



SOCIAL CARE, HEALTH AND HOUSING SCRUTINY COMMITTEE

2.00 pm THURSDAY, 30 JULY 2015

COMMITTEE ROOMS 1/2 - PORT TALBOT CIVIC CENTRE

PART 1

1. To receive any declarations of interest from Members
2. To receive the Minutes of the previous Social Care, Health and Housing Scrutiny Committee held on 11th June 2015 (*Pages 3 - 8*)
3. To receive the Scrutiny Forward Work Programme 2014/15. (*Pages 9 - 14*)

To scrutinise decision, information and monitoring issues being reported by:

Head of Community Care and Commissioning

4. Direct Services Report Card (*Pages 15 - 32*)
5. To select appropriate items from the Cabinet Board Agenda for pre-scrutiny (Cabinet Board reports enclosed for Scrutiny Members).
6. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Section 100B (4) (b) of the Local Government Act 1972
7. Access to Meetings to resolve to exclude the public for the following item(s) pursuant to Section 100A(4) and (5) of the Local Government Act

1972 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the above Act.

PART 2

8. To select appropriate private items from the Cabinet Board Agenda for pre-scrutiny (Cabinet Board Reports enclosed for Scrutiny Members).

S.Phillips
Chief Executive

Civic Centre
Port Talbot

Friday, 24 July 2015

Committee Membership:

Chairman: **Councillor Mrs.D.Jones**

Vice Chairman: **Councillor Mrs.A.Wingrave**

Councillors: H.M.Bebell, Mrs P.Bebell, J.S.Evans, R.James,
J.Miller, L.M.Purcell, A.Taylor, R.Thomas,
J.Warman, D.Whitelock and H.N.James

Notes:

- (1) *If Committee Members or non-Committee Members wish to have relevant items put on the agenda for future meetings, then please notify the Chief Executive/Chair eight days before the meeting.*
- (2) *If non-Committee Members wish to attend for an item of interest, then prior notification needs to be given (by 12.00 noon on the day before the meeting). Non-Committee Members may speak but not vote, or move or second any motion.*
- (3) *For pre scrutiny arrangements, the Chair will normally recommend forthcoming executive items for discussion/challenge. It is also open to Committee Members to request items to be raised - though Members are asked to be selective here in regard to important issues.*
- (4) *The relevant Cabinet Board Members will also be invited to be present at the meeting for Scrutiny/ Consultation purposes.*
- (5) *Would the Scrutiny Committee Members please bring the Cabinet Board papers with them to the meeting.*

**SOCIAL CARE, HEALTH AND HOUSING SCRUTINY
COMMITTEE**

(Committee Rooms A/B - Neath Civic Centre)

Members Present:

11th June 2015

- Chairman:** Councillor Mrs D Jones
- Councillors:** J.Miller, L.M.Purcell, A.Taylor, R.Thomas,
D.Whitelock and H.N.James
- Officers In Attendance** Mrs.C.Marchant, Mrs.A.Thomas, N.Evans, S. Adie,
S.Garland, M.Jones, Mrs C.Jones, Mrs.J.Anderson,
L. Barry and B. Browning
- Cabinet Invitees:** Councillors J.Rogers and E.V.Latham

1. **TO RECEIVE THE MINUTES OF THE PREVIOUS SOCIAL CARE,
HEALTH AND HOUSING SCRUTINY COMMITTEE HELD ON
14TH MAY 2015**

Members noted the minutes.

2. **PRE-SCRUTINY**

i. **Community Care and Commissioning Business Plan 2015/2016**

Members received the business plan for the area of Community Care and Commissioning.

Members noted that within the report was mention of future monitoring arrangements and asked that the individual performance score cards be presented to the scrutiny committee during the course of the next civic year. Officers agreed to this request.

Members asked for clarity in relation to the risk management scores and were advised that the risk assessments provide a balance between any proposed savings and how this would affect the provision of support.

It was noted that there would be future budgetary pressures coming forward and Members asked how previous pressures had been managed. It was confirmed that in the past the pressures had been managed through the use of underspends in other areas of other directorates. It was further highlighted that this will not be possible in the future.

Members noted that in relation to the Community Resource Team the budget had increased significantly and an explanation was required. Officers confirmed that this had been because the team has expanded but the investment in prevention will free up resources to counter this.

It was confirmed that a report on Section 33 agreement in relation to finance will be presented to the Committee at a future meeting.

Members asked were there any issues in relation to Grwp Gwalia. It was confirmed that there is a contract that will ensure the delivery of benefits over a 25 years period. Members were reminded that within the first five years of the contract the Council has to commission 95% of beds but after five years the percentage can be as low as 50%.

Members raised concern in relation to the point that an external consultant will be engaged to undertake some work within the Directorate. Members asked how long would the consultant be employed and at what cost. Members were advised that there was a need to engage with an external consultant due to a lack of capacity and capability. The cost of the consultant had been included within a report that had been considered at the previous meeting of the Committee.

Further concern was raised by Members in relation to the ICT Framework and it was highlighted that this had been raised year on year for many years. It was confirmed that this was still a problem but it is hoped that this can be addressed in the future but at the moment there is a lack of capacity to undertake this work.

Following Scrutiny the Committee was supportive of the proposals to be considered by the Cabinet Board.

ii. Area Planning Board for Substance Misuse – Legal Agreement of the Executive Group

This item was withdrawn as it was placed on the agenda in error and does not come under the remit of this Committee.

iii. Update to the Charging and Financial Assessment Policy for Non Residential Forms of Care 2015/2016

Members considered a report that sought permission to implement changes to the Charging and Financial Assessment Policy for Non-Residential Forms of Care.

Officers stated that there had been a need to amend the charges as there were currently some inequalities across the County Borough. The changes were being proposed to allow for charges to be made in accordance to the care plan. It was further highlighted that the previous system was very bureaucratic and that as a Council we do not currently have the resources to do what we have always done.

Members raised concerns in relation to the Equalities Impact Assessment as it stated that data was to be collected on protected groups and Members asked whether the impact assessment was actually sound. Members were advised that the protected characteristics will be collected as part of the care plan assessment.

Further concern was raised in relation of individuals who pay in advance for care and then subsequently find themselves in hospital for example. It was confirmed that any credits are done on a three monthly basis but if an individual is in hospital then the first two weeks have to be paid.

Following Scrutiny the Committee was supportive of the proposals to be considered by the Cabinet Board.

iv. Western Bay Regional Quality Framework

Members received a report that highlighted the development of a Regional Quality Framework for the care home sector.

Officers reminded Members that there had been a number of discussions around Residential care recently including a report by the Older Persons Commissioner. Members were also advised that Bridgend County Borough Council has a different approach and recognise when good care is provided.

Members stated that they understood that the areas of work within Western Bay are vast and would like further information to be presented to a future meeting on the work streams. Members were advised that the Western Bay had no decision making powers but was a useful forum for attracting grants.

A question was raised as to what happened before the idea of a regional framework was suggested. It was confirmed that Councils undertook contract monitoring to ensure that care standards were maintained.

It was stated by Members that there is a need to improve the IT systems of relevant partners within the group which will improve communication and break down barriers.

Following scrutiny the Committee was supportive of the proposals to be considered by the Cabinet Board.

v. **Business Strategy, Public Protection and Housing Services
Business Plan 2015/2016**

Members were advised that some key points of the Business Plan was the need to outline what the new Housing Act was to ensure all parties understand their responsibilities. Members were also advised that there is a need to reinvigorate partnerships in relation to social housing.

Members noted that there is currently a lack of suitable housing and this is in general due to care leavers and this potentially could rise. Members welcomed the proactive approach.

Following scrutiny the Committee was supportive of the proposals to be considered by the Cabinet Board.

i. **Environmental Health and Trading Standards – Food and Feed
Law Enforcement Service Delivery Plan 2015/2016**

Members noted that the service was very much a reactive service and responds when incidents happen or something went wrong. Members were advised that the Service is both proactive and reactive. Members asked was the service prepared for the unknown. It was confirmed that this was a difficult question to answer but the service had taken steps and invested in the services which will see a number of additional qualified Environmental Health Officers shortly.

Members were informed that that demand for some services would be greater in different areas of the Council but it was also highlighted that further cuts will impact on any future capability as the team is small.

Members highlighted concerns in relation to rogue traders and it was confirmed that Trading Standards have taken a hard line in this area particularly in relation to identifying and stopping individuals who target

the elderly and the vulnerable with many scams. This has resulted in a number of cautions and in some cases prosecutions.

Officers stated that there is some cross over with Housing Officers and there is possibly an opportunity to share the work load.

Members raised concern in relation to legal highs and appreciated that there is legislation in development to address the issue but asked is there anything the Council can do in the interim. It was confirmed that a report has been developed internally and this will be presented to the next meeting.

Another issue is that legal highs change rapidly with different products developed but the planned new government legislation should address this. Members were notified that the Council can obtain temporary closure notices but they are only applicable for a short period of time which does not always allow the Council to address the concerns.

Following scrutiny the Committee was supportive of the proposals to be considered by the Cabinet Board.

3. **ANY URGENT ITEMS (WHETHER PUBLIC OR EXEMPT) AT THE DISCRETION OF THE CHAIRMAN PURSUANT TO SECTION 100B (4) (B) OF THE LOCAL GOVERNMENT ACT 1972**

i. **Beacons View Proposals**

Members considered the urgent joint report of the Head of Community Care and Commissioning and the Head of Property and Regeneration which sought to grant a lease of 13 Beacons View, Cimla, Neath to First Choice Housing Association Limited.

Members were advised that the report was urgent so that emergency accommodation could be provided for people with Learning Disabilities.

Members asked whether this was a stop gap for individuals but it was confirmed that it would not be. Members were also advised that the new tenant would be required to address the £120,000 capital investment that was required.

Members asked what were the risks of not following the procurement process and appointing First Choice Housing Association Limited. Members were advised that they could be challenged but the evidence that a facility was required at the soonest opportunity was the reason and is in the best interested of potential service users.

Following Scrutiny the Committee was supportive of the proposals to be considered by the Cabinet Board.

CHAIRMAN

**Social Care Health and Housing Scrutiny Committee
Forward Work Programme**

Date of Meeting	Agenda Item
14 th May 2015	
	Pre-Scrutiny – Cabinet Board Items
11 th June 2015	
	Pre-Scrutiny – Cabinet Board Items
2 nd July 2015	
	Pre-Scrutiny – Cabinet Board Items
30 th July 2015	SCORECARD- Direct Services (Mike Jones)
	Quarterly Performance Reporting

	Pre-Scrutiny – Cabinet Board Items
10 th September 2015	SCORECARDS <ul style="list-style-type: none"> - Integrated Community Services (Community Resource Team Andrew Griffiths) - Community Services (Louise Barry)
	Pre-Scrutiny – Cabinet Board Items
	Quarterly Performance Reporting
	Direct Payments Plan and Threshold (Maggie Hayes/Lucy Jones)
	PTI (Steve Garland)
8 th October 2015	SCORECARD- Care and Safeguarding (Steve Garland)
	Pre-Scrutiny – Cabinet Board Items
	Section 33 Agreements (Andy Griffiths)
	Gwalia

5 th November 2015	STAND ALONE-BUDGET SCRUTINY
26 th November 2015	
	Pre-scrutiny - Cabinet Board Items
	Quarterly Performance Reporting
17 th December 2015	
	Pre-scrutiny - Cabinet Board Items
21 st January 2016	
	Pre-scrutiny - Cabinet Board Items

19 th February 2016	
	Pre-scrutiny - Cabinet Board Items
	Quarterly Performance Reporting
17 th March 2016	
	Pre-scrutiny - Cabinet Board Items
14 th April 2016	
	Pre-scrutiny - Cabinet Board Items
12 th May 2016	
	Pre-scrutiny - Cabinet Board Items

- **NPT HOMES**
- **Local Housing Strategy**
- **Welfare Benefit Reforms**

- **Joint Working arrangements with Swansea on Environmental Health and Trading Standards**
- **All Member Seminar on Social Services and Wellbeing (Wales) Act and specific training for the Committee**
- **ROTA VISITS**

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SOCIAL SERVICES, HEALTH & HOUSING SCRUTINY COMMITTEE

REPORT HEAD OF COMMUNITY CARE & COMMISSIONING – C. MARCHANT

30th JULY 2015

SECTION B – FOR INFORMATION

WARDS AFFECTED: ALL

Direct Services – Report Card

1. **Purpose of Report**

The purpose of this report is to inform and report to Members on the balance score card, performance monitoring of the day opportunities and respite/short break service, which are directly provided by the Council

2. **Introduction and Background**

The services, which provide day opportunities and respite for people aged eighteen years and over who are assessed as need in of community care, due to their disability, age or mental health, has in the last two years, undergone a complete modernisation. The changes required were delivered as part of the Transforming Adult Social Care Programme (TASC). Prior to this, the services operated as disability specific services, with their own dedicated teams and managers. The newly modernised services now operate as pan disability services which focus on needs and not disability.

In addition to this, the services have aligned themselves with the new Social Services and Wellbeing Act 2014 where the emphasis in on identifying people's ambitions and aspirations and maximising naturally available resources within their own family and community networks. Support and interventions provided by the services are, where possible time limited and aimed at progressing a person's independence so they are less reliant on paid care.

The services are now constructed in a way where people's needs are assessed and the services wrap around the individual and a person maybe accessing or supported by more than one service. The services comprise of:

- Work Training and Employment
- Community Independence
- Care and Specialist Care and
- Short Breaks

As part of the modernisation of the services, there has been a requirement to deliver efficiency saving of approximately £740k between 2014-16. This has been achieved through the remodelling of services and supporting approximately 30 staff who wished to take ER/VR. The challenge since supporting these staff to go has been to ensure high quality services are maintained.

In order to monitor the quality of the services, a new performance management framework has been put in place which cascades the corporate objectives of the Council, to Directorate objectives which are translated into the Head of Service's business plan and operational service plans.

These were presented to Cabinet in June where the question was asked by members as to how would the service be monitored and it was agreed that the Corporate Balanced Score Card would be adopted and regular reports would be presented to Cabinet to scrutinise. The attached report (Please see appendix 1) is the first of these reports for Members.

In order to produce meaningful information, a very robust and detailed reporting system has been created, whereby manager's report monthly on a range of activity which are split into three main areas.

- I. Service User Information
- II. Staff Management
- III. Health and Safety

This information is used to report into the Performance Management Operational Group (PMOG), which is chaired by the

Head of Service. Issues, risks and improvements required are agreed and monitored by this group on a monthly basis. An example of the report is included. (Please see appendix 2)

3. List of Background Papers

None

4. Wards Affected

All

5. Officer Contact

Mike Jones, Principle Officer Modernising Day Opportunities

Email: m.i.jones@npt.gov.uk

Tel: 01639 684774

6. Appendices

Appendix 1 - Direct Services Balance Score Card

Appendix 2 – Direct Services Monthly KPI Report

Direct Services REPORT CARD – AUGUST 2014

<p style="text-align: center;">Brief Description of the Service</p> <p>The Council provides a wide range of support services to vulnerable people in the community. These include people with disabilities, people with mental ill health, substance misuse problems and older people.</p> <p>The services it directly provides are aimed at helping people to live as independently as possible within the community and includes day opportunities, which support people to access work, training and employment; Community Independence which helps people to maintain their tenancies and to learn independent living skills; Care Services where people go during the day to give families a break and a short break service which provides overnight accommodation for families to go on holidays or to have longer breaks from their caring responsibilities</p>	<p style="text-align: center;">Key Priorities for 2014/15</p> <ul style="list-style-type: none">• To re-model the service to a an outcome focussed pan disability service which is based on needs and not disability• To deliver £370k savings while ensuring a quality service is maintained.• To successfully implement and embed the management of change process required to deliver the new service model which will result in staff new job descriptions and staff suitably appointed to their new roles.• To support the assessment process and transition of service users into the new service model. <p style="text-align: center;">Key Priorities for 2015/16</p> <ul style="list-style-type: none">• To deliver on the £370k FFP savings target• To reduce sick to 5% • To implement and embed a single Quality Assurance Frame across all Direct Service Provision • To manage the closure of Gelligron Mental Health Rehab Unit • To relocate the Arwelfa OP Day Service into Croeserw. • To develop the potential for income generation through the sale of products from the Vocational Skills Centre and Croeserw • To implement a multi-media care plan review pilot using NPT
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	<p>People website.</p> <ul style="list-style-type: none">• To review the complex health needs service model and explore more sustainable service options which consider:• Joint funded services with health and Direct Payments• To explore the options for developing a similar integrated community service model in the Ystalyfera Hub; which is based on the Croeserw Enterprise Service
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How Are We Doing

Corporate Measures:

2014

- **FFP savings in 2014/15 over delivered and approximately £460k of the £370k target was delivered.**
- **The services have successfully restructured and approximately 150 people have been successfully supported to access the services which are more appropriate to their needs. Indications are from the people and families affected that this has been a very positive move and there have been greater benefits from this. The pan disability approach has seen people with learning disabilities accessing older people’s day services where the primary need is that of an older person; people with mental health and physical disabilities accessing the Trem-y-Mor respite provision which has resulted in an increase in a 70% occupancy level to 100% over a 3 month period.**
- **Approximately 18 FTE staff were supported to go on ER/VR**
- **All remaining staff 118 FTE were assimilated in to the new service structure with new Job Descriptions**
- **Despite a reduction in staff of 30 FTE since 2014 / 15, the services by having a clear outcome focussed approach, has seen an increase in the numbers of people it is supporting. The Community Independence Service is now supporting 148 people as part of the Welsh Governments Supporting People Grant for the same funding level, compared to the 98 people in 2013. The vocational Skills Centre has also seen an increase from 60 people to approximately 110 people and is successfully supporting people to move on into voluntary work and paid employment. The Complex Needs Services have successfully started providing day opportunities to a number of people who used to access Shaw Trust’s Our Choice Service.**

Outstanding Measure	To be completed
A staff and customer survey to be conducted to ascertain the success of the new model in terms of staff morale and improved outcomes for service user as well identify any further service improvements or lessons learnt	October 2015

Progress 2015

- **To deliver on the £370k FFP savings target** – Savings identified and on track to meet the £370k target, much of which has already been achieved by further restructuring which has seen a further reduction through ER/VR’s of 14 FTE staff.
- **To implement and embed a single Quality Assurance Frame across all Direct Service Provision** – Quality assurance framework implemented

across all Direct Services. The information is able to report on service delivery, staff management, and Health and Safety. Service Managers complete monthly returns and a report produced with key actions for managers. The reports are scrutinised by Social Services Performance Management Group, which is chaired by the Head of Service. Please see Appendix 1 attached for full detailed report and actions. The Direct Services have also implemented a new outcome focused monitoring system which consists of 11 outcome measures relating to peoples aspirations. The system will track individual progress in relation to those outcomes and will generate reports.

- **To reduce sick to 5%** - This was 6.8% in April and this has reduced to 5.9% in May. The service is continuing to manage sick by a zero tolerance in applying the policy. Having a dedicated HR Officer to support managers has had a significant impact in addressing some of the long-term sick. This has resulted in 4 people being terminated on the grounds of medically unfit, which should see this figure improve. This will be continued to be closely scrutinised and the sick should continue to reduce towards the 5% target required.
- **To manage the closure of Gelligron Mental Health Rehab Unit** – Plans are in place and the unit should be closed 1st October 2015
- **To relocate the Arwelfa OP Day Service into Croeserw.** Achieved
- **To develop the potential for income generation through the sale of products from the Vocational Skills Centre and Croeserw** - £30k target. Partnership formed with Cyfle-i-Dyfu , plus marketing strategy in place.
- **To implement a multi-media care plan review pilot using NPT People website.** Pilot started
- **To review the complex health needs service model and explore more sustainable service options which consider joint funded services with health and Direct Payments** – To be completed by October
- **To explore the options for developing a similar integrated community service model in the Ystalyfera Hub; which is based on the Croeserw Enterprise Service** – Preliminary discussions taken place and meeting planned with Community District Trust

**Service Measures – How much did we do / How well we did do it (e.g. efficiency, service delivery, customer satisfaction etc.):
April 2015**

Service Delivery

- 15,525 hours of support will delivered supporting 580 people aged 18 years and over. Of which 7,333 hrs (47%) was spent supporting 63 people with complex needs.
- In April, of the 15,525 hrs of support available within the services 1054 hrs (6.8%) were lost to sickness.
- There are 404 people aged 16 – 64 years accessing day opportunities of whom 277 people (69%) have an outcome focussed plan
- The largest group of people supported are people with learning disabilities, which makes up 52% of the total number of people supported, second are Older people 32%, followed by Mental Health who make up 14% and finally People with Physical and Sensory disabilities 2%
- The service received 15 new referrals and two people were supported to move on which resulted in a reduction of 2 days support (22hrs)
- There were 177 health related interventions which are carried out in accordance with the service users health plans. These include physiotherapy, Occupational Therapy, Speech and Language, Intimate Care and Behaviour Management.

Staff Support

- Staff Supervision is at 58% and measures are put in place to increase this to get this up to 100%
- Staff Appraisals are 86% complete and these will be at 100% by 1st August

Health & Safety

- There were 3 POVA incidents reported in April, 2 in Care and Support and 1 in OP services
- There were 8 accidents / Incidents reported, 4 in Care & Support; 2 in Specialist Care; 1 in CIS and 1 in WTE.

- Across the services 9 out of the 13 (69%) reported they have up to date RA in place. Of the 9 reported they have 100% up to date; 4 services have not reported.
- There were no incidents of DOL's or Child Protection issues being reported
- Fire tests 83% of services completed a fire test, 92% conducted a fire evacuation and 75% conducted a monthly house-keeping inspection.

Story Behind the Performance:

The aim of Direct Services is to support people to be as independent as possible and to maximise naturally occurring support which is both available within the persons on family network and their community. The services has moved to an outcome focussed model which aims to identify time limited interventions and pathways to help a person reach their aspirations. The Quality Assurance Framework along with key indicators now enables us to monitor inputs, outputs and actual outcomes achieved. A Welsh Government Outcome Pilot has been implemented in NPT and the Direct Services are currently engaging in this. The Social Workers will have some Key National Indicators which will engage an individual in need and ask them how they feel about their lives, what improvements would they like to see and what is important to them. Once this information has been gathered this will feed into the Direct Services (where applicable) and the service will design a service and identify interventions which will help the person achieve their desired outcome. The Social Workers will simply engage the person and review if the interventions have had a positive impact on how they feel about their lives.

Short Breaks

Adaptations have had to be made to the existing system in order to capture service specific measures. This has now been completed and a report will be generated for June 2015.

Next Key Actions For 2015/16

Alongside higher overarching Key Actions we as a Team propose to:	Who	By When
<ul style="list-style-type: none"> To coordinate the move on of the three people residing in Gelligron and to close the service 	MJ	September 2015
<ul style="list-style-type: none"> To produce a Short Break Report and include as part of overall Quality Assurance and Performance Management 	MJ/VT	July 2015
<ul style="list-style-type: none"> To produce a quarterly report which will map the data and make comparisons over first three months. 	MJ	End July
<ul style="list-style-type: none"> To reduce sick 	ALL	on-going
<ul style="list-style-type: none"> To improve the supervision and appraisals to 100% 	Service Managers	on-going
<ul style="list-style-type: none"> To undertake a staff and Service User Customer Satisfaction Survey 	MJ	October 2015
<ul style="list-style-type: none"> To Undertake a review of the Complex Health Needs Service 	MJ	October 2015
<ul style="list-style-type: none"> To generate and maximise the income potential within the Work Training and Employment Service 	RJ/HG	on-going

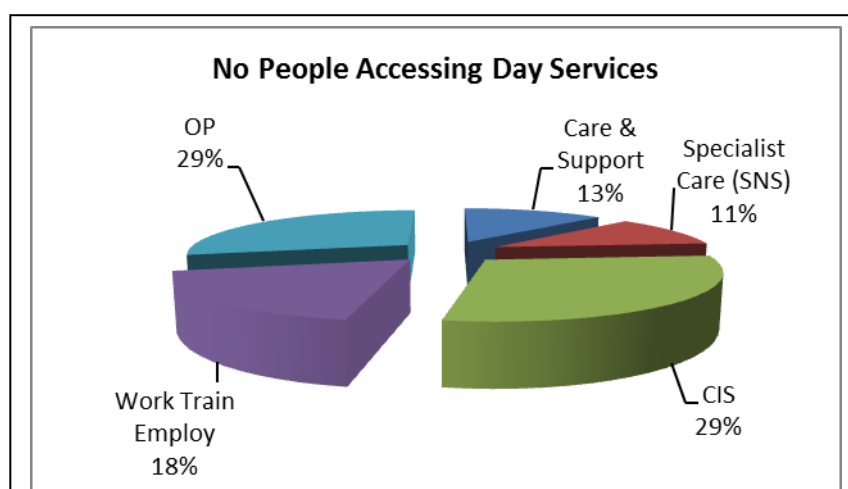
Direct Services – KPI report

April 2015

1. Accessing the Service

- There are currently approximately 580 people accessing day opportunities. Of whom, approximately 414 people are accessing the adult services for those aged 16-64 and an additional 166 people are accessing older people’s day opportunities for those people aged 65+. The average daily session attendance of people being supported across the entire service is 323.
- **NB: There will be an element of double counting as some people will access more than one service.**
- The largest number of people being supported are by the Community Independence Service & Older People’s Day Service
- **NB: Please not there will be an element of double counting as some people use more than one service**

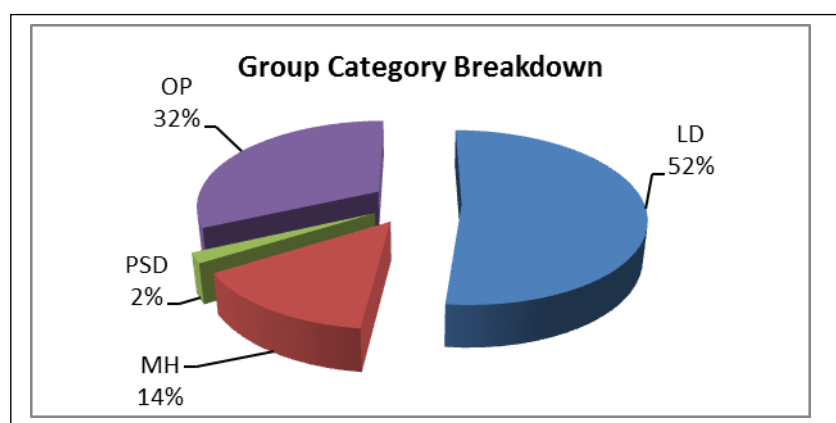
Service Area	No Access Services	Av Daily Attend
Care & Support	74	70
Specialist Care (SNS)	63	54
Community Independence	170	60
Work Train Employ	107	55
OP	166	84
TOTAL	580	323



2. Group Category Breakdown

The largest group of people currently being supported are people with learning Disabilities which amount to 52% of the provision

Service Area	LD	MH	PSD	OP
Care & Support	74	0	0	
Specialist Care (SNS)	57	0	6	
Community Independence	36	70	4	22
Work Train Employ	91	4	0	
OP	12	1	0	144
TOTAL	270	75	10	166

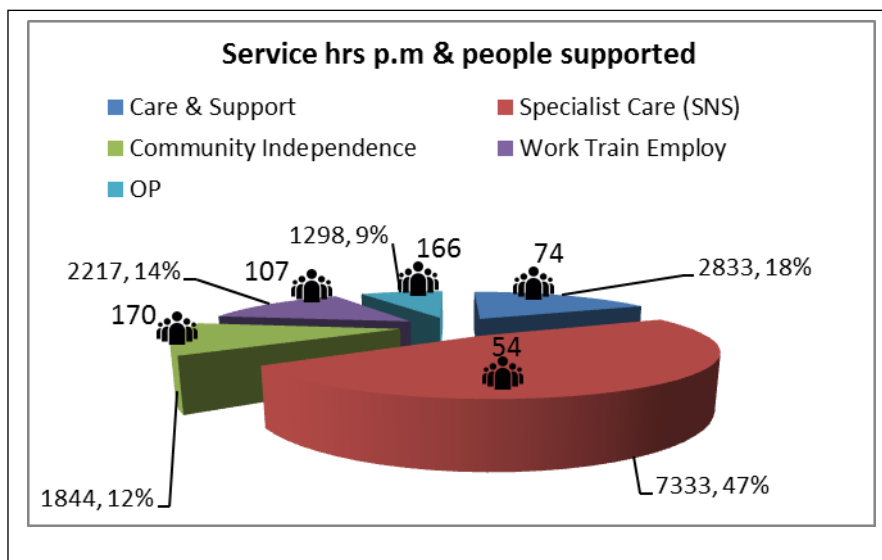


3. Service Hours and Sickness

Service hours

- In April there were 15525 hrs of day opportunities support delivered to approximately 580 people.
- The most intensive service are the Specialist Care Services (SNS) where 7333 hrs were delivered supporting 63 people; which equates to 47% of the total hours delivered across the services supporting 11% of the total population. In contrast the CIS delivered 1844 hrs to 170 people; or 12% of the total hours were used to support 29% of the population and Older people’s day opportunities delivered 1298 hrs of support to 166 people or 9% of the total hours were used to support 29% of the total population

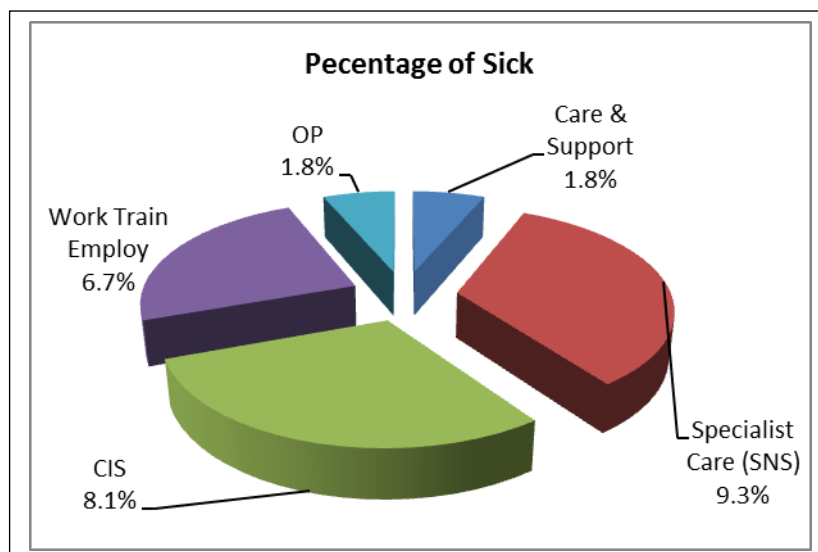
Service Area	Serv Hrs p.m.	No Supp	% of people
Care & Support	2833	74	13
Specialist Care (SNS)	7333	63	11
CIS	1844	170	29
Work Train Employ	2217	107	18
OP	1298	166.0	29
TOTAL	15525	580.0	



Sickness

- Out of the 15525 total service hrs available 1054 were lost to staff sickness.
- The average sick across the services was 6.8%
- The service area with the highest sick rate was the Specialist Care Services (SNS) who’s sick was 9.3%
- The least amount of sick was in the Older people’s Services and the Care and Support Service which was 1.8%

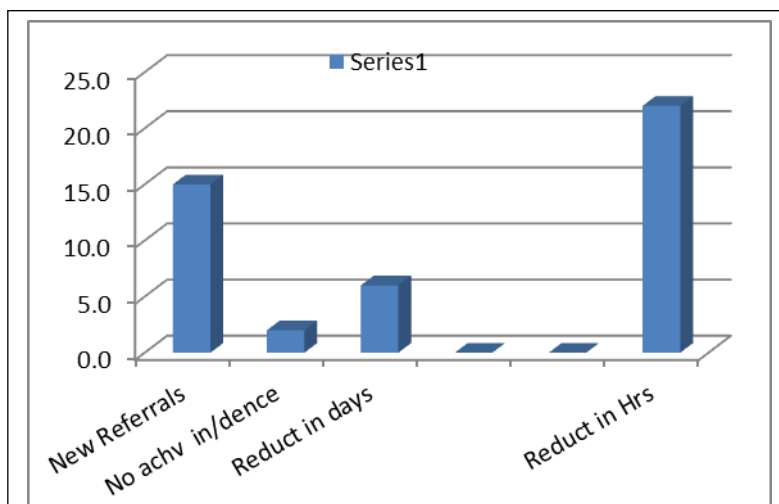
Service Area	No Service hrs per month	Hrs lost to sick	%
Care & Support	2832.6	50.2	1.8
Specialist Care (SNS)	7333.2	682.5	9.3
CIS	1844.0	150.2	8.1
Work Train Employ	2217.1	148.0	6.7
Older People	1297.8	23.0	1.8
TOTAL	15524.7	1053.9	6.8



4. Referrals & Move On

- There have been a total of 15 new referrals this month. The highest number of referrals being for Specialist Care Services
- 11 people have moved on to mainstream services. This has resulted in a reduction of 18 days support and a total 108 hrs. A number of these are older people who have reduced their levels of day services due age. 1 person accessing the employment service has been helped to find a voluntary work placement which has led to a reduction of 4 days support.

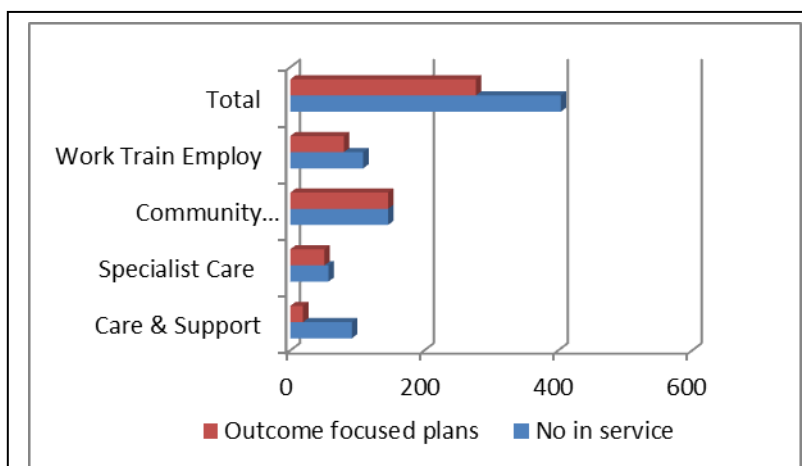
Service Area	New Ref	Moved On	Red/ in days	Red/ in Hrs
Care & Support	0.0	0.0	0	0
Specialist Care (SNS)	0.0	0.0	1	0
CIS	5.0	1.0	0	2
Work Train Empl	6.0	1.0	5	6
Older People	4.0	0.0	0	4
TOTAL	15.0	2.0	6.0	22



5. Outcome Focussed Plans

- Of The 404 people accessing the services a total of 277 outcome focussed plans are in place. Care and Support Services need to focus on the plans as there are a significant number of people accessing the service with now current plan in place.
- **NB the services are currently reviewing the outcome focus plans and many of these may not be in accordance with the new planning documentation. These will be a priority to address over the year in conjunction with Care Managers**

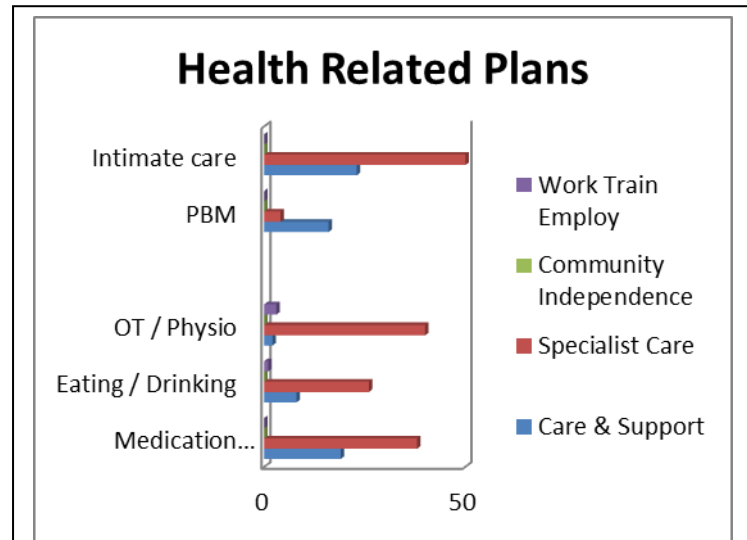
Service Area	No in service	Outcome focused plans
Care & Support	92	19
Specialist Care	57	51
Community Independence	146	146
Work Train Employ	109	80
Total	404	277



6. Health related Plans and Interventions

- There are currently a total of 177 health related plans and intervention in place and being provided by the day services.
- 69% of all health interventions and support are delivered by the Complex Health Needs Services

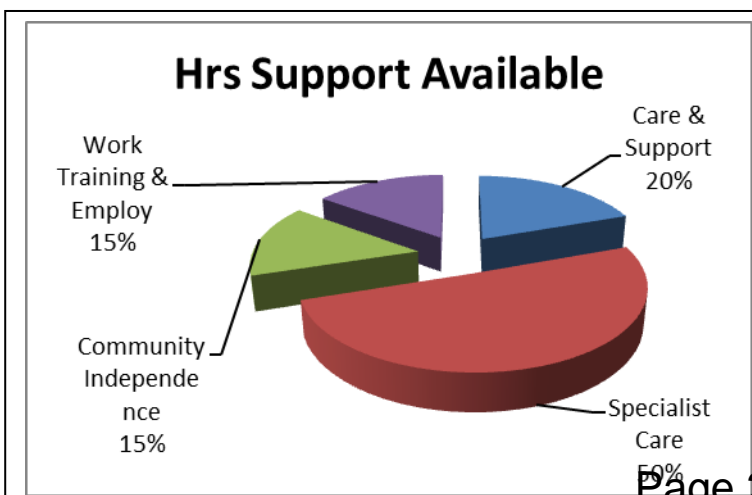
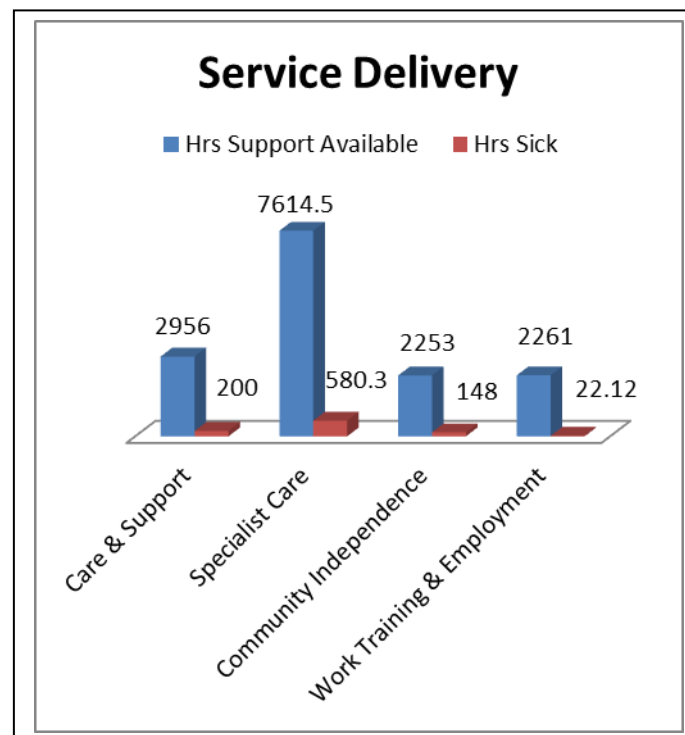
Service Area	Med	Eat / Drink	OT /Phys	PBM	Intim care
Care & Support	19	8	2	16	23
Specialist Care		11	29	9	22
Community Independence	0	0	0	0	0
Work Train Employ	0	1	3	0	0
Total	53	20	34	25	45



7. Service Delivery

- In January 15,54 hours of support were delivered across the services for people of working age.
- 50% of the hours are delivered supporting those people with complex health needs
- 950 hours of support were lost to sickness
- The overall sickness across the services was 6.8%. The highest being in Specialist Care at 7.62%

Service Area	No Service hrs per month	Hrs lost to sickness	%
Care & Support	2832.6	50.2	1.8
Special Care (SNS)	7333.2	682.5	9.3
CIS	1844.0	150.2	8.1
Work Train Employ	2217.1	148.0	6.7
Older People	1297.8	90.0	1.8
TOTAL	15524.7	1053.9	

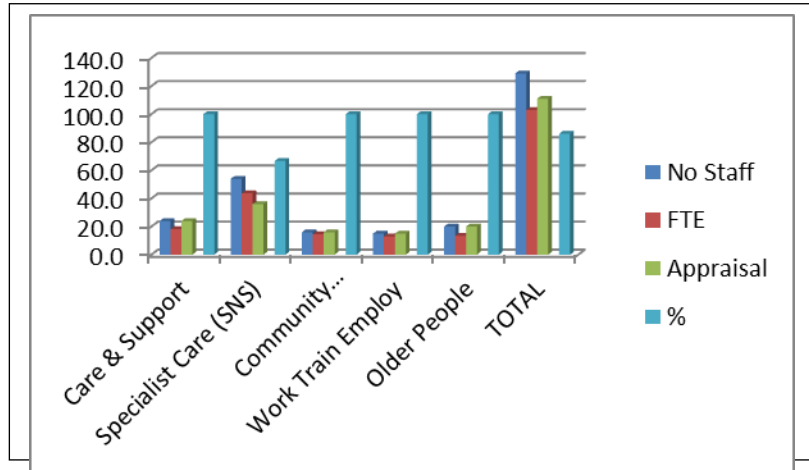


Staff Management

Appraisals

- There are 129 staff employed across Day Opportunities. Of whom 111 have a current staff appraisal, which is 86 %
- The area where there are staff without a current staff appraisal is The Specialist Care Complex Needs Service, where only 66% staff have an appraisal. The Abbey View Service only has 50% of staff appraisals and Trem-y-Mor has 86% of staff with an appraisal

Service Area	No Staff	FTE	Appraisal	%
Care & Support	24.0	18.2	24	100
Specialist Care (SNS)	54.0	43.7	36	66.7
CIS	16.0	14.5	16	100
Work Train Employ	15.0	13.0	15	100
Older People	20.0	13.5	20	100
TOTAL	129.0	102.9	111.0	86



Supervision

- The total supervision target for the month of April was 57 sessions. Of which 33 took place (58%)
- The Work Training & Employment Service completed 9 out of the 8 expected (120%). The lowest number of supervision sessions were in the Specialist Care Services (SNS) where Brynamlwg achieved 50%, A

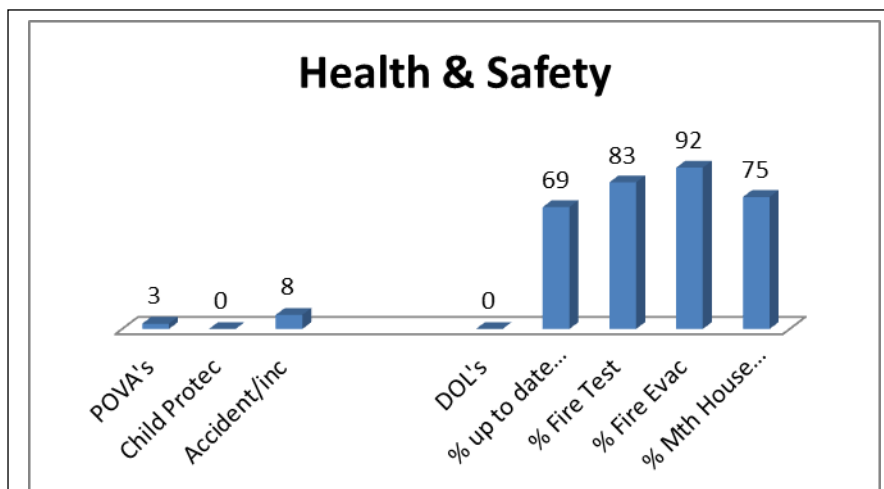
Service Area	Staff Supv Target	Actual	%
Care & Support	12	6	50
Specialist Care (SNS)	19	8	42
CIS	8	4	50
Work Train Employ	8	9	120
Older People	10	6	60
TOTAL	57	33	58



9. Health & Safety

- There were 3 POVA incidents reported in April, 2 in Care and Support and 1 in OP services
- There were 8 accidents / Incidents reported, 4 in Care & Support; 2 in Specialist Care; 1 in CIS and 1 in WTE.
- Across the services 9 out of the 13 (69%) reported they have up to date RA in place. Of the 9 reported they have 100% up to date; 4 services have not reported.
- There were no incidents of DOL's or Child Protection issues being reported
- Fire tests 83% of services completed a fire test, 92% conducted a fire evacuation and 75% conducted a monthly house-keeping inspection.

Service Area	POVA's	Child Protect	Accident /inc	DOL's	% up to date Risk Asses s	% Fire Test	% Fire Evac	% Mth House Inspe c
Care & Support	2	0	4	0	100	66 1 x NA	100	0%
Specialist Care (SNS)	0	0	2	0	100	100	100	100
CIS	0	0	1	0	N/A	Not App	Not App	Not app
Work Train Employ	0	0	1	0	100	100	100	100
					40	80% (TTT Coastal	80% (TTT	



Actions for Improvement

<u>Area</u>	<u>How</u>	<u>When</u>
<p>1. <u>Accessing the Service</u></p> <ul style="list-style-type: none"> • To identify exact numbers of people being supported 	<ul style="list-style-type: none"> • To implement the Client Outcome Monitoring Database to identify and eliminate double counting 	<p><u>June 15</u></p>
<p>3. <u>Service Hours and Sickness</u></p> <ul style="list-style-type: none"> • Sickness should improve overall as a number of long term sick staff have been finished. • Particular focus needs to be paid to the special needs service 	<p>Manager to ensure the Service Coordinators work with HR to ensure the sick policy is being followed. Short term sick to be targeted and regular contact with staff to encourage them to come back as soon as possible.</p>	<p><u>Immediate effect</u></p>
<p>4. <u>Referrals & Move On</u></p> <ul style="list-style-type: none"> • To continue to increase the numbers of people who can live independently. • Currently there are not clear time limited outcome focus plans in place 	<ul style="list-style-type: none"> • Employment service to identify and actively promote people moving on in to voluntary placement and employment. • CIS to continue to identify people who are now able to function with reduced or no support and maximise community resource opportunities to support this. • Services to try and forecast this based on Outcome Focussed Plans • As Reviews are conducted by Care Managers timescales for support and interventions need to be clearly defined. This can be used to forecast and plan when people will move on. 	<p><u>Monthly</u></p>

<p>5. <u>Outcome Focussed Plans</u></p> <ul style="list-style-type: none"> • To implement the new Outcome Focused Monitoring system. • Also see point 4 bullet point 2 above 	<ul style="list-style-type: none"> • To create a spreadsheet tracking system • To ensure appropriate I.T. is in place i.e. Broadband installations have taken place and laptops for staff • To implement as part of Grade 5 Key Worker Responsibilities 	<ul style="list-style-type: none"> • <u>May</u> • <u>June</u> • <u>July</u>
<p>8. <u>Staff Management</u></p> <ul style="list-style-type: none"> • To ensure all staff have an up to date appraisal and PDP • Supervisions to be brought on track 	<ul style="list-style-type: none"> • Special Needs Services are to ensure all staff have an up to date appraisal and PDP • Managers to monitor and ensure a plan is in place for ensuring the services get back to 100% supervisions and identify if there are any areas where this is not possible and why. 	<ul style="list-style-type: none"> • <u>1st July</u> • <u>July Monthly return</u>
<p>9. <u>Health & Safety</u> <u>Risk Assessments</u></p> <ul style="list-style-type: none"> • Some services didn't report <p><u>Fire Tests and Fire Evacuation</u></p> <ul style="list-style-type: none"> • These were 100% completed in all Council owned Buildings 	<ul style="list-style-type: none"> • Managers to ensure Service Coordinators report and actions taken to ensure risk assessments are in place and reviewed in CIS, Trem y Glyn, Rhodes OP & Awelfa • There is a need to establish the procedure and responsibilities in relation to TTT 	<ul style="list-style-type: none"> • <u>June Monthly Return</u>