

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

2.00 pm THURSDAY, 10TH SEPTEMBER 2015

COMMITTEE ROOMS 1/2 - PORT 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 30th July. (*Pages 3 - 10*)
3. To receive the Scrutiny Forward Work Programme 2015/16 (*Pages 11 - 16*)

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

Head of Community Care and Commissioning

4. Community Resource Team and Community Networks Report Card (*Pages 17 - 24*)
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, 4th September 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 1/2 - Port Talbot Civic Centre)

Members Present:

30th July 2015

Chairman: Councillor Mrs.D.Jones

Vice Chairman: Councillor Mrs.A.Wingrave

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

Officers In Attendance Mrs.A.Thomas, S. Adie, Mrs C.Jones, M.Jones,
Potts and S. Sullivan

Cabinet Invitees: Councillors P.D.Richards and J.Rogers

1. **MINUTES OF THE SOCIAL CARE, HEALTH AND HOUSING
SCRUTINY COMMITTEE HELD ON 11TH JUNE 2015**

The Committee noted the minutes.

2. **SCRUTINY FORWARD WORK PROGRAMME 2014/15.**

The Committee noted and agreed the Forward Work Programme.

3. **DIRECT SERVICES REPORT CARD**

Members considered the Direct Services Report Card which was the first to be presented to the Committee as part of the new performance management framework of the Council.

Members drew attention to the abbreviations and acronyms used throughout the report and asked for this to be kept to a minimum in future.

Members asked for details on the multi -media care plans and were informed that they include using a secure web based portal which incorporates multi-

media software such as video and social media to review how a service is delivering for a particular service user. Members heard how they can be accessed by families and social workers as evidence of competence towards set learning outcomes.

Members were pleased to see the reduction in sickness absence levels from 6.8% in April to 5.9% in May but they queried if there were particular reasons why certain teams seemed to have higher levels of absence than others. Officers informed the Committee that certain teams work with service users who have complex and high dependency needs with multiple manual handling and personal care issues; the main reasons for sickness absence are back complaints, colds and flu and sickness bugs. Members were pleased to see that the service was continuing to manage sickness with a zero tolerance approach and the policy and the dedicated HR support was assisting them to do so.

Members queried why the staff supervision percentage was only 58% and asked what was being done to address this and by when could they expect to see an improvement. Officers explained that this low figure was mainly attributable to one manager and this was being addressed and an improvement should be evident by October 2015.

Members asked if all staff had had an appraisal and a Personal Development Review by the 1st July deadline that was included in the report. Officers informed the Members that this wasn't yet complete and the team were in the process of working through all staff. Members heard that the process had been delayed by the reduction of staff in the section by 25% from the latest ER/VR exercise but planned to complete this action by October 2015. Members noted that the corporate appraisals were being used at present but a version was being adapted to be more relevant to the service and this would be rolled out upon completion and after approval at Personnel Committee.

Members questioned the fact that not all services had a full risk assessment in place and were pleased to learn that this was being addressed in line with care standards throughout the service.

Members were pleased to note that there had been no incidents of DOL's (Deprivation of Liberty Safeguards) or Child Protection reported and asked if all members of staff were up to date in their training in these areas.

Members felt the report card format was useful and they valued the insight into the service areas that they allow for. They requested that all service areas within the purview of the Committee schedule their report cards into the Work Programme for the Committee.

Following scrutiny the report was noted.

4. **PRE-SCRUTINY**

The Committee scrutinised the following matters:

Cabinet Board Proposals:

4.1 Performance Report- Quarter 4

Members received the Social Services, Health and Housing Quarterly Performance Indicator Data for Quarter 4 as detailed within the circulated report.

Members questioned the increase in the number of days taken to deliver a Disabled Facilities Grant which had increased from 204 days in 13/14 to 252 days in 14/15. Officers informed Members that this was a cumulative figure but there had been an increase in the more complex grants being completed including complex extensions for children with disabilities.

In relation to the information presented on vacant properties, Members queried if more could be done to target particular properties and Officers drew Members' attention to the 'Enforced Sales Policy' which can be utilised for some of the properties in question.

Members asked for information on the costs relating to the number of days spent by homeless households in Bed and Breakfast accommodation. The Officers were unsure of the specific costs but assured the Committee they would find out and report the actual figures back to them.

Members were pleased to hear that the percentage of carers being offered an assessment or review in their own right was 100% and that the uptake of the reviews has increased.

Following scrutiny, it was agreed the report be noted.

4.2 Food Standards Agency Audit Report

The Committee received the Food Standards Agency Audit Feedback Report following their audit of Food Hygiene, Food Standards and

Animal Feeding Stuffs enforcement at this Authority as detailed within the circulated report.

Members heard that the audit had taken place in May 2014 and work on the action plan to address key areas for improvement had been in progress. Similarly, Officers informed Members that four additional Environmental Health Officers and two additional Trading Standards Officers were being recruited to strengthen the work of the unit.

Members raised concern at the findings of the report and stressed how important it is for members of the public to have assurance and confidence that Food Standards are of the highest priority throughout the County Borough. They were pleased that there was an action plan in place to address key areas for improvement and in light of this it was agreed that Cabinet Board be asked to consider the following recommendation:

- ‘That the Scrutiny Committee recommends to Cabinet Board that the action plan to address the Food Standards Agency Report recommendations is brought to the next meeting of the Social Care, Health and Housing Scrutiny Committee and Cabinet Board.

Taking into consideration the above recommendation, following scrutiny it was agreed that the report be noted.

4.3 Pest Control Call Out Fee

Members received the amendment of pest control charges as contained within the circulated report.

Members were informed that the current £25 domestic fee for pest control services is to become a non-refundable £25 call out fee but that the service the public receives will remain unchanged.

Members asked how the public would be informed of the fact that the fee is now non-refundable. Officers explained that websites had been updated and that customer services officers had been briefed and the ‘scripts’ that they use while speaking to members of the public had been altered to include the new information.

Following scrutiny, it was agreed that the report be noted.

4.4 Legal Highs

The Committee received the report from Environmental Health and Trading Standards informing them of the work of the Trading Standards Team in relation to Legal Highs.

Members were informed that these new 'Psychoactive Substances' are controlled by the Misuse of Drugs Act 1971 and within the County Borough there is one known premises openly selling such products although there are suspicions that there are other premises doing so. Members saw examples of packaging designed to be attractive to young people and discussed the range of potential offences which either the Police or Trading Standards can pursue.

Members discussed a range of concerns in relation to 'legal highs' including issues in the community and families, debt, and mental and physical health concerns. Members appreciated the vigilance from the teams involved and were encouraged to learn that there is a large partnership agenda around this issue. They heard that 'legal highs' are the focus of Community Safety and Local Service Board priorities and that there is a significant communication and education programme surrounding the issue and the Committee agreed that it was important to send strong messages jointly to not buy them and not to use them.

Members looked forward to further reports being brought back to Committee with updates.

Following scrutiny, it was agreed that the report be noted.

4.5 Local Housing Strategy

The Committee received the Local Housing Strategy as contained within the circulated report.

Members' attention was drawn to the recommendation which had been amended as the Local Housing Strategy required adoption by Council and not the Cabinet Board in this instance.

The recommendation had been amended to:

'Having given due regard to the EIA it is recommended that the Neath Port Talbot Local Housing Strategy be supported and commended to Council for approval.'

Following scrutiny, and taking into consideration the amended recommendation the Committee was supportive of the proposals to be considered by the Cabinet Board.

4.6 Amendments to Joint Allocation Policy

The Committee received the amendments to the Neath Port Talbot County Borough Council and NPT Homes as contained within the circulated report.

Members agreed it was important that the close working with NPT Homes continued.

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

4.7 Renaming and Rebranding of the Vocational Skills Centre

The Committee received the Work, Training and Employment Service proposals to rename and rebrand the Vocational Skills Centre as detailed within the circulated report.

Members complimented the work of the centre and welcomed the invitation from Officers to attend the Open Day at the Centre which was being held on August 14th 2015.

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

4.8 Urgency Action 0853-Indemnity Provider Costs

The Committee received information in relation to an urgency action determined by the Director of Social Services, Health and Housing in relation to Indemnity Provider Costs.

Members queried the costs in question and Officers committed to bringing that information back to the next meeting of the Committee and Cabinet Board.

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

5. ACCESS TO MEETINGS

Resolved: that pursuant to Section 100A(4) and (5) of the Local Government Act 1972 , the public be excluded for the following items of business which involved the likely disclosure of exempt information as defined in Paragraphs 12 and 14 of Part 4 of Schedule 12A to the above Act.

6. PRE-SCRUTINY

The Committee scrutinised the following matters:

Cabinet Board Proposals:

6.1 Social Housing Grant Programme and Affordable Housing

The Committee received the Social Housing Grant Programme as contained in the circulated report.

Members noted that spend within the programme supported the delivery of new affordable housing in the Borough. It was further noted that there is close collaboration with Housing partners on the delivery of the schemes within the programme.

Members asked if the scheme was cost neutral and Officers explained that while the money for the programme doesn't come directly to the Local Authority we as the strategic housing authority decide how and where it is spent.

Members asked for more information on 'Land Banking' and Officers explained the scheme being offered by Welsh Government whereby Housing Associations can bid for a loan to purchase land.

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

CHAIRMAN

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**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
	Food Standards Agency Action Plan
14 th September 9.30-12.30pm	ROTA VISITS TRAINING SESSION 1
17 th September	s.33/Western Bay One Day Inquiry

21 st September 9.30-12.30pm	ROTA VISITS TRAINING SESSION 2
8 th October 2015	SCORECARD- Care and Safeguarding (Steve Garland)
	Pre-Scrutiny – Cabinet Board Items
	Section 33 Agreements (Andy Griffiths)
	NPT Homes
5 th November 2015	STAND ALONE-BUDGET SCRUTINY
26 th November 2015	CSSiW
	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

- **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- Training on this will be conducted in September and then visits will be carried out through the Autumn in Teams.**

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SOCIAL SERVICES, HEALTH AND HOUSING SCRUTINY COMMITTEE

10TH SEPTEMBER 2015

REPORT OF HEAD OF COMMUNITY CARE AND COMMISSIONING –

C. MARCHANT

COMMUNITY RESOURCE TEAM AND COMMUNITY NETWORKS REPORT CARD 2015/16

SECTION C – MATTER FOR MONITORING

WARDS AFFECTED: ALL

Purpose of Report

To provide Members of the Scrutiny Committee with information to assist them to scrutinise the performance of the Community Resource Team and Community Networks, which sit within the portfolio of Head of Community Care & Commissioning.

Background

The Council introduced a revised Performance Management Framework in 2014/15. One of the requirements within that framework is the production of service report cards by service managers which will enable Members to scrutinise the performance of all services within its remit.

This report will also enable the Social Services, Health & Housing Cabinet Board and Scrutiny Members to discharge their functions in relation to performance management of the Community Resource Team and Community Networks.

Report Cards

Community Resource and Community Networks have developed service report cards to demonstrate which is being achieved for the resources invested in these

service areas from the perspective of customers, staff, internal processes and finance, and impact on service users.

It is a means for the services to translate their vision and strategies into action which is particularly important at a time when resources are diminishing. This will ensure a culture of continuous improvement aligned to individual standards and performance measures.

The following report cards provide Members with further details of the services provided by the teams, reviewing performance during 2014-15 and the focus of work going forward for 2015-16.

Appendices

None

List of Background Papers

None

Officer Contact

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COMMUNITY RESOURCE TEAM AND COMMUNITY NETWORKS

REPORT CARD – August 2015

Brief Description of the Service

Community Resource Team (CRT)

The Neath Port Talbot Community Resource Team is a joint service provided by the Abertawe Bro Morgannwg University Health Board and the Neath Port Talbot Local Authority.

The team provides help to adults (over the age of 18 years) living in Neath Port Talbot who require support to stay independent within their own homes. They offer a service that ensures patients receive the right intervention, at the right time, from the right professional. It simplifies the process by coordinating both health and social care needs.

Five community based teams bring together professionals from health and social care and the third sector to provide care for patients with complex needs at home. They are:

- Acute Clinical Team
- Sensory Support Team
- Community Occupational Therapy Team
- Reablement Team
- Assistive Technology Team

Community Networks

The Community networks teams were recently formed after the re-configuration of the NPT social work model. They consist of multi-disciplinary teams, comprising of District nurses and social workers who share common caseload and deliver anticipatory long term care programmes of support to people receiving primary care services.

Key Priorities for 2014/15

- Further development of Intermediate tier in line with Western Bay Business case
- Integration of long term health and social care teams within Community networks – initially within the Neath network.
- Reduce long term residential placements
- Increase the number of Carer's assessments undertaken
- Reduce the number of unscheduled admittance to hospital.

Key Priorities for 2015/16

- Development of Gateway service as a vehicle to deliver Information Advice and Assistance in line with the Social Services and Wellbeing Act 2014.
- To integrate District Nurse triage into the Gateway
- To review external Domiciliary Care and double staffed calls
- To roll-out of Intake Reablement Model across Neath Port Talbot
- Pilot Local Area Coordination within Neath Network to assess feasibility for potential roll out across Neath Port Talbot.
- To integrate District Nurses and Social Work Teams within the Port Talbot Resource Centre
- Pilot alignment of social workers with GP practice – as per current District Nurse model as part of the Early Adopter Network
- To realign Gwalia residential Short Breaks, intermediate and long term care.
- To review Homecare provision
- Develop and implement new residential care pathway that includes a Fair Access to Care Panel and Step Up/Down assessment beds.

- To ensure continued Organisational Development
- Increase the use of Direct payments to further enhance choice and control for those who have eligible care and support needs.

How Are We Doing

Progress 2014

- The CRT has been significantly expanded during 2014/15 as per the Western Bay Community Services Programme. Financial resources for 2014/15 to support this were the Intermediate Care Fund (ICF) with circa £1.5 million revenue and £750K Capital to support costs across the NPT CBC and ABMU NPT Locality.
- In 2014, the Rapid Response team worked with 919 individuals, facilitating 53 early discharges from hospital and preventing 866 people from being admitted to hospital. 72% of all interventions resulted in the situation being completely resolved or improving significantly.

Page 20 Activity within the Community Resource Team has avoided 755 hospital admissions.

In July 2014, we have opened a Residential Reablement Unit in partnership with Grwp Gwalia, at Llys Y Seren Residential home. There are currently 9 residential reablement beds available to individuals from both the community and hospital setting who require rehabilitation and reablement to enable them to return home. 78 people were supported between July 2014 -2015 to regain their independence; 60% of people who entered the unit on a pathway to long term residential care, returned home. With only 2 individuals being admitted into a Residential Care home.

- Between 2014/15 the number of people entering into long term residential care reduced by 21.78%
- In 2014/15 the number of new homecare starts reduced to 447, compared to the previous year (n=474)
- The number of carers assessments that have been completed have significantly risen to 40.5 %
- The number of carers receiving a service following an assessment has increased to 71.4%
- Delayed transfer of care for social care reasons have reduced to 3.21%

- Unscheduled admissions to hospital for >65 per 1000 population have decreased indicating that the CRT and reconfiguration of the adult Social Care is having the desired impact in NPT.

Progress 2015

- **Development of Gateway service as a vehicle to deliver Information Advice and Assistance in line with the Social Services and Wellbeing Act 2014**
 - Section 2 (17) Social Care and Well Being (Wales) Act requires that each Local Authority will provide '*information, advice and assistance*' to its population about the range of services it provides, how to access them and how to raise concerns. It is proposed that the Gateway is ideally placed to allow this responsibility to be fulfilled.
 - Digital by Design is a NPT CBC corporate programme that is aiming to improve remote access to information and services provided and we will be working alongside staff from this programme to integrate this work into achieving the SC&WB Act requirements.
 - Section 2 (18) Social Care and Well Being (Wales) Act, requires the Local Authority to establish and maintain a register of sight impaired, hearing impaired and other disabled people. We propose that this can be safely and appropriately undertaken by the Gateway.
 - ABMU Health Board are piloting the NHS 111 service in Wales and access to a common point of access into Community Health and Social Care Services could be achieved via the Gateway. Work is currently underway to enable this to happen.
- **To integrate District Nurse triage into the Gateway**
 - A scoping exercise has been undertaken, in order to understand the total demand for referrals into the district Nursing Service and to identify and estimate the workforce required. At present, there has been no engagement with Primary Care partners as a change to a common point of access will alter current arrangements GP practices have with District Nurses across NPT.
- **To review external Domiciliary Care and double staffed calls**
 - Review currently being undertaken
- **To roll-out of Intake Reablement Model across Neath Port Talbot**
 - Staff capacity within the current service has been increased and a rolling recruitment programme implemented, in order to ensure demand for the service can be met once it becomes regional. An implementation plan has been developed and is on course for full roll-out in October 2015.
- **Pilot Local Area Coordination within Neath Network to assess feasibility for potential roll out across Neath Port Talbot**

- Local Area Coordination Business Case has been developed outlining two geographical areas for delivery (Skewen (Neath) and Sandfields (Port Talbot)). Recruitment for two Local Area Coordinators is currently underway, along with community/professional engagement sessions and information workshops.
- **To integrate District Nurses and Social Work Teams within the Port Talbot Resource Centre**
 - A scoping exercise has been undertaken, in order identify physical location of rooms and IT equipment. A consultation document has been circulated to all District Nurses affected by the proposal. It is envisaged that the integration be completed by the end of October.
- **Pilot alignment of social workers with GP practice – as per current District Nurse model as part of the Early Adopter Network**
 - Pilot is currently underway. A multi disciplinary team comprising of GPs, Social Workers, District Nurses, Therapy Staff and CPNs has been established in line with the Early Adopter Network. An initial cohort of individuals identified, reviewed and a care coordinator assigned.
 - The Early Adopter Network is part of the Western Bay Community Services Programme that focuses on proactive care for the most vulnerable patients in the community – ensuring that there is a care plan in place and good care coordination arrangements with a named care coordinator for each person identified.
 - **Neath Port Talbot Afan Network** has identified a cohort of 23 patients registered with a Port Talbot GP practice. Weekly multi-disciplinary team meetings, consisting of GPs, District Nurses, Social Workers, Community Psychiatric Nurses and ACT nurses, have cross matched individual patients, prioritized their care needs and identified a single professional as care coordinator. Work is currently being undertaken to develop anticipatory action plans for each individual.
- **To realign Gwalia residential Short Breaks, intermediate and long term care**
 - A public consultation outlining the proposed realignment has been undertaken, with a follow up report due to be presented to the Social Care, health and Housing Cabinet Board for decision on the 10th September.
- **To review Homecare provision**
 - Review currently being undertaken
- **Develop and implement new residential care pathway that includes a Fair Access to Care Panel and Step Up/Down assessment beds.**
 - To be completed by December 2015

- **To ensure continued Organisational Development**

- Development of Performance Management Framework for all elements of long term social care, focusing of outcomes, quality assurance, proportionality and efficiency. Effective management of resources across geographical networks, service user feedback and participation are essential.
- Establishment of Consultant social work posts through the management of change process has enabled Carers champions to be further embed across teams, increasing the focus on carers and their participation in service development.
- Up-skilling of existing staff under BIA, Non criminal Investigation and Designated Line Manager for POVA to increase flexibility across the workforce and provide resilience in these areas.

Story Behind the Performance:

The expansion of the Community Resource Team in Neath Port Talbot has enabled the team to provide care for patients with more complex medical and social needs. These are patients who require short term higher level interventions that cannot be supported by core community services within their own home but do not require a hospital setting. Through the delivery of reablement, multi disciplinary short term interventions and rapid response, individuals are being supported within their own homes and enabled to maintain their independence for longer. As such, unscheduled admissions to hospital and long term residential care placements have begun to reduce and will continue to do so, as the integration of care pathways continue to develop in order to provide a seamless pathway or care.

After a significant management of change process in April 2014, social work teams within the networks are entering in a significant and exciting programme of cultural development. Complementing the work undertaken by CRT, the Community Networks are progressing the use of geographical based working using an anticipatory care model. The co-alignment of District Nursing services and in the near future, Mental Health service will further enhance working practice, reducing duplication between professionals and the need for crisis interventions that lead to admission to acute hospital and long term care placements.

In addition, work to further enhance front line early intervention, wellbeing and prevention initiatives is also underway. Recruitment to the Local Area Coordination roles will support the role of the Community Networks, address social isolation and build community/social capital in line with the new Social Services and Well- being ACT. Community well being officers will also begin to work in communities, facilitating engagement with Primary Care and links into local and third sector groups, in order to negate the need for statutory services. Moreover, a comprehensive programme of cultural change is underway to further support changes in practice to support the new ways of working in line with the 'ACT'. This also includes the promote the use of direct payments to promote more choice and control for individuals who require support

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Next Key Actions For 2015/16

Alongside higher overarching Key Actions	Who	By When
<ul style="list-style-type: none"> Reconfiguration of the short breaks model in Neath Port Talbot and introduction of step Up/Down beds 	LB/AG	September 2015
<ul style="list-style-type: none"> Increase use of Direct payments to increase more choice and control for service users who receive services 	LB/AG	July 2015
<ul style="list-style-type: none"> To roll out an Intake model in Neath Port Talbot so that all individuals have an opportunity to maximise independence either through reablement programmes or CRT services 	AG	October 2015
<ul style="list-style-type: none"> Review external Domiciliary Care and double staffed calls. 	AG	November 2015