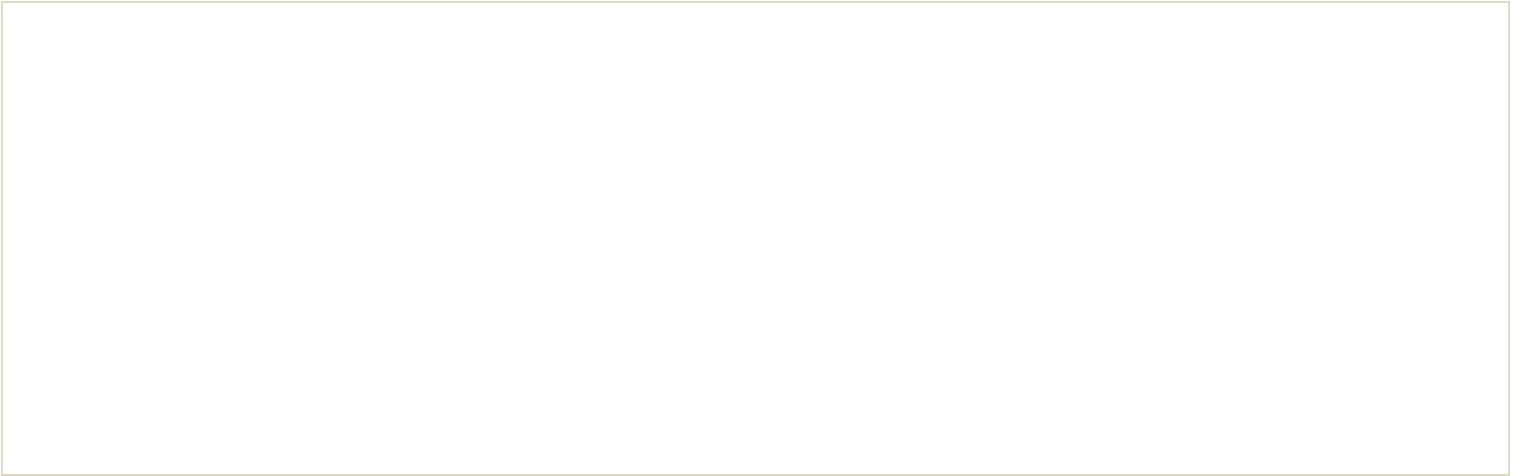


Previous Values	
Oct-14	544.32
Oct-13	448.48
England	
2013/14	267.45
Statistical Neighbours	
2013/14	281.32
West Midlands	
Q4 2014/15	502.45
Measure Period	
Month End (Cumulative)	

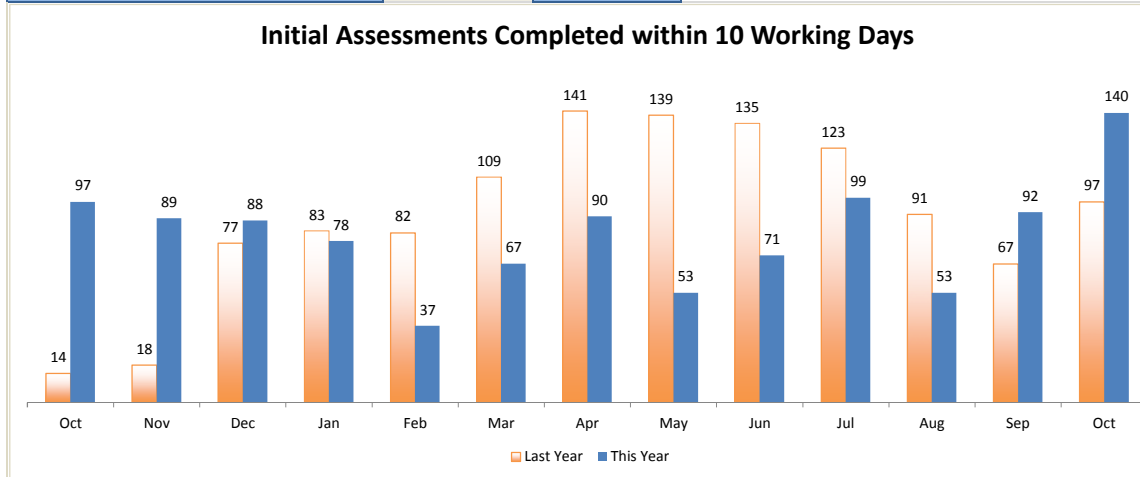
Initial Assessments Completed - Outcomes, by Category - per Month



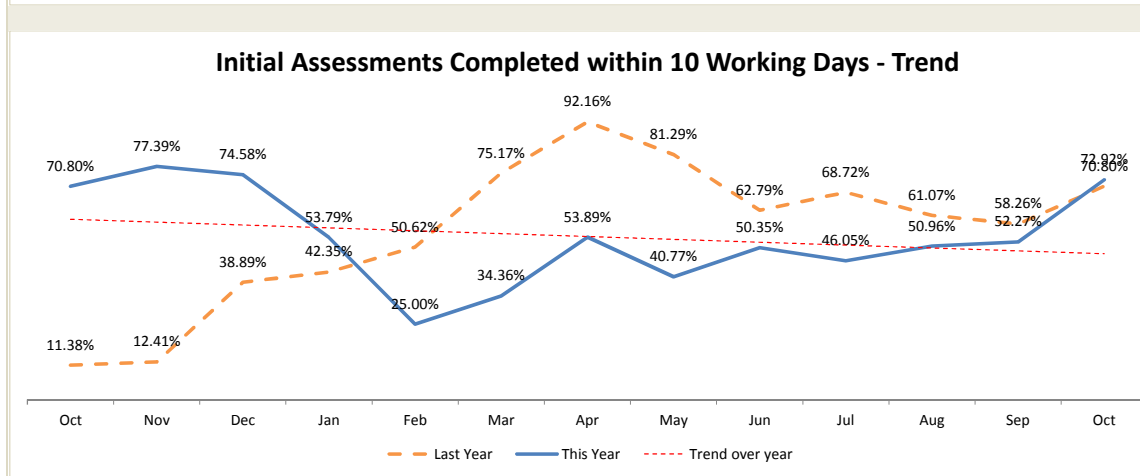
Comments



Code	11	Name	Initial Assessments Completed within 10 Working Days	Responsible officer	Kay Prescott
Full Description	Percentage of Initial Assessments completed within 10 working days (completed is when the family has agreed to the assessment and the manager has authorised it)				
Measure	Higher is Better	Indicator Guide	Looking for the highest possible % of Initial Assessments to be completed within 10 days.		



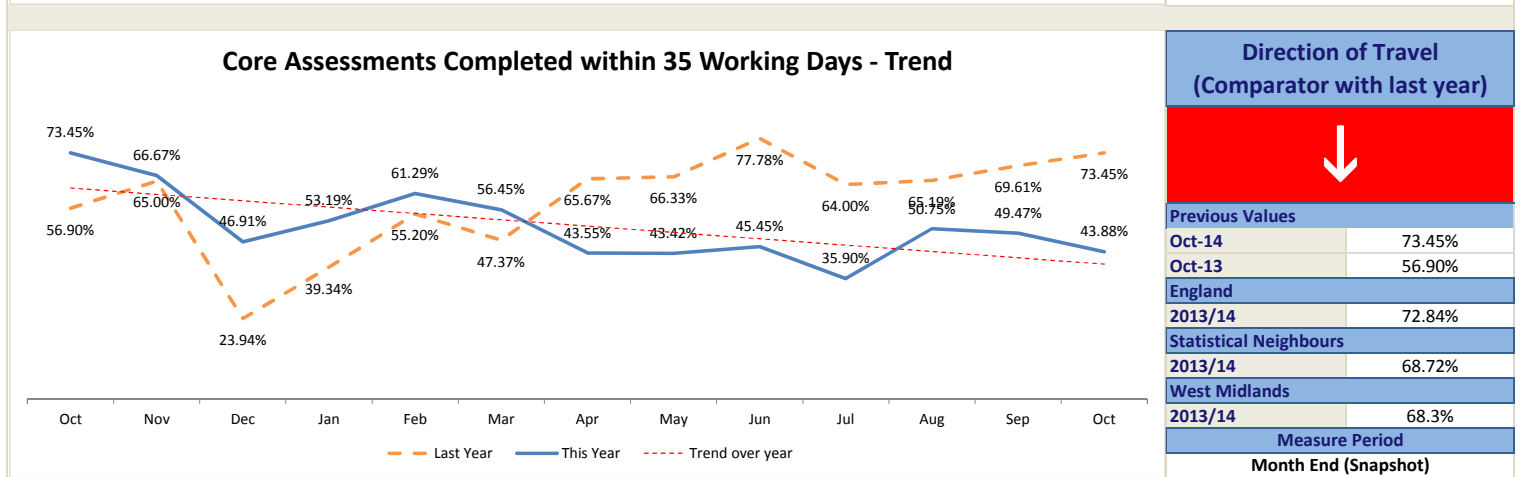
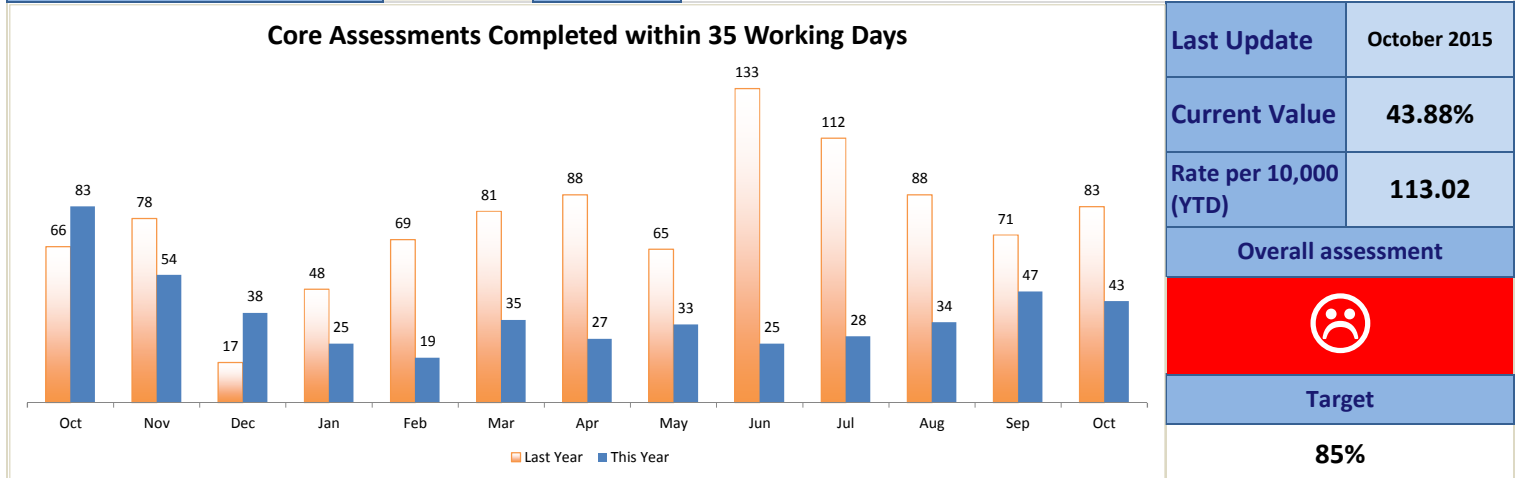
Last Update	October 2015
Current Value	72.92%
Rate per 10,000 (YTD)	265.10
Overall assessment	
Target	85%



Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	70.80%
Oct-13	11.38%
England	
2013/14	69.57%
Statistical Neighbours	
2013/14	56.87%
West Midlands	
Q4 2014/15	26.73%
Measure Period	
Month End (Cumulative)	

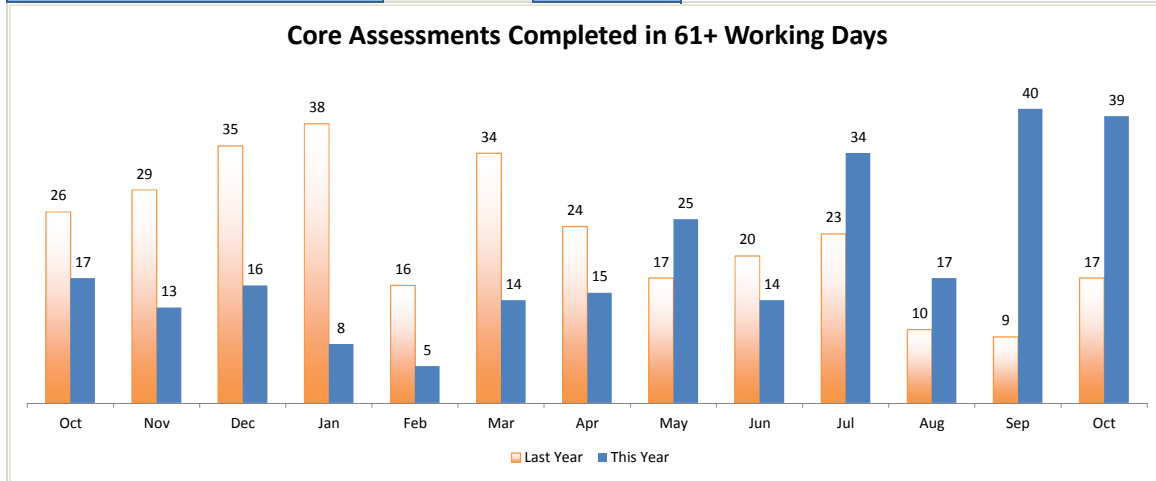
Comments

Code	12	Name	Core Assessments Completed within 35 Working Days	Responsible officer	Kay Prescott
Full Description	The indicator measures the percentage of Core Assessments completed within 35 working days. Core Assessments are in-depth assessments of a child, or children, and their family, as defined in the Framework for the Assessment of Children in Need and their Families. They are also the means by which s47 (Child Protection) enquiries are undertaken following a strategy discussion.				
Measure	Higher is Better	Indicator Guide	Looking for the highest possible % of Core Assessments to be completed within 35 working days.		

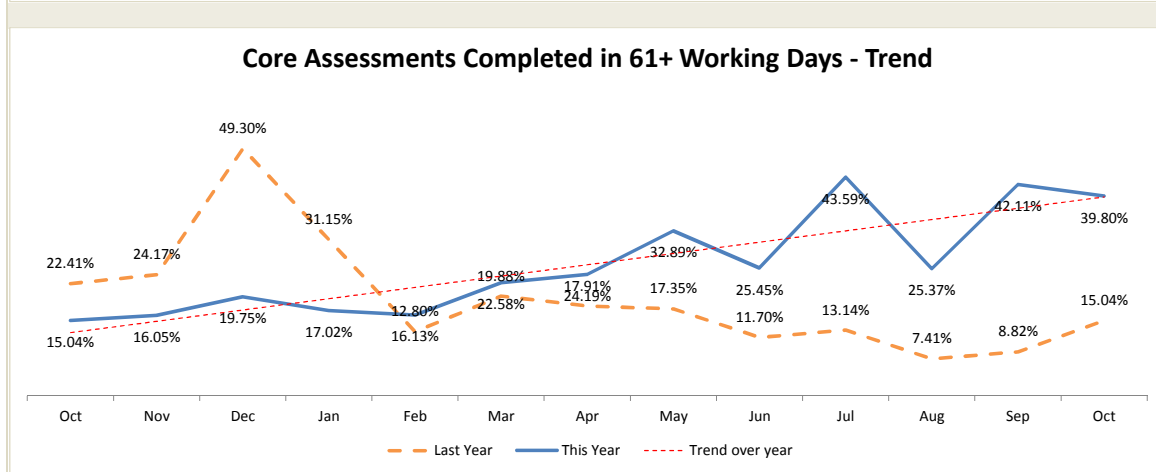


Comments

Code	13	Name	Core Assessments Completed in 61+ Working Days	Responsible officer	Kay Prescott
Full Description	Core Assessments completed in 61+ working days.				
Measure	Lower is Better	Indicator Guide	Looking for the lowest possible % of Core Assessments to be completed in 61+ working days. Ideally, all Core Assessments should be completed within 35 working days.		



Last Update	October 2015
Current Value	39.80%
Rate per 10,000 (YTD)	66.48
Overall assessment	
Target	N/A

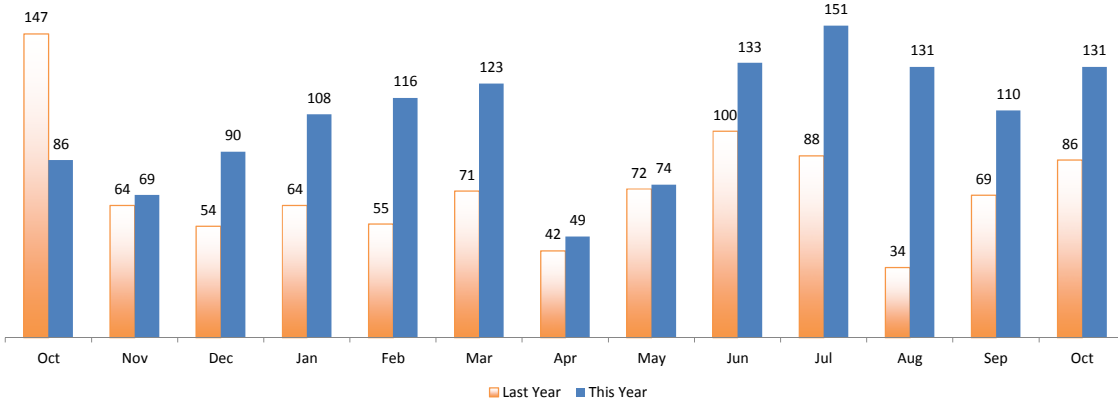


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	15.04%
Oct-13	22.41%
England	
2013/14	13.16%
Statistical Neighbours	
2013/14	26.54%
West Midlands	
2013/14	19.37%
Measure Period	
Month End (Cumulative)	

Comments

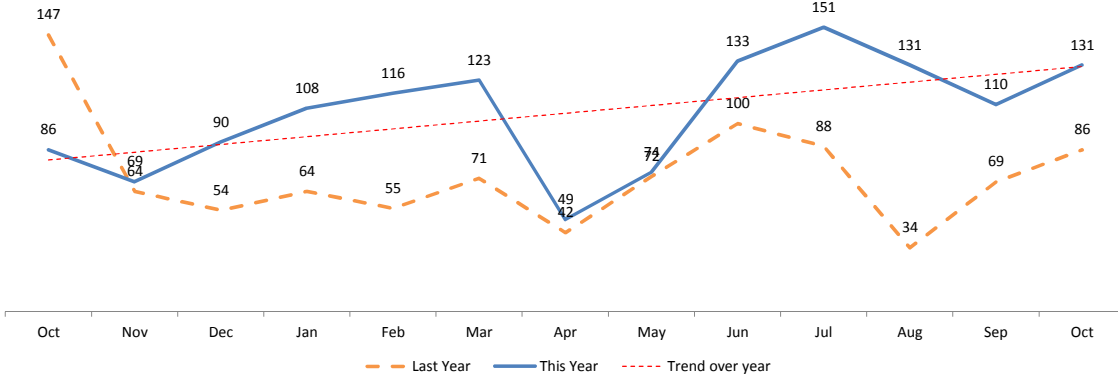
Code	14	Name	Strategy Discussions/Meetings Started	Responsible officer	Paul Meredith
Full Description	Strategy Discussions started in month.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

Strategy Discussions/Meetings Started



Last Update	October 2015
Current Value	131
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	N/A

Strategy Discussions/Meetings Started - Trend

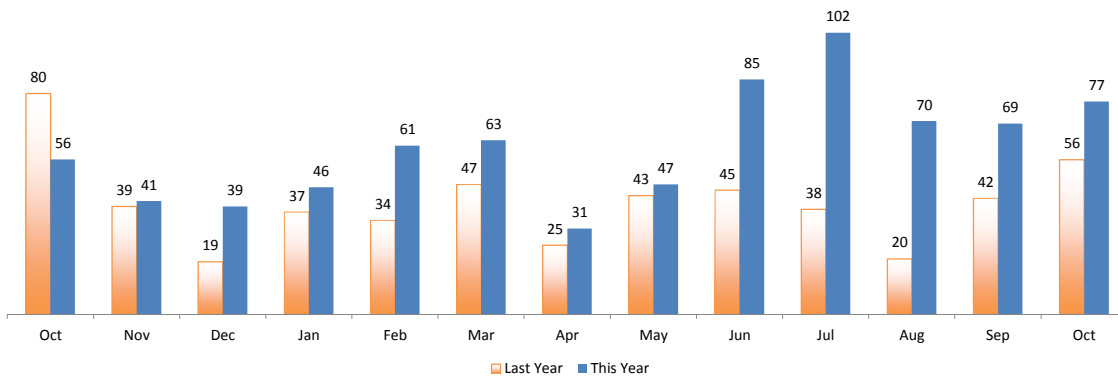


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	86
Oct-13	147
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

Comments

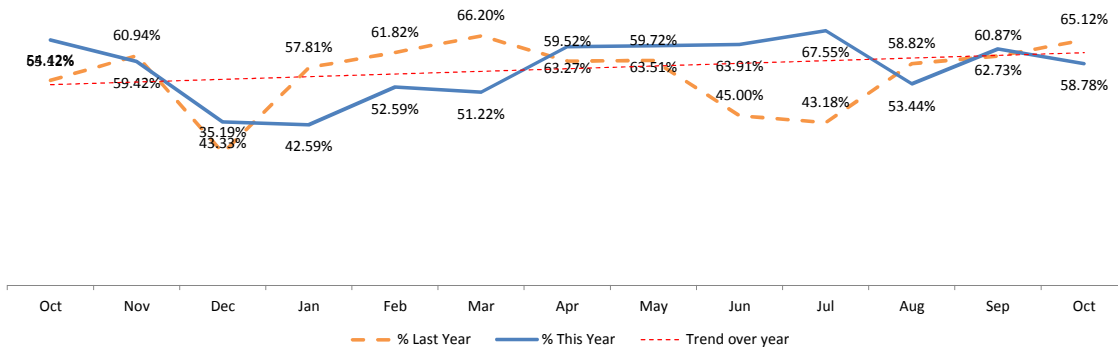
Code	15	Name	Strategy Discussions/Meetings Leading to Section 47 Investigations	Responsible officer	Paul Meredith
Full Description	Of the total number of Strategy Discussions that took place in the month, the total number which went onto s47 Investigations.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

Strategy Discussions/Meetings Leading to Section 47 Investigations



Last Update	October 2015
Current Value	58.78%
Rate per 10,000 (YTD)	202.49
Overall assessment	
Target	N/A

Strategy Discussions/Meetings Leading to Section 47 Investigations - Trend

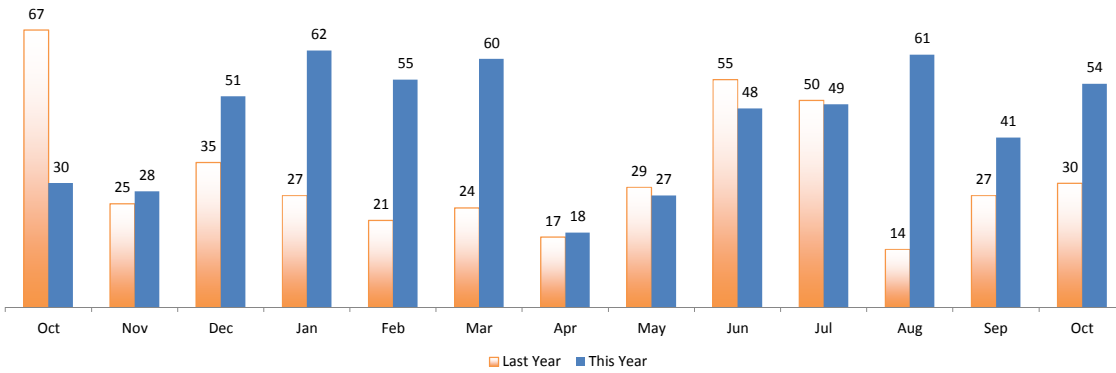


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	65.12%
Oct-13	54.42%
England	
2013/14	124.1
Statistical Neighbours	
2012/13	N/A
West Midlands	
2013/14	125.8
Measure Period	
Month End (Snapshot)	

Comments

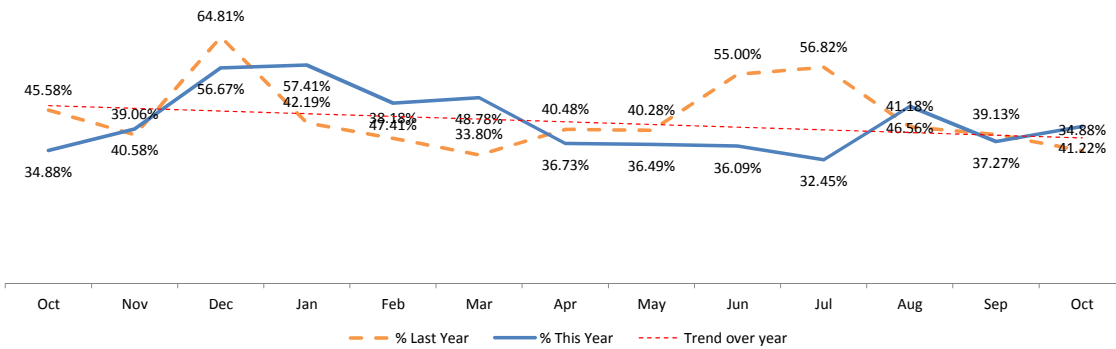
Code	16	Name	Strategy Discussions/Meetings NOT Leading to Section 47 Investigations	Responsible officer	Paul Meredith
Full Description	Of the total number of Strategy Discussions that took place in the month, the total number which went onto s47 Investigations.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be in line with benchmarks.		

Strategy Discussions/Meetings NOT Leading to Section 47 Investigations



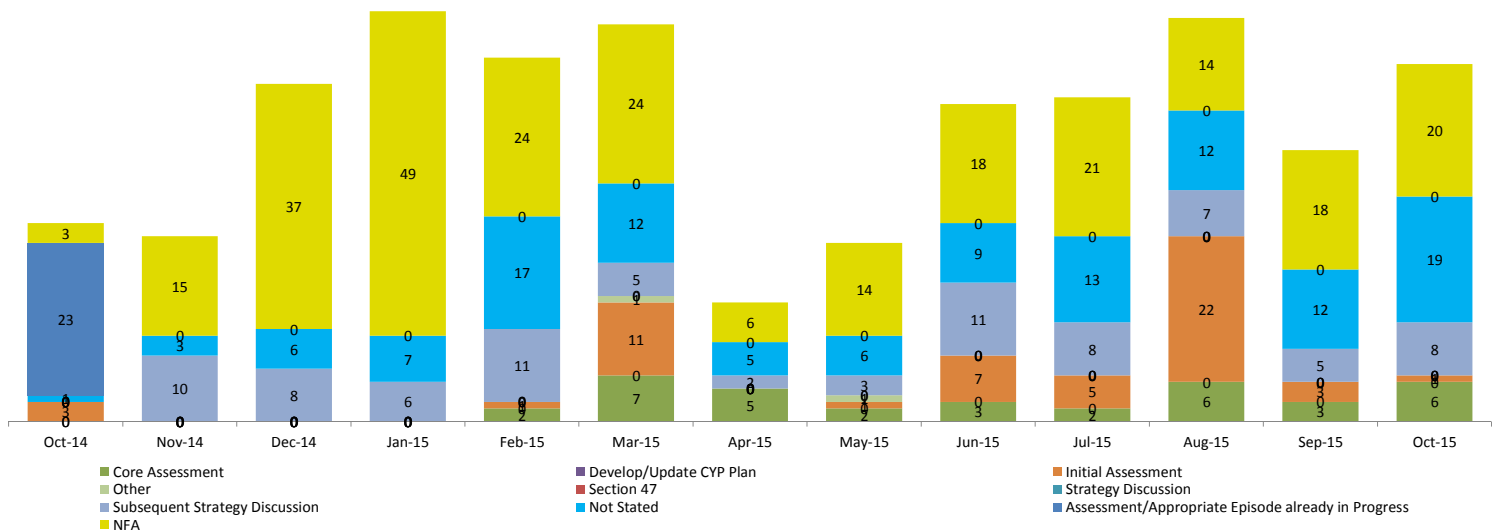
Last Update	October 2015
Current Value	41.22%
Rate per 10,000 (YTD)	153.46
Overall assessment	
Target	N/A

Strategy Discussions/Meetings NOT Leading to Section 47 Investigations - Trend

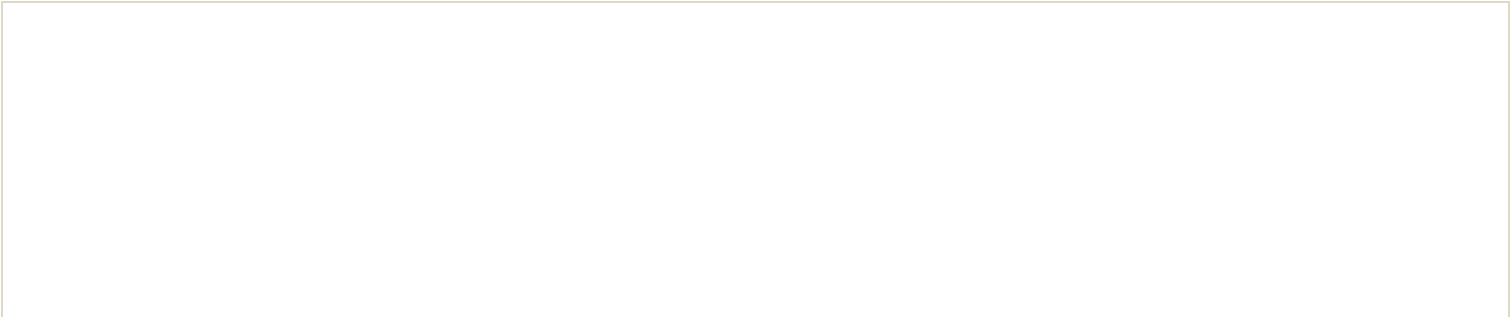


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	34.88%
Oct-13	45.58%
England	
2013/14	N/A
Statistical Neighbours	
2012/13	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

Strategy Discussions/Meetings NOT Leading to Section 47 Investigations - Outcomes, by Category - per Month

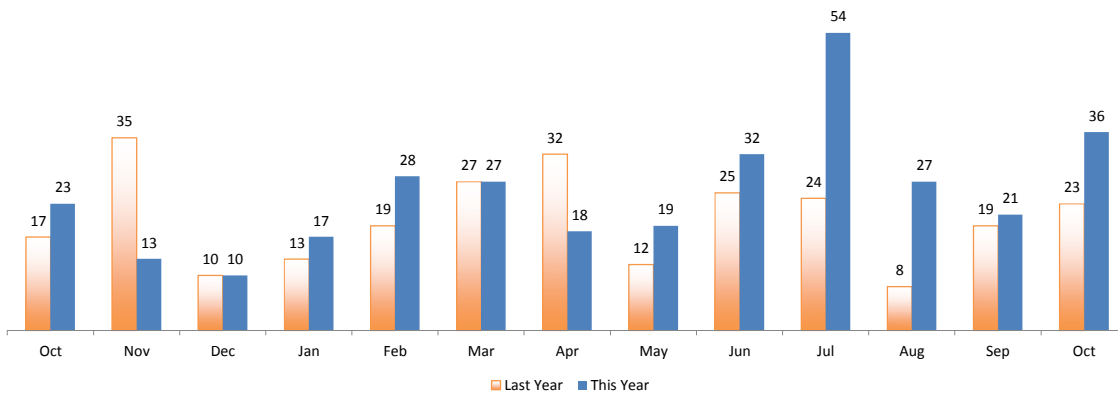


Comments



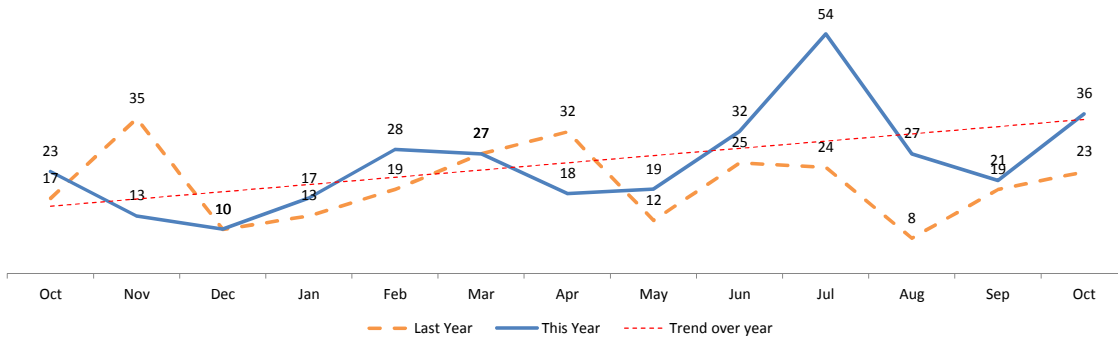
Code	17	Name	Number of Children Becoming Subject to a Child Protection Plan in Month	Responsible officer	Reg Marriott
Full Description	Children subject to a Child Protection Plan during the year.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be more in line with benchmarks.		

Number of Children Becoming Subject to a Child Protection Plan in Month



Last Update	October 2015
Current Value	36
Rate per 10,000	83.66
Overall assessment	
Target	

Number of Children Becoming Subject to a Child Protection Plan in Month - Trend



Direction of Travel (Comparator with last year)

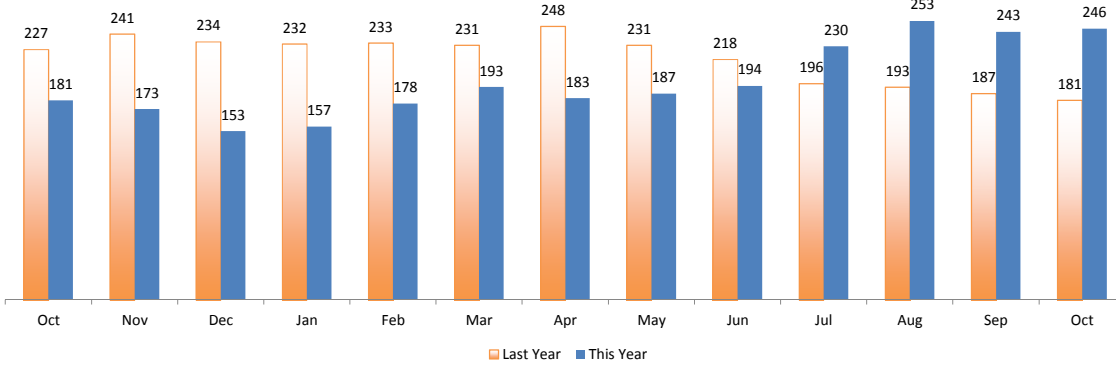


Previous Values	
Oct-14	68.42
Oct-13	89.20
England	
2013/14	51.84
Statistical Neighbours	
2013/14	49.73
West Midlands	
2013/14	55
Measure Period	
Month End (Snapshot)	

Comments

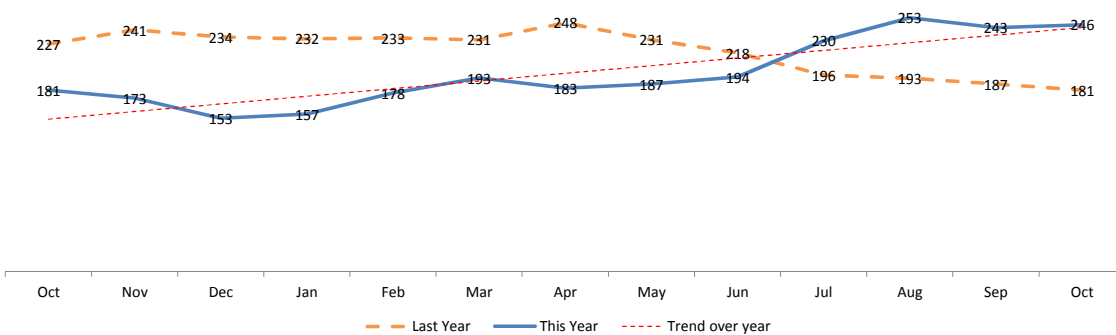
Code	18	Name	Child Protection Plans at Month End	Responsible officer	Reg Marriott
Full Description	Children subject to a Child Protection Plan during the year.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall assessment levels and should be more in line with benchmarks.		

Child Protection Plans at Month End



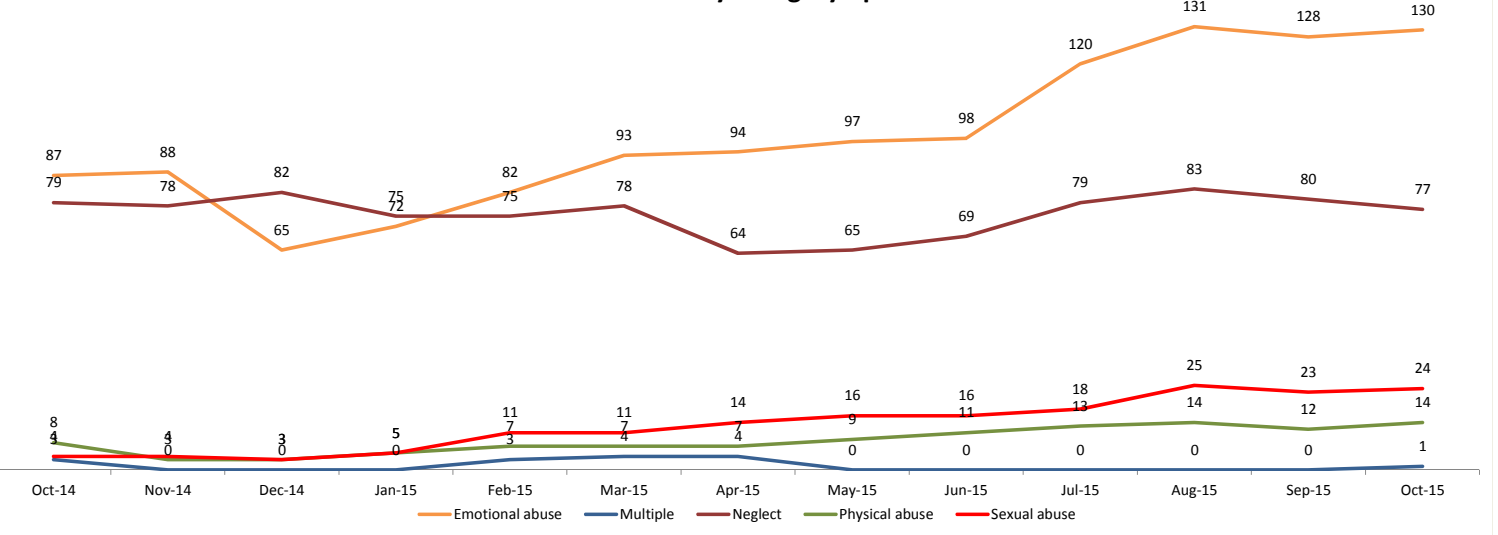
Last Update	October 2015
Current Value	246
Rate per 10,000	68.14
Overall assessment	
Target	

Child Protection Plans at Month End - Trend



Direction of Travel (Comparator with last year)	↓
Previous Values	
Oct-14	50.14
Oct-13	62.88
England	
Q2 2014/15	37.8
Statistical Neighbours	
2013/14	39
West Midlands	
Q4 2014/15	46.71
Measure Period	
Month End (Snapshot)	

Reasons for CPP - by Category - per Month

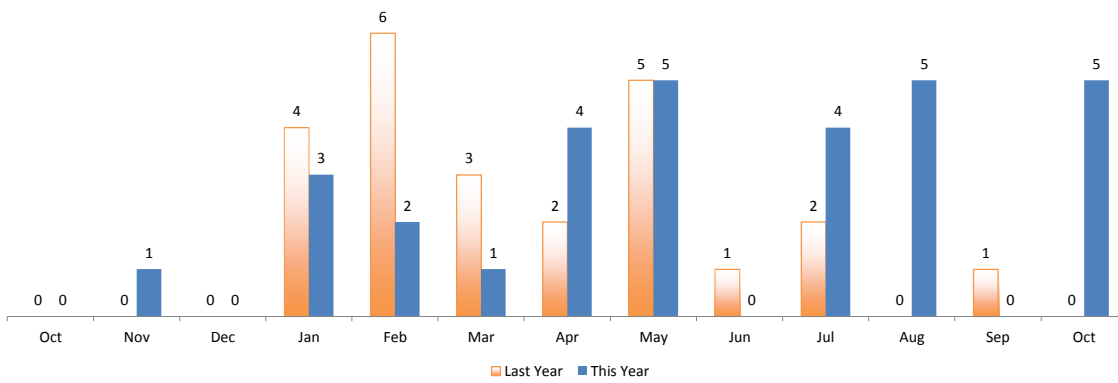


Comments



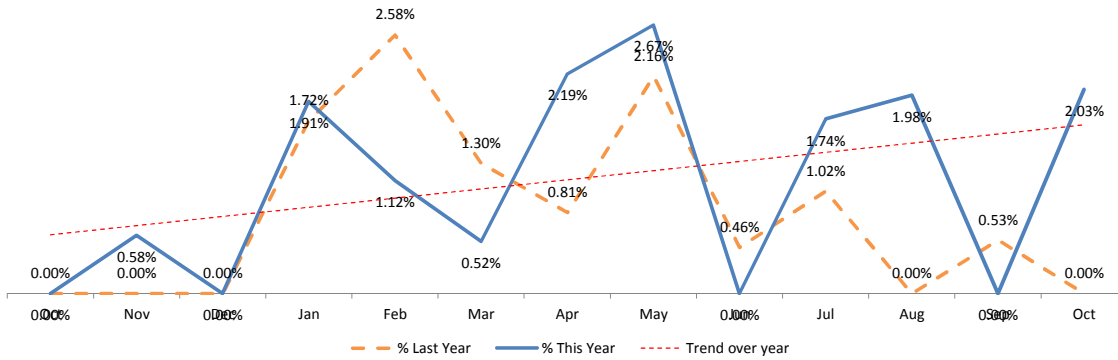
Code	19	Name	Second or Subsequent Child Protection Plans at Month End	Responsible officer	Reg Marriott
Full Description	Children becoming the subject of a Child Protection Plan for a second or subsequent time.				
Measure	Lower is Better	Indicator Guide	Decrease the number of children becoming subject to a Child Protection Plan for a subsequent time. Good performance is generally low, between 10% and 15%. However, a very low level may mean that a local authority is not submitting some children to a Child Protection Plan who are in need.		

Second or Subsequent Child Protection Plans at Month End



Last Update	October 2015
Current Value	2.03%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	

Second or Subsequent Child Protection Plans at Month End - Trend

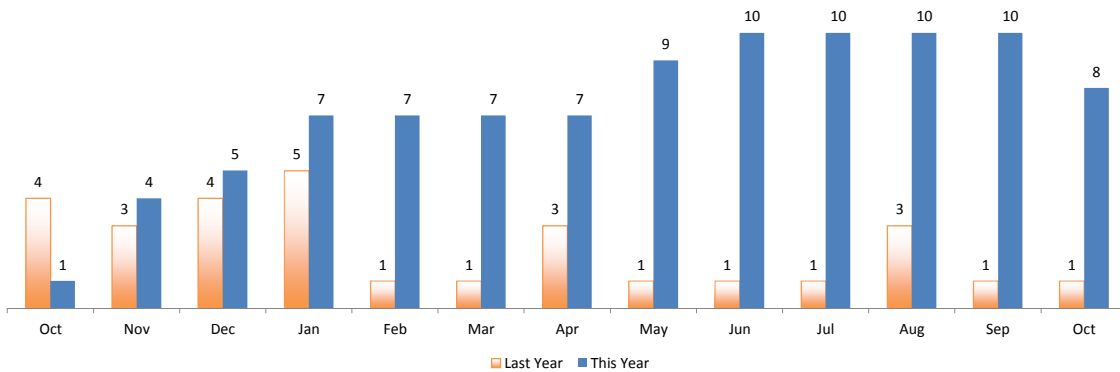


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	0.00%
Oct-13	0.00%
England	
2013/14	15.80%
Statistical Neighbours	
West Midlands	18.53%
Q4 2014/15	9.49%
Measure Period	Month End (Snapshot)

Comments

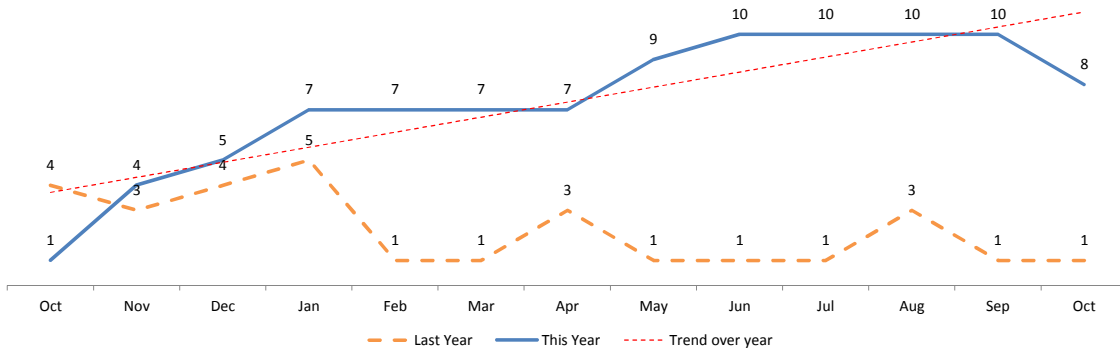
Code	20	Name	Child Protection Plans Open for 2+ Years at Month End	Responsible officer	Reg Marriott
Full Description	The length of time children are on a Child Protection Plan.				
Measure	Lower is Better	Indicator Guide	Reduce the number of children on a Child Protection Plan for 2+ years. Good performance is measured by a lower percentage, however some children will need Child Protection Plans for longer than 2 years and are not necessarily expecting a zero percentage return.		

Child Protection Plans Open for 2+ Years at Month End



Last Update	October 2015
Current Value	3.25%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	2.30%

Child Protection Plans Open for 2+ Years at Month End - Trend

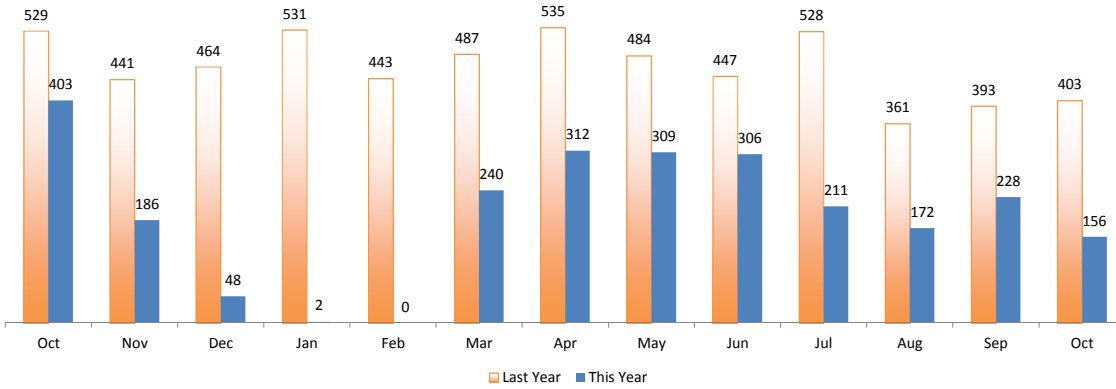


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	0.55%
Oct-13	1.76%
England	
2013/14	2.60%
Statistical Neighbours	
2013/14	2.7%
West Midlands	
Q4 2014/15	2.12%
Measure Period	
Month End (Snapshot)	

Comments

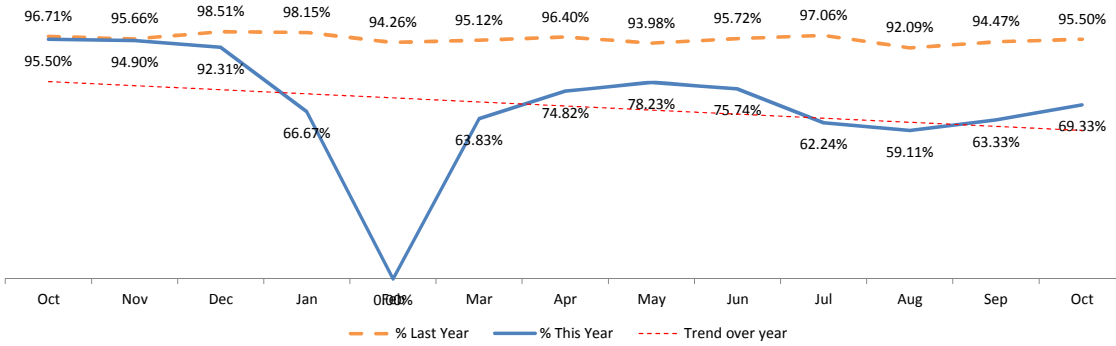
Code	21	Name	Child Protection Visits Within Timescale in Month	Responsible officer	Kay Prescott
Full Description	Number of Child Protection Visits carried out within timescale in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Child Protection Visits that are being undertaken within timescale to a level at, or above benchmarks.		

Child Protection Visits Within Timescale in Month



Last Update	October 2015
Current Value	69.33%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	100%

Child Protection Visits Within Timescale in Month - Trend

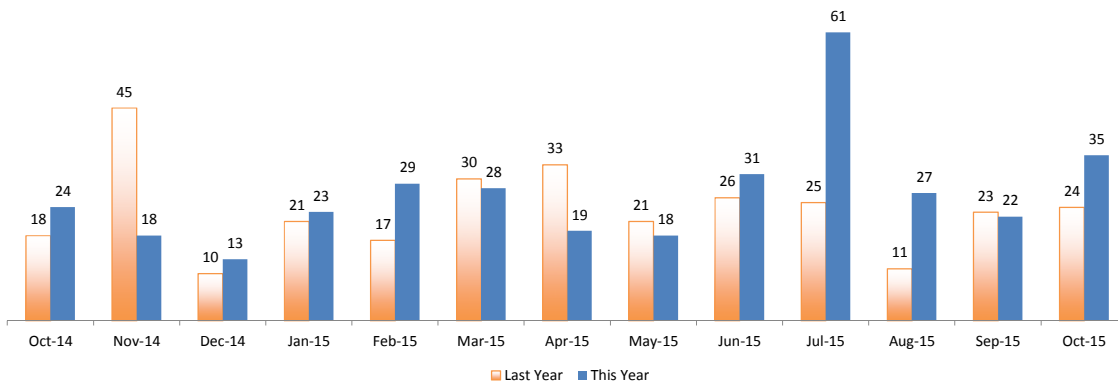


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	95.50%
Oct-13	96.71%
England	
2013/14	58.40%
Statistical Neighbours	
2013/14	69.80%
West Midlands	
Q2 2014/15	91.92%
Measure Period	Month End (Snapshot)

Comments

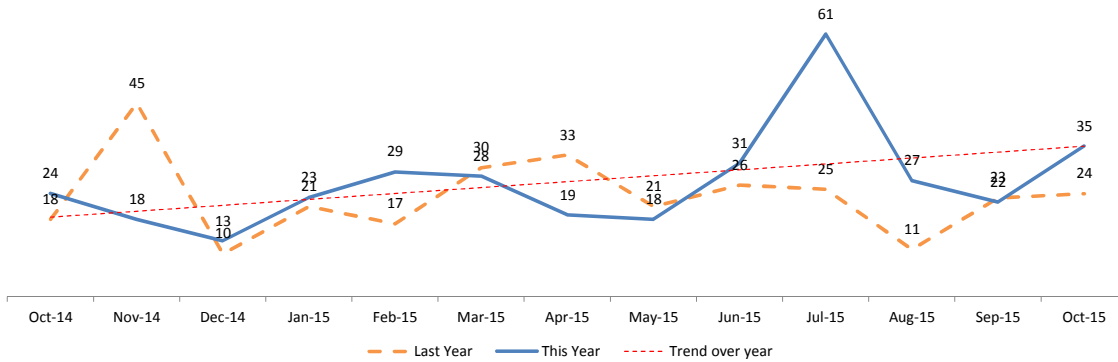
Code	22	Name	Initial Child Protection Conferences Held in Month	Responsible officer	Reg Marriott
Full Description	Initial Child Protection Conferences held in month.				
Measure	N/A	Indicator Guide	Number of ICPCs held in month.		

Initial Child Protection Conferences Held in Month



Last Update	October 2015
Current Value	35
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	N/A

Initial Child Protection Conferences Held in Month - Trend

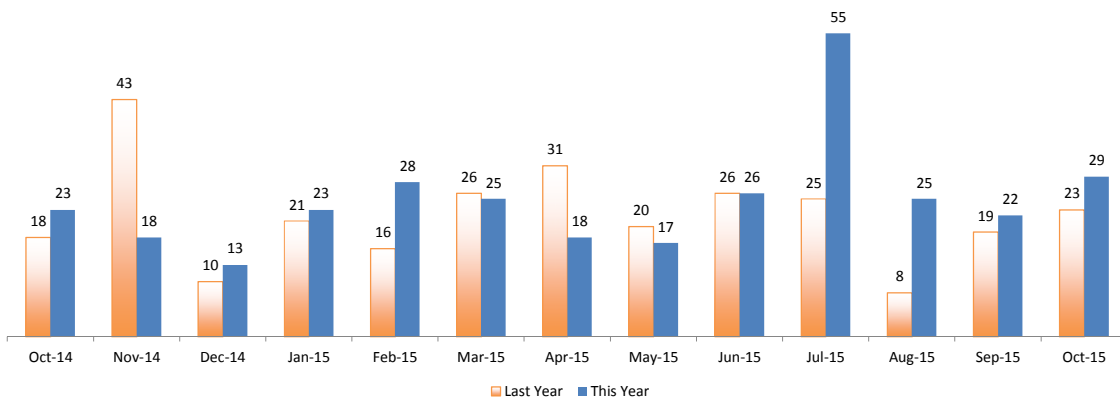


Direction of Travel (Comparator with last year)	↑
Previous Values	
Oct-14	24
Oct-13	18
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
Q1 2014/15	N/A
Measure Period	
Month End (Snapshot)	

Comments

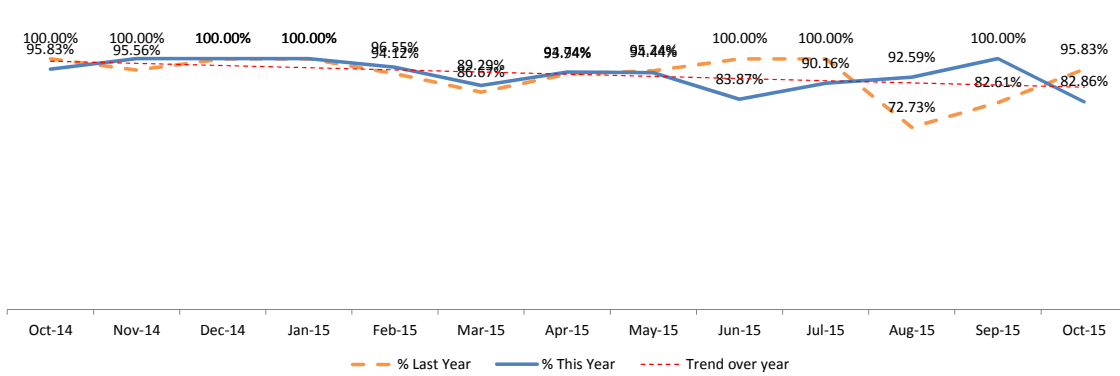
Code	23	Name	Initial Child Protection Conferences Held Within Timescale in Month	Responsible officer	Reg Marriott
Full Description	Initial Child Protection Conferences within 15 working days of start of Section 47 Enquiry.				
Measure	Higher is Better	Indicator Guide	All ICPCs should be completed within 15 days of the strategy discussion which initiated the investigation.		

Initial Child Protection Conferences Held Within Timescale in Month



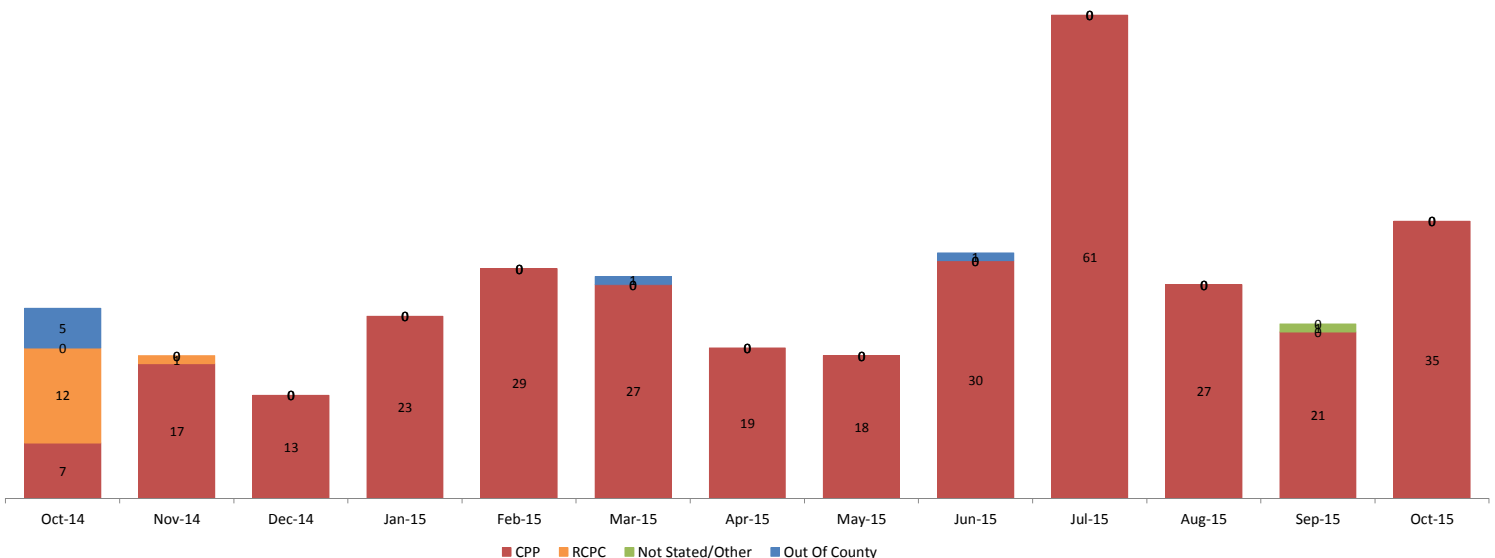
Last Update	October 2015
Current Value	82.86%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	100%

Initial Child Protection Conferences Held Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	95.83%
Oct-13	100.00%
England	
2013/14	70.0%
Statistical Neighbours	
2013/14	67.5%
West Midlands	
Q1 2014/15	90.79%
Measure Period	
Month End (Snapshot)	

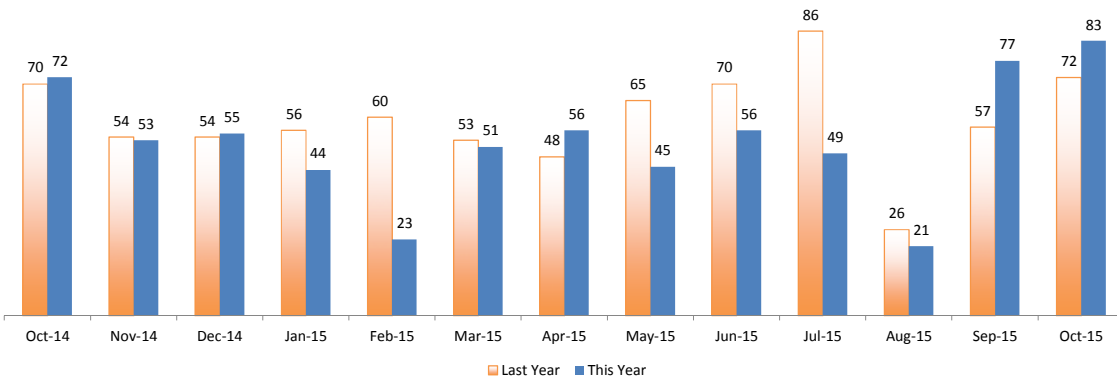
ICPCs - Outcomes, by Category - per Month



Comments

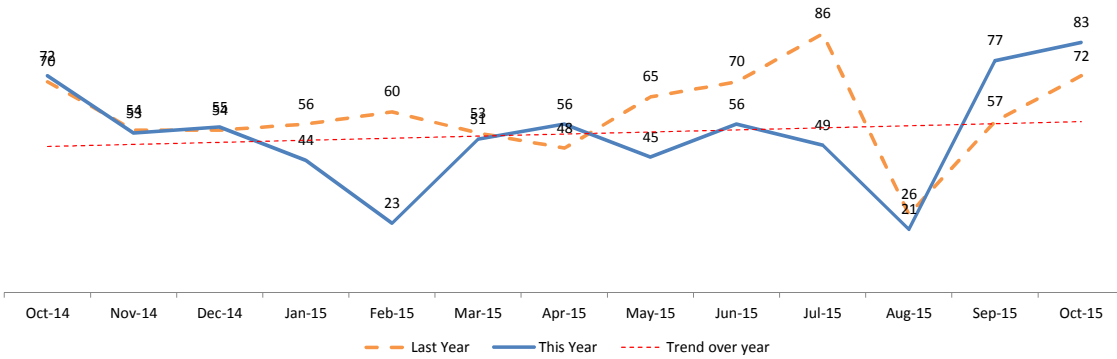
Code	24	Name	Review Child Protection Conferences Held in Month	Responsible officer	Reg Marriott
Full Description	Review Child Protection Conferences held in month.				
Measure	N/A	Indicator Guide	Number of RCPCs held in month.		

Review Child Protection Conferences Held in Month



Last Update	October 2015
Current Value	83
Rate per 10,000 (YTD)	N/A
Overall assessment	☹️
Target	N/A

Review Child Protection Conferences Held in Month - Trend

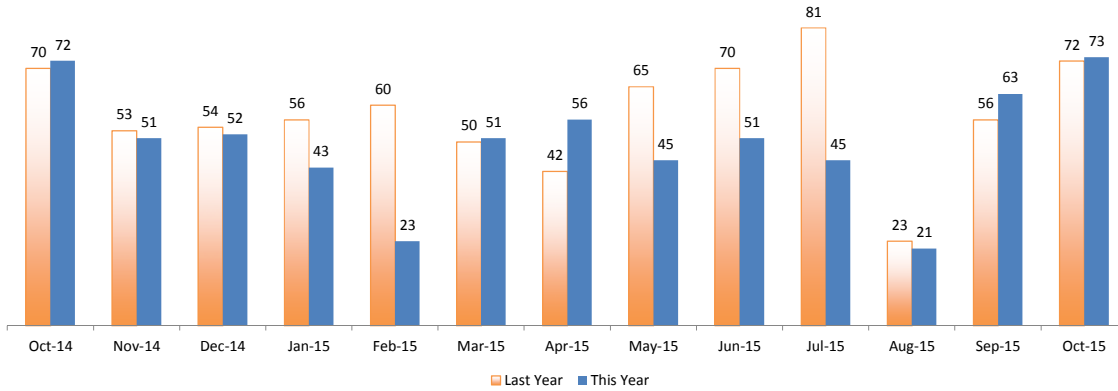


Direction of Travel (Comparator with last year)	↑
Previous Values	
Oct-14	72
Oct-13	70
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
Q1 2014/15	N/A
Measure Period	
Month End (Snapshot)	

Comments

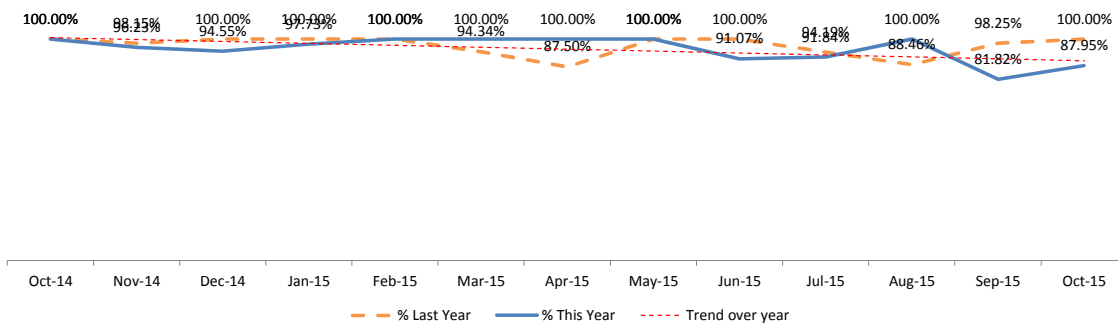
Code	25	Name	Review Child Protection Conferences Held Within Timescale in Month	Responsible officer	Reg Marriott
Full Description	Review Child Protection Conferences within 90 days of ICPC or 180 days from last RCPC.				
Measure	Higher is Better	Indicator Guide	All RCPCs should be completed within 90 days of the ICPC, or 180 days from the last RCPC.		

Review Child Protection Conferences Held Within Timescale in Month



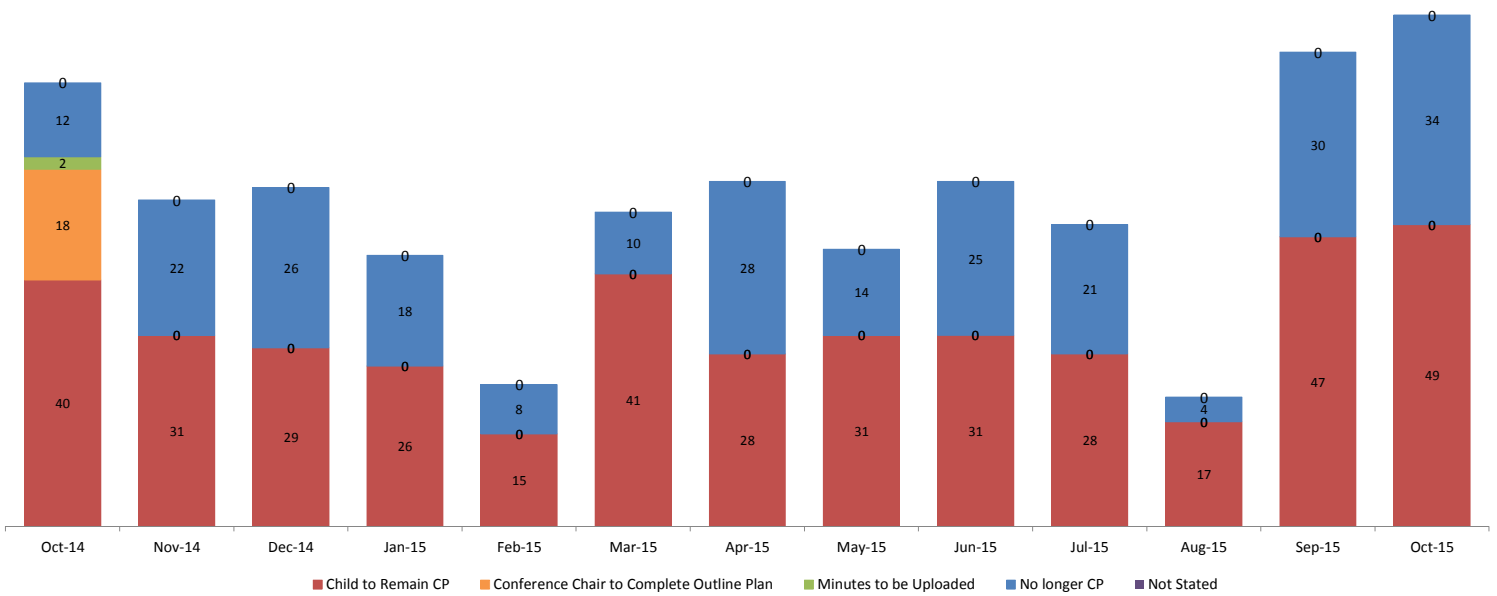
Last Update	October 2015
Current Value	87.95%
Rate per 10,000 (YTD)	N/A
Overall assessment	
Target	
100%	

Review Child Protection Conferences Held Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	100.00%
Oct-13	100.00%
England	
2013/14	96.20%
Statistical Neighbours	
2012/13	96.70%
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

RCPCs - Outcomes, by Category - per Month

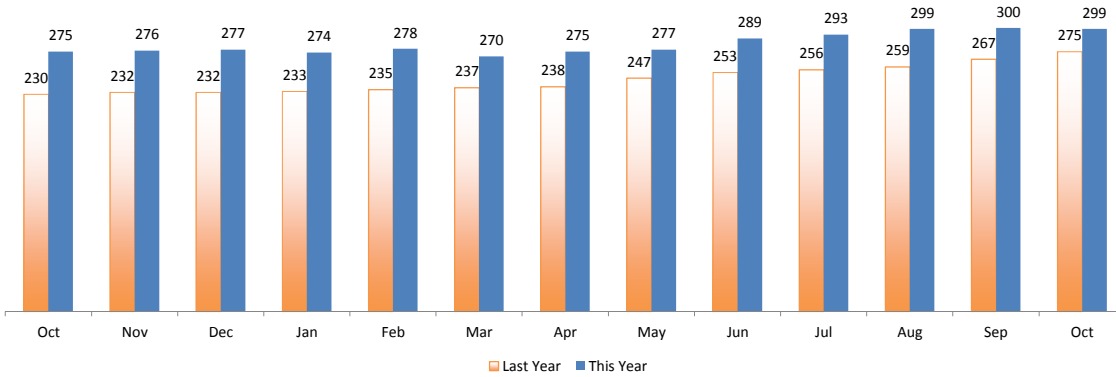


Comments



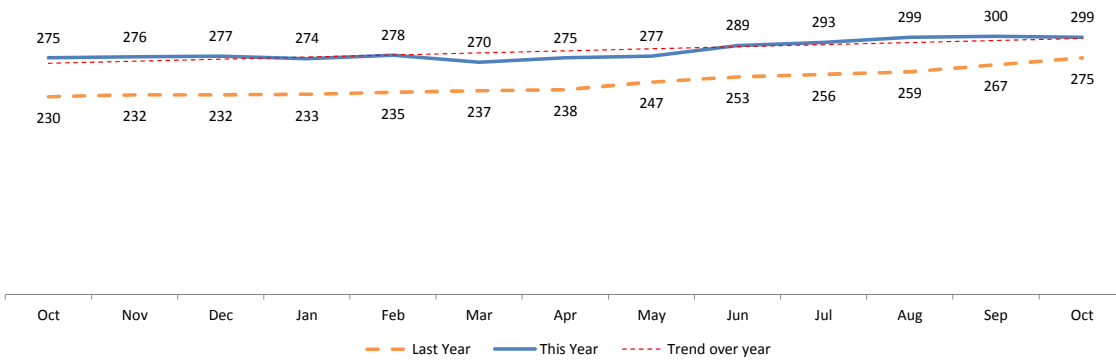
Code	26	Name	Looked After Children at Month End	Responsible officer	Jo King
Full Description	Number of children in care on the last day of the month.				
Measure	N/A	Indicator Guide	No correct number but the overall number should be viewed in the context of the overall levels of demand for statutory intervention.		

Looked After Children at Month End



Last Update	October 2015
Current Value	299
Rate per 10,000	82.83
Overall assessment	
Target	

Looked After Children at Month End - Trend

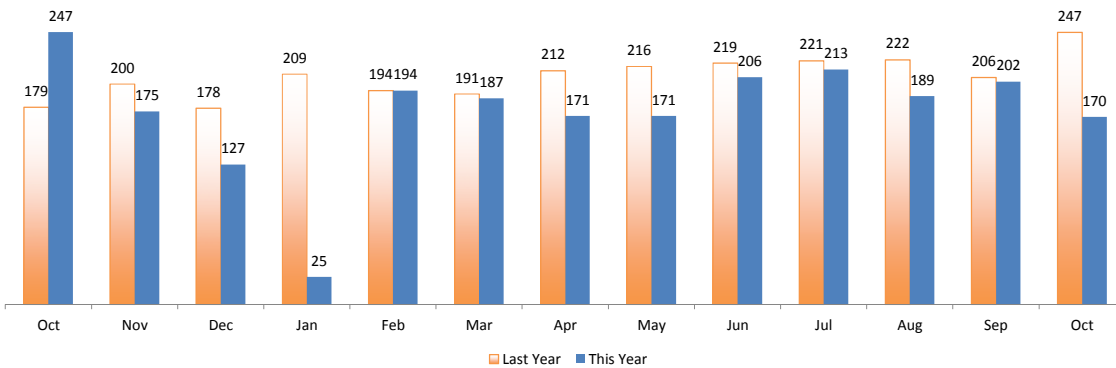


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	275
Oct-13	230
England	
2014/15	69.5
Statistical Neighbours	
2014/15	50
West Midlands	
2014/15	74.85
Measure Period	
Month End (Snapshot)	

Comments

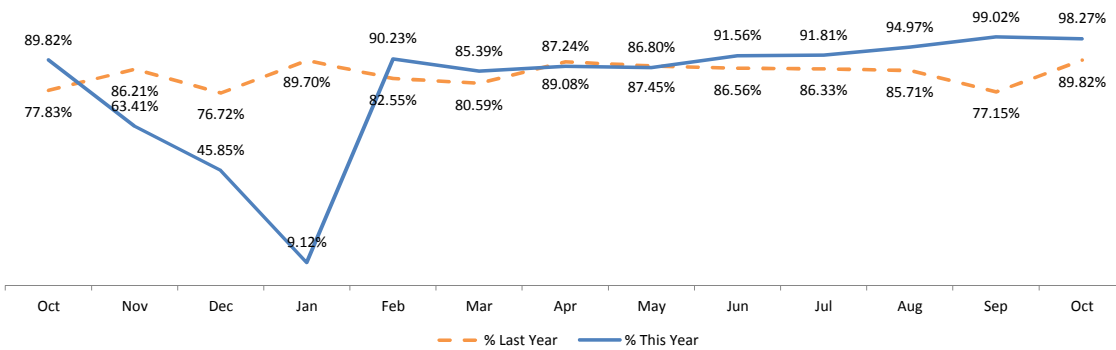
Code	27	Name	Looked After Children Visits Within Timescale in Month	Responsible officer	Jo King
Full Description	Number of Looked After Children Visits which were carried out within timescale in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Looked After Children Visits that are being undertaken within timescale to a level at, or above benchmarks.		

Looked After Children Visits Within Timescale in Month



Last Update	October 2015
Current Value	98.27%
Rate per 10,000	47.09
Overall assessment	
😊	
Target	100%

Looked After Children Visits Within Timescale in Month - Trend

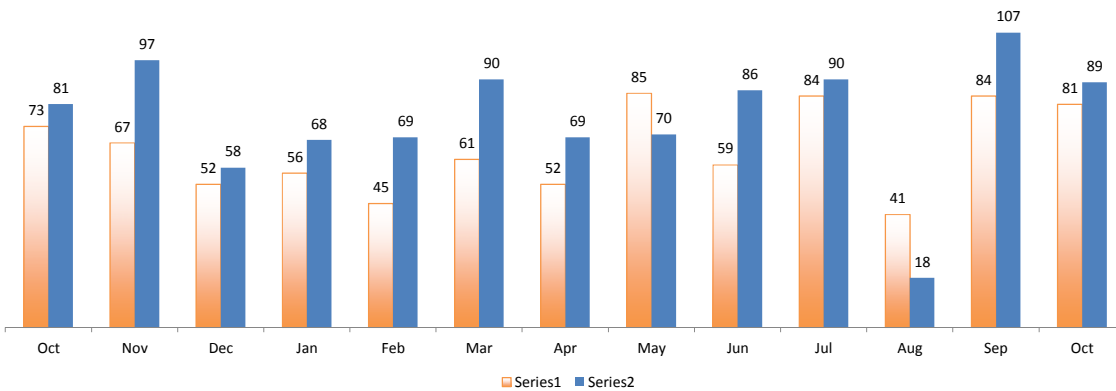


Direction of Travel (Comparator with last year)	↑
Previous Values	
Oct-14	89.82%
Oct-13	77.83%
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

Comments

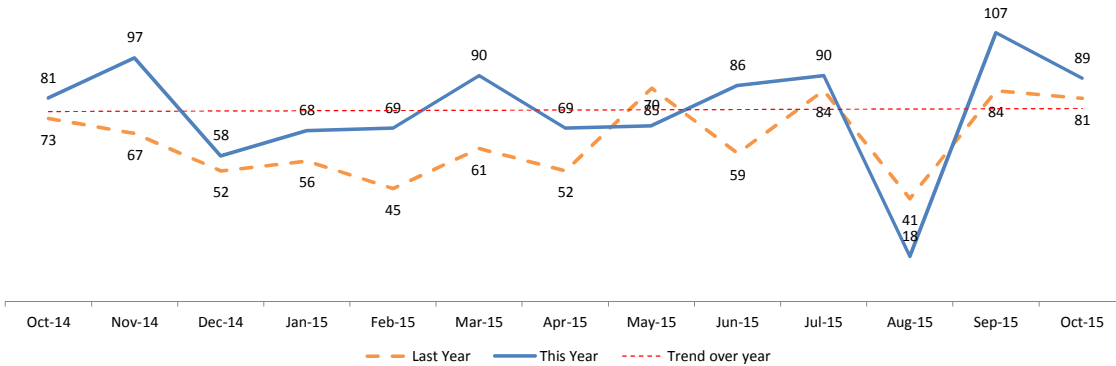
Code	28	Name	Looked After Children Reviews in Month	Responsible officer	Reg Marriott
Full Description	Number of Looked After Children Reviews held in month.				
Measure	N/A	Indicator Guide	Increase the numbers of Looked After Children Reviews that are being undertaken within timescale to a level at, or above benchmarks.		

Looked After Children Reviews in Month



Last Update	October 2015
Current Value	89
Rate per 10,000 (YTD)	252.35
Overall assessment	
Target	N/A

Looked After Children Reviews in Month - Trend

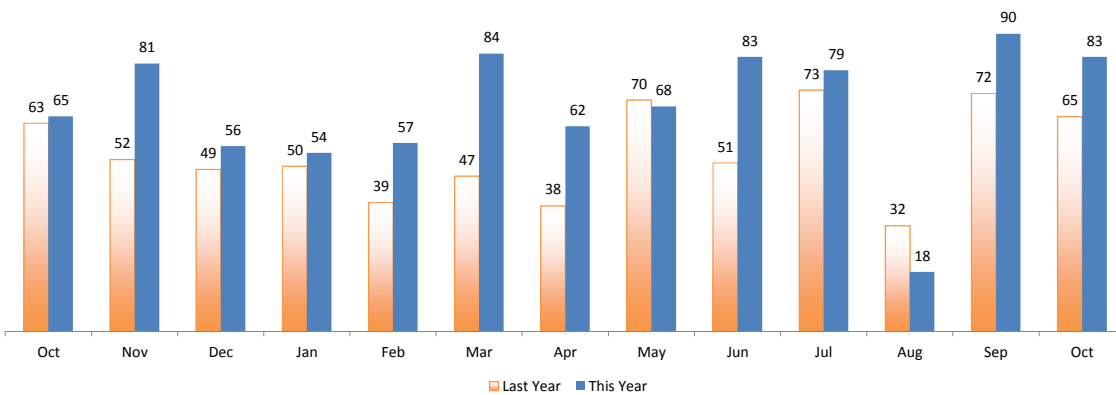


Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	81
Oct-13	73
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

Comments

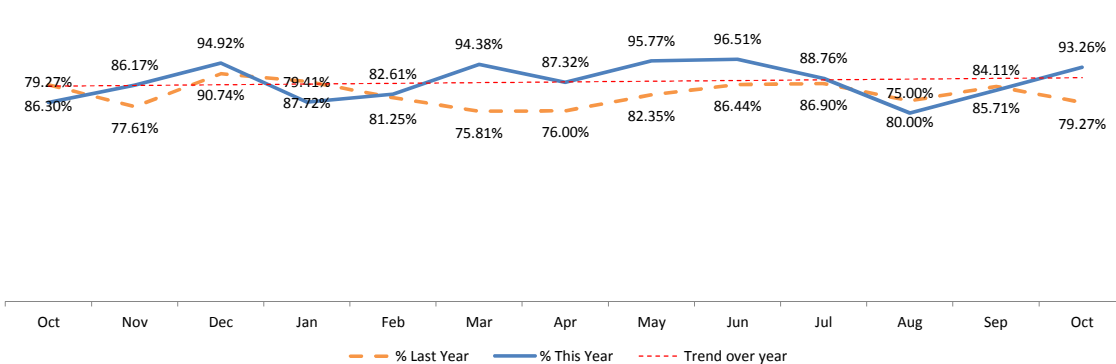
Code	29	Name	Looked After Children Reviews Within Timescale in Month	Responsible officer	Reg Marriott
Full Description	Number of Looked After Children Reviews held within timescale in month.				
Measure	Higher is Better	Indicator Guide	Increase the numbers of Looked After Children Reviews that are being undertaken within timescale to a level at, or above benchmarks.		

Looked After Children Reviews Within Timescale in Month



Last Update	October 2015
Current Value	93.26%
Rate per 10,000 (YTD)	225.76
Overall assessment	
Target	100%

Looked After Children Reviews Within Timescale in Month - Trend



Direction of Travel (Comparator with last year)	
Previous Values	
Oct-14	79.27%
Oct-13	86.30%
England	
2013/14	N/A
Statistical Neighbours	
2013/14	N/A
West Midlands	
2013/14	N/A
Measure Period	
Month End (Snapshot)	

Comments

Performance Report October 2015

Children's Safeguarding & Family Support

Front Door

- 98% of contacts recorded as screened by qualified practitioner on same working day: consistently at this level for last 5 months
- Increase in contacts received over previous month, but in keeping with previous year's trend/seasonal spikes
- There was a higher than average number of referrals, the highest since January 2015 at 252, 99 higher than the same month in 2014 – this has created pressures in the child protection system
- Cumulative re-referral rate from May 2015 to October 2015 is 22.9%: this compares with all England figure for 2013-14 of 23.4% and statistical neighbours of 23.65%

Assessments

- Performance in completion of initial assessments continues to incrementally improve, reaching a high of 72% in timescales in October
- 43% of core assessments completed in timescale, primary factors are vacancy rates, high caseloads and data recording outcomes
- Action plans now in place to address performance in both initial and core assessments, with an additional 'hub' of SWs focused on supporting this

Child Protection

- 131 strategy meetings convened in July, highest number over past 12 months: this due to high number of child protection referrals
- 30% of strategy meetings held following an initial assessment which supports appropriate application of thresholds

CP Investigations & CP Plans

- October saw 36 children becoming subject to a plan, and 33 removed, a cumulative increase of 3
- This is the second highest number of new plans in 2015, leading from continuing high levels of child protection referrals in the preceding months
- National trend upwards – West Mercia police report 100% increase in CP activity in last 12 months
- Those subject to a second or subsequent plan remains low at 2% as does those on plan 2yrs plus at 3.25%

Looked After Children

- Net increase of 3 children looked after as at 30 October since July
- National trend of increasing numbers of LAC, and highest month of new care proceedings on record
- Good performance in statutory visits to LAC children (98.2%) and reviews of care plans to prevent drift (93.3%)

06

Timeliness

- 35 initial conferences held: 29 (83%) in timescales: 6 out of timescales due to late notifications from teams – 88% of review conferences in timescales
- 89 LAC reviews held: 83 (93%) in timescales: The 6 out of timescale were due to child / adult availability
- 69% CP visits in timescales largely due workload pressures
- 98% of LAC visits in timescales

Overview

- Mixed picture with some pressure points
- Increased activity in child protection system, with LAC more stable
- Improving performance in timeliness of initial assessments & CP Visits
- High caseloads particularly in children in need service

Action

- Temporary increase in establishment in children in need teams to reduce backlog and meet increased demand
- Securing stability in the workforce in MASH and children in need remains the biggest factor in sustaining improvement

Recruitment 2014/15/16

- Aims by 2016/17
 - Reduce reliance on the use of agency social workers.
 - Reduce the current agency overspend
 - Reach our target staff ratio of 90:10 (permanent : agency) staff for social workers and senior practitioners
 - Provide a safe and robust level of staffing within the service
- Progress
 - Starting to reduce use of agency staff
 - Have reduced financial pressures by circa £600k
 - Have increased infrastructure particularly in 16+, fostering, MASH and children with disability teams
 - Confident correct strategy but still some way to go and may need to strengthen infrastructure further particularly in children in need, with temporary establishment increase to reduce pressure

Recruitment 2014/15/16

- At September 2014
 - Ratio for Permanent : Agency social workers & senior practitioners was **57:43**
- By October 2015
 - Ratio for Permanent: Agency social workers & senior practitioners improving
 - 3 overseas workers recruited and started
 - 8 additional newly qualified social workers (NQSWs) started
 - 8 NQSW's 'passed out' and became qualified social workers replacing 6 agency staff
 - 10 permanent SWs / senior practitioners since Jan 2015
- By November 2015
 - Ratio for Agency social workers & senior practitioners to permanent **39:61**
 - 1 overseas worker due to start
 - 3 potential permanent staff recruited through new microsite
- By December 2015
 - Second overseas recruitment exercise completed (unsuccessful)
 - New social worker & team manager recruitment campaign underway
- By April 2016
 - Next cohort of NQSWs starts



Meeting:	Health & Social Care Overview & Scrutiny Committee
Meeting date:	29 January 2016
Title of report:	Healthwatch Herefordshire update
Report by:	Chair, Healthwatch Herefordshire

Classification

Open

Key Decision

This is not an executive decision

Wards Affected

Countywide

Purpose

To consider an update from Healthwatch Herefordshire.

Recommendation(s)

That:

- a) the report be noted; and
- b) any items for further attention be identified for addition to the committee's work programme

Alternative options

There are no alternative options as this report is for information.

Reasons for recommendations

Healthwatch Herefordshire receives key information from public feedback and consultations which help to provide a picture of the community's views on health and social care needs within the county. This information supports the identification of items for scrutiny for inclusion on the committee's work programme.

Key considerations

- 3 The committee is asked to consider the update from Healthwatch Hereford, having regard to the following topics:
 - Urgent care services;

Further information on the subject of this report is available from
Ruth Goldwater, Democratic Services Officer on Tel (01432) 260635

- Mental health commissioning;
- Adult Services/impact of the Care Act;
- Access to services at the county hospital, Hereford;
- Primary health care for children and young people;
- Provision of care at home and Independent Living Fund;
- Development of compliments and complaints system; and
- Engagement with Wye Valley Trust, in particular, PALS (patient liaison service) and 1 Ledbury Road.

Community impact

- 4 The topics selected for scrutiny should have regard to what matters to residents of Herefordshire.

Equality duty

- 5 The topics selected need to have regard for equality issues.

Financial implications

- 6 The cost of the work of the committee will have to be met within existing resources. It should be noted that scrutiny running costs will be subject to an assessment to support appropriate processes.

Legal implications

- 7 The council is required to deliver an overview and scrutiny function.

Risk management

- 8 There is a reputational risk to the council if the overview and scrutiny function does not operate effectively. The arrangements for the development of the work programme should help mitigate this risk.

Consultees

- 9 Following initial consultations on topics for scrutiny with directors and members of the Cabinet, all members of the Council are invited to suggest items for scrutiny.

Appendices

Appendix A – Healthwatch Herefordshire update report

Background papers

None identified.

Healthwatch Herefordshire (HWH) - Report from Paul Deneen, Chair of Healthwatch Herefordshire to the Health and Social Care Overview and Scrutiny Committee (HOSC) - January 2016.

Issues raised by Healthwatch Herefordshire (HWH) regarding Health and Social Care which will need to be considered 2016-2017 include:-

The importance of ensuring that there is an efficient and effective Urgent Care Service provided in Herefordshire, which meets the needs and has the support of the local population within the County. This includes an 08.00hrs to 20.00hrs - 7 day a week GP Service, a Walk-In GP Centre in Hereford (Currently next to the Asda Store) and Minor Injury Units (MIU) in all of the Market Towns.

The Commissioning of the new Mental Health Service for Herefordshire affords an opportunity to revisit the former contract and 'refresh' it, so that the service provided will be the best for the people of Herefordshire. This will include addressing capacity issues and the Child and Adolescent Mental Health Service, as well as providing the necessary support for the Armed Services Covenant.

To monitor the impact of the announcement from the Chancellor of the Exchequer last November about budgets for government departments and the Herefordshire Council being reduced. Adult Social Care is a particular problem, with reductions in funded services against a background of ever increasing need for services from an ageing population. The impact of the Care Act is something which will need to be monitored closely by the Council, to ensure that the various parts/sections of the Act are being implemented and that funds are in place to cover the associated costs.

It is vital that public and patients have full access to a District General Hospital (Wye Valley NHS Trust) in Hereford, that which is able to provide safe and high quality services, and that there is the necessary national funding to provide for the level of need of the population

The need to ensure that there is a full implementation plan for high quality school nursing provision in Herefordshire, as part of a programme of health promotion in Schools and Colleges. It is also important that there is provision of services for Child Adolescent and Mental Health in Herefordshire which meets the needs of the young people in Herefordshire.

Quality and continuation of care received in the home, as well as the issue of the transfer of the Independent Living Funding to the Herefordshire Council, and its implications for current service users. Both issues will need to be monitored for the impact on those who are most vulnerable in our County.

We also see the need for a 'Joined-up Complaints System' to simplify how patients and the public can complain about poor services or make compliments across both Health and Social Care Services. Work might be able to be progressed via the 'Engagement Gateway' which consists of members of the communication & engagement leads across health and social care who meet with others including Healthwatch to discuss key messages/issues. Healthwatch is leading on this work at present.

In relation to Healthwatch Herefordshire and its Working Relationship with the Wye Valley NHS Trust (WVT) in Herefordshire - Our engagement and activities with the WVT are as follows:-

Healthwatch Herefordshire 'Enter & View' Visits to Wye Valley NHS Trust and to Community Hospitals with reports being sent to the Trust and to the Care Quality Commission (CQC).

Attend WVT Patient Experience Walkabouts with WVT Non-Executive Directors

Attend WVT Stakeholder Reference Group

Attend WVT Board meetings and Annual General Meeting.

Member of Midwifery Led Unit Project Group (Sheila Marsh)

Healthwatch Chair meets Chair of Wye Valley NHS Trust and Chief Executive.

Healthwatch Herefordshire attends the Quality Oversight and Review Group (QORG) which monitors the progress in relation to CQC Grading. HWH will be involved in the CQC Summit being held on Monday 18th January, which will consider the recent CQC Inspection and follow up/recommendations and updated grading following its Inspection visit at the end of last year.

Healthwatch Board Leads include - Sheila Archer as Lead, Allan Lloyd (Cancer), Sheila Marsh (Midwifery) and Gwyneth Gill (Children/Young People). Healthwatch Staff are involved in virtually all of the work mentioned in this section of the report.

Healthwatch Herefordshire has provided input into the new WVT Patient Handbook

Healthwatch Herefordshire has operational meetings with the Patient Liaison Service (PALS) and Wye Valley NHS Trust Staff who lead on Quality and Safety Issues.

Evaluation of the new Stroke Pathway, specifically the experiences of stroke survivors of the Early Supported Discharge Team (Allan Lloyd)

The WVT Communications Officer attends the Engagement Gateway

The **Themes** raised by the public/patients recently Healthwatch regarding WVT are as follows:-

Receiving timely responses and resolutions from PALS (Patient Liaison Service) and Complaints systems. The importance of a clear communication line between the Patient and the WVT Staff/Consultant/s in relation to issues of future treatment/referral.

'Number 1 Ledbury Road' - The issues raised by families of service users of poor and confusing communication, and the lack of engagement in consulting with them about the proposed changes to the service currently provided at Number 1 Ledbury Road, has caused considerable upset and distress which has been considered at length by Herefordshire Councillors and Council Staff. The recent report from the Task and Finish Group of HOSC proved to be most helpful in relation to making recommendations to be implemented. By regularly reviewing the issue and the progress of the any future plans, will ensure that patients, service users and parents and carers will have an input into any discussions. HWH will continue to monitor the situation via its monthly meetings with parent carers at the Parent Carer Voice Forum, as part of our regular engagement, any issues arising Healthwatch can report on as part of our continued input to HOSC.



Meeting:	Health & Social Care Overview & Scrutiny Committee
Meeting date:	29 January 2016
Title of report:	Committee work programme update
Report by:	Governance manager

Classification

Open

Key Decision

This is not an executive decision

Wards Affected

Countywide

Purpose

To consider the committee's work programme for 2016-17.

Recommendation(s)

That

- a) the work programme be considered; and
- b) any additional items be identified for addition to the committee's work programme

Alternative options

- 1 There are no alternative options as the committee needs a work programme. However, it is for the Committee to determine its work programme as it sees fit to reflect the priorities facing Herefordshire. Any number of subjects could be included in the work programme. However, the Committee does need to be selective and ensure that the work programme is focused on the key issues, and is realistic and deliverable within the existing resources available.

Reasons for recommendations

- 2 The Committee needs to develop a manageable work programme to ensure that scrutiny is focused, effective and produces clear outcomes.

Key considerations

- 3 The committee is asked to note its work programme and to note progress on current work.
- 4 The work programme supports the committee in defining and making known its work for the coming year. This will ensure that matters pertaining to scrutiny are tracked and progressed.

Community impact

- 5 The topics selected for scrutiny should have regard to what matters to residents of Herefordshire.

Equality duty

- 6 The topics selected need to have regard for equality issues.

Financial implications

- 7 The cost of the work of the committee will have to be met within existing resources. It should be noted that scrutiny running costs will be subject to an assessment to support appropriate processes.

Legal implications

- 8 The council is required to deliver an overview and scrutiny function.

Risk management

- 9 There is a reputational risk to the council if the overview and scrutiny function does not operate effectively. The arrangements for the development of the work programme should help mitigate this risk.

Consultees

- 10 Following initial consultations on topics for scrutiny with directors and members of the Cabinet, all members of the Council are invited to suggest items for scrutiny.

Appendices

Appendix A – Work programme

Background papers

None identified.

**HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
ITEMS IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME**

WORK PROGRAMME:	
21 March at 9.30am	
Addaction	To present a service overview
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Public Health and the Health and Wellbeing Board.
Herefordshire Children's Safeguarding Board Annual Report	To examine and challenge the annual report
Healthwatch update	To consider a report on any issues of concern
Work Programme	To consider the committee's work programme and agree any amendments
3 May 2016 at 9.30am	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Herefordshire Clinical Commissioning Group and Arden, Herefordshire and Worcestershire Area Team
Herefordshire Adults' Safeguarding Board Annual Report	To examine and challenge the annual report
Healthwatch update	To consider a report on any issues of concern
Work Programme	To consider the committee's work programme and agree any amendments
FUTURE MEETINGS 2016/17	
<p>Meetings for the remainder of 2016/17 are set out below:</p> <p>6 July 2016 at 9.30am 28 September 2016 at 9.30am 14 November 2016 at 9.30am (joint meeting with general overview and scrutiny committee) 24 January 2016 at 9.30am 8 March 2016 at 9.30am 24 May 2016 at 9.30am</p> <p>Consideration to be given to the work programme for 2016/17.</p>	

The following issues are suggestions from the public for inclusion

The impact of housing developments in Herefordshire on Hereford hospital and other social services
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Task and finish groups

Work currently in progress:	Status:
Early Years Provision	In progress

Issues for possible future scrutiny activity

Work to be considered later in the year:	Status:
Multi-Agency Safeguarding Hub (MASH).	It is suggested that a Task and Finish Group be put together to review the MASH
GP Recruitment	NHS England be invited to attend, as commissioners of primary care services.

Briefing Notes

The following topics shall be dealt with via briefing notes for committee members:	Status:
Changes to the scrutiny arrangements of Herefordshire Council including risks, mitigation and proposed changes	
An update on the use of mobile devices by social workers	
2gether NHS Foundation Trust headlines for Key Performance Indicators	