



SOCIAL CARE, HEALTH AND HOUSING SCRUTINY COMMITTEE

2.00 pm THURSDAY, 8 OCTOBER 2015

COMMITTEE ROOMS A/B - NEATH 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 10th September 2015.
(Pages 5 - 12)
3. To receive the Scrutiny Forward Work Programme 2015/16.
(Pages 13 - 18)

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

Head of Community Care and Commissioning

4. Managed Care, Safeguarding and Quality Report Card (Pages 19 - 34)

Report of Social Care, Health and Housing Scrutiny Committee

5. Scrutiny Recommendations following the inquiry into Section 33 of the National Health Service (Wales) Act 2006 Overarching Partnership Agreement (Pages 35 - 40)
6. To select appropriate items from the Cabinet Board Agenda for pre-scrutiny (Cabinet Board reports enclosed for Scrutiny Members).

7. 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
8. 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

9. 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, 2 October 2015

Committee Membership:

Chairperson: **Councillor Mrs.D.Jones**

Vice
Chairperson: **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.*

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

(Committee Rooms 1/2 - Port Talbot Civic Centre)

Members Present:

10 September 2015

Chairman: Councillor Mrs.D.Jones

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

Officers In Attendance Mrs.C.Marchant, Mrs.A.Thomas, A.Griffiths, Ms
L. Barry, Mrs A Saunders, Mr C. Williams, Mr L
Williams and Ms S. Sullivan

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

1. **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND
HOUSING SCRUTINY COMMITTEE HELD ON 30TH JULY.**

Members received the minutes from the Social Care, Health and Housing Scrutiny Committee held on 30th July 2015. Members asked if there was an update available on the 0853 Urgency Action-Indemnity Provider Costs as detailed in the minutes. Members were informed that this information would be made available to them in the next meeting.

The Committee noted the minutes.

2. **SCRUTINY FORWARD WORK PROGRAMME 2015/16**

In addition, the Committee noted the upcoming training sessions in relation to conducting Rota Visits to Social Care and Nursing Establishments and the half day inquiry into the proposed s.33 agreement that the Committee will be undertaking.

The Committee noted and agreed the Forward Work Programme.

3. **COMMUNITY RESOURCE TEAM AND COMMUNITY NETWORKS REPORT CARD**

Members considered the Community Resource Team and Community Networks Report Card, which the Committee received 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 observed that the report was very positive but asked if there were any issues or under-achievements in the service that they should be aware of. Officers re-iterated that overall the picture was positive and Members were pleased to note that the majority of posts had been recruited to on a substantive basis. There had been more challenge in relation to recruiting Reablement Support Workers and Mental Health specialists but Members were pleased to note that the Integrated Service Model had allowed for effective recruitment overall.

Members observed that there was no reference in the report to sickness absence in the service and asked for further detail in relation to this which they had expected to see included in the Report Card. Officers informed the Committee that sickness absence in the service was at 4% in July and the embedded HR support in the service was assisting in reducing levels of sickness absence. Officers committed to bringing a more detailed breakdown of sickness absence within the service to a future meeting of the Committee.

Members were pleased to note that the number of Carer's Assessments had risen and queried what work had contributed to this increase. They were informed that close work had been undertaken with the Carer's Network and that focussed work would continue in an attempt to increase the numbers of assessments carried out.

Members queried the finances of the section and were informed further in relation to the Intermediate Care Fund (ICF). Officers explained that there was a varying picture in relation to spend and that the in house domiciliary care service was mainly underspent while the external domiciliary care service was mainly overspent.

Members were pleased to note that Delayed Transfers of Care remained low and agreed that Direct Payments were a positive tool to allow this to continue to improve.

Members were of the view that a visit by the Committee to the Gateway Team would be beneficial and also looked forward to the launch of the new Health and Social Care Centre on November 4th 2015.

Following scrutiny it was agreed that the report be noted.

4. **PRE-SCRUTINY**

The Committee scrutinised the following matters:

Cabinet Board Proposals

4.1 Social Services Health and Housing Quarter 1 Performance

The Committee received the Social Services, Health and Housing Quarterly Performance Indicator Data for Quarter 1 as detailed within the circulated report.

Members queried the rate of delayed transfers of care and were informed that certain social work teams had recently re-structured and caseloads transferred which had resulted in the slight dip in performance. Members were assured that Team Managers were being supported to ensure that they have the right systems in place to support timely review and hospital discharge.

Members queried the percentage of significant breaches that were rectified by intervention by Trading Standards and were informed that no businesses had in fact been identified.

Members' were made aware of an error in the complaints data as it included reference to complaints received within Children's Services and Hillside Secure Centre which is not within the remit of this Committee.

Members queried if the 'notable decline' in the percentage of significant breaches rectified by interventions by Trading Standards was a staffing issue and were assured by Officers that it was not. Officers explained that most investigations would not be resolved within a quarter thus the quarterly figures were not particularly representative; Members were guided towards the cumulative figures for a more representative comparison.

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

4.2 Food Standards Agency Audit Action Plan

The Committee received the Food Standards Agency Audit Action Plan as contained within the circulated report.

Members had asked for the Action Plan to be brought to the Committee following the presentation of the Food Standards Agency Audit Feedback Report at the last meeting. Members were informed that the action plan included the detail to address the issues identified following the Food Standards Agency's Audit of Environmental Health and Trading Standards.

Members queried the reference throughout the action plan to 'significant resource implications' and what impact this would have on the work of the existing teams caseloads. Officers explained that carrying out the tasks in the action plan would be resource intensive; numbers of frontline staff had been increased and trained and high risk or new business premises are being prioritised to ensure caseloads are manageable.

Members expressed the importance of the 'scores on the doors' food hygiene ratings which are displayed to reflect the standards of food hygiene within businesses and expressed.

Members were pleased to note that all of the required actions within the plan had been completed and appreciated that some actions are ongoing and form part of the continual internal monitoring of the work of the officers within the service.

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

4.3 Commissioning and Contracting Update

The Committee received the report on adult social care contract monitoring for the year ending 31st March 2015 as detailed within the circulated report.

Members queried the current financial position, the overall budget and fee setting process and understood that this is a process which is undertaken every year whereby service is

assessed and costs are negotiated with the providers. The report states that Local Authorities need to ensure that the fees take into account the cost of care rather than the Local Authorities' financial position and Members queried if there were any assurances in place to avoid conflicts of interests. Officers reminded Members that they were bound by a Code of Conduct in instances such as this.

Members asked for assurance of procedure following the recent situation where a Domiciliary Care Provider went out of business. Officers explained the lessons learnt and the close links that exist with the Audit department as well as the robust contract monitoring arrangements which are in place.

Members asked for more information in relation to the 'Quality Standards and Standards of Care'. Officers explained that the quality standards were being piloted with Western Bay Local Authority colleagues. It is envisaged that contract monitoring of domiciliary care will involve a set of similar quality standards in time.

Members asked if relatives and family members were spoken to when contract monitoring visits were conducted and they were assured that the views of relatives and family members were crucial elements to the visits. Members asked if they could be provided with statistics as to how many family members were spoken to as part of a monitoring visit and officers committed to bringing this information back to Members.

Members drew attention to reference in the report to 'sub-optimal practice' and queried the action that is taken when such practice is identified. Officers explained that initially they will work directly with the service provider and establish an action plan in an attempt to directly solve the issues set against Western Bay 'Escalating Concerns' measures and that there can also be embargoes on placements.

Members were pleased to hear that there is robust and clear guidance in relation to Safeguarding aligned to the Child Protection measures and they looked forward to receiving a detailed report on this to a future meeting of the Committee.

Members queried the complaints data within the report and in particular the higher number of complaints in relation to Domiciliary Care in Older and Disabled People Services.

Officers explained that this type of service was more personalised and by its nature the monitoring of the service was more robust and complex and over a longer period of time and involving more people.

Members asked for detail on the professional development offered to Care Home staff and heard about the Social Care Work Force Development Programme run by Welsh Government. Concerns were raised about staff retention levels but Members were pleased to note the cross region Commissioning Strategy which is currently being developed.

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

4.4 Review of Direct Payments

The Committee received the report on the proposed review of Direct Payments in relation to ensuring effective and appropriate allocation of resources to individuals as detailed within the circulated report.

Members understood that Direct Payments involve identifying the needs of individuals through assessment and providing a number of hours for a Personal Assistant or appropriate suitable person to employ an individual or agency to provide support to achieve specific outcomes. Officers explained that a review is needed to ensure that the packages are being used effectively and are achieving the identified outcomes. Members heard that there are currently 225 individuals in receipt of Direct Payments in Neath Port Talbot, 47 of which receive over 30 hours of support and 9 of which receive support from an agency.

Members were pleased to note that the initial assessment process for Direct Payments eligibility is timely but officers explained that the proposed review is likely to result in some challenge and complaints from individuals.

Members clarified that the review is about achieving the right outcomes for people and it is important that the systems and processes are in place to robustly evidence outcomes for people.

Members drew attention to the Equality Impact Assessment and were clear that people may be affected if their package of Direct

Payments are changed or reduced but sought clarity from officers that their needs would continue to be met. Officers were directed to a mistake in the Equality Impact Assessment whereby a word was included that had no meaning and Officers agreed to strike out the word from the Equality Impact Assessment.

Following scrutiny, the Committee was supportive of the proposal to be considered by 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 Housing Renewal and Adaption Services-Financial Allocations 2015-16

The Committee received the Housing Renewal and Adaption Service Financial Allocations for 2015-16 as contained within the circulated report.

Members were pleased to note that the Rapid Adaption Grant pilot scheme had delivered 65 adaptations to property at an average time of 50 days compared to the average time of 252 days for a Disabled Facility Grant.

Officers informed Members that £920,965 had been awarded of Specific Capital Grant to carry out renewal area activity during 2015/16 as well as ARBED2 funding being achieved to provide energy saving measures to additional properties within renewal areas.

Members were additionally informed of the Houses to Homes loan scheme which assists owners and landlords to bring empty uninhabitable properties back to habitable standards to enable the property to be rented or sold.

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

6.2 Supporting People Programme Grant

The Committee received the Supporting People Programme Grant as detailed in the circulated report.

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

CHAIRPERSON

**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 Agreement
5 th November 2015	STAND ALONE-BUDGET SCRUTINY
26 th November 2015	CSSiW
	Gwalia
	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 & HOUSING SCRUTINY COMMITTEE

REPORT OF HEAD OF COMMUNITY CARE – C. MARCHANT

8th October 2015

SECTION B – FOR INFORMATION

WARDS AFFECTED: ALL

Managed Care, Safeguarding and Quality– Performance Report

1. Purpose of Report

The purpose of this report is to inform and report to Members on the balance score card, performance monitoring of Managed Care, Safeguarding and Quality which will include the Disability Team, The Community Mental Health Teams, Safeguarding which includes Deprivation of Liberty and Protecting Vulnerable Adults and the Quality Team which is responsible for reviewing residential Care Homes.

2. Introduction and Background

Adult Services has experienced significant changes over the period of this report. A complete restructuring of all aspects of Adult Services has led to improved services and outcomes for people who receive services and this report will cover the period where teams have changed and new systems are in place. The changes required were delivered as part of the Transforming Adult Social Care Programme (TASC) which is one of the Council key priorities called Improving Outcome, Improving Lives.

In terms of the changes, we now have a Disability Team following the merger of the old Learning Disability, Physical Disability Team and other people supported in other teams who are best supported by the new team. This team focuses on complex needs and works closely with our Health colleagues in Abertawe Bro Morgannwg Health Board.

The Safeguarding and Quality Team includes the Protecting Vulnerable Adults team, The Deprivation of Liberty Team and the Quality Team which used to be the review and monitoring team which is responsible for reviewing packages of care. It was important to bring this team together to ensure that there was an integrated system of monitoring and supporting people who are in circumstances that may require protection, reviewing and are not deprived of their liberty illegally circa the Cheshire West ruling.

A more detailed report on this area will be presented separately to Cabinet Board.

In addition to this, we have ensured that the new structure and systems have aligned themselves with the new Social Services and Wellbeing Act 2014 where the emphasis is on identifying people's ambitions and aspirations and maximising naturally available resources within their own family and community networks.

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, we have developed a dashboard which identifies activity and productivity over a specified period of time. This is still work in progress and more detailed information will be provided over the ensuing months on each area.

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.

3. Recommendations

The members acknowledge

- Work and measures put in place to ensure high quality services are maintained and effectively managed.

4. List of Background Papers

None

5. Wards Affected

All

6. Officer Contact

Steve Garland, Principal Officer for Managed Care, Safeguarding and Quality

Email: s.garland@npt.gov.uk

Tel: 01639 687447

7. Appendices

Appendix 1 – Managed Care, Safeguarding and Quality Balance Score Care

Appendix 2 – KPI Rep Managed Care, Safeguarding and Quality

Managed Care, Safeguarding and Quality Care REPORT CARD – September 2015

Brief Description of the Service

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.

This service area focuses on the needs of individuals who have complex needs, mental health difficulties, who are vulnerable and may be subject to abuse, who may be deprived of their liberty illegally and who live in a residential care home and require reviews of their packages.

The Disability Team is made up of a Team Manager, Deputy, Consultant, qualified Social Workers, Community Well Being Officer and Housing Options officer((who works across Adult Services). This team supports people with complex needs and aims to support the person to identify positive outcomes and provide options in the community to achieve these outcomes.

The Safeguarding and Quality Team is made up of a Team Manager, Deputy, qualified Social Workers, Quality and Review Officers, Best Interest Assessors, POVA Coordinator. This team ensures that Adult Protection processes are in place and vulnerable individuals are protected, that individuals who are highly supported environments are not deprived of their liberty illegally and that people living in care homes are receiving appropriate services and their quality of life is at the maximum.

Key Priorities for 2014/15

- To re-model and restructure services to deliver the priorities of the Transforming Adult Social Care Programme and the Corporate priority Improving Outcomes, Improving Lives
- To ensure that Adult Services are aligned to and compliant with the new Social Service and Well Being Act 2014
- To deliver £1.2 million 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.
- To embed a progression based model of social care so that outcomes of people are at the heart of our services.
- Ensure that families and carers are supported and have access to effective networks of support

Key Priorities for 2015/16

- To deliver on the £1.2 million FFP savings target
- To embed and implement the new Disability/Complex needs operational model and ensure that resources are appropriately aligned.
- Ensure that families and carers are supported and have access to effective networks of support
- To implement and embed a quality assurance process across

The two Community Mental Health Teams are integrated with ABMU Health Board and are made up of Team Manager, Deputy, Social workers, Community Well Being Officer as well as Health staff such as Community Psychiatric Nurses, Occupational Therapists, Psychologist and Psychiatrists. They provide multi disciplinary support to people with enduring and complex mental health difficulties and are subject to the Mental Health Measure which is a specific piece of Welsh Government legislation.

all teams to measure performance and support improved practice. .

- To ensure that effective and stringent budget management processes are in place to prevent increased budget pressures.
- To ensure that the Pathways to Independence project is applied across all services areas so that packages are right sized and priced and outcomes are identified for people.
- To ensure that Safeguarding processes are implemented effectively so that vulnerable people are protected and free from harm.
- To ensure that Deprivation of Liberty legislation is implemented and people are not illegally deprived of their liberty
- To ensure that we implement an effective system of reviewing peoples' care plans in residential care and Shared Lives.
- Ensure that the Shared Lives Scheme is delivered effectively and is outcome based.
- Ensure that Direct Payments is priority option for all new and existing people supported by Adult Services.
- To ensure that people with Mental Health difficulties are supported effectively and their outcomes are met

- To ensure that there is an effective and seamless transition process in place for young people coming through into adulthood and who may require support from Adult Services.
- To ensure that we maximise every opportunity to identify people Health needs and that the Continuing Health care process is applied appropriately.
- Ensure that the programme of cultural change is implanted in co production with People Too.

How Are We Doing

Corporate Measures:

2014

- FFP savings in 2014/15 have been over delivered and approximately ££1.4m has achieved of the original £2.6m target.
- The services were successfully restructured and delivered on 245k savings. All staff started to be transferred to their new teams and operational policies started to be developed including a criteria for Complex Needs. Capacity has been a challenge but resources have been successfully aligned to meet the demand
- New teams, roles, responsibilities and re focusing of services were implemented .
- Effective budget Management measures were in place.
- Pathways to Independence continued to deliver significant improvements to peoples outcomes and FFP saving targets.
- Safeguarding processes were in place and continue to effectively protect vulnerable adults and keep them free from harm
- Integrated Community Mental Health Services continued to effectively deliver the outcomes required as identified under the Mental Health Measure
- Increased cares assessments and carers champions identified in each team to promote the needs of carers.

Outstanding Measure	To be completed
<ul style="list-style-type: none"> • To ensure that Deprivation of Liberty legislation is implemented and people are not illegally deprived of their liberty 	<p>April 2015</p>
<ul style="list-style-type: none"> • To ensure that we implement an effective system of reviewing peoples' care plans in residential care and Shared Lives. 	<p>May 2015</p>
<ul style="list-style-type: none"> • Ensure that the Shared Lives Scheme is delivered effectively and is outcome based 	<p>May 2015</p>
<ul style="list-style-type: none"> • Ensure that Direct Payments is priority option for all new and 	<p>April 2015-09-23</p>

<p>existing people supported by Adult Services</p> <ul style="list-style-type: none"> • To ensure that there is an effective and seamless transition process in place for young people coming through into adulthood and who may require support from Adult Services. • To ensure that we maximise every opportunity to identify people Health needs and that the Continuing Health care process is applied appropriately. 	<p>April 2015-09-23</p> <p>October 2015</p>
<p>Progress 2015</p>	
<ul style="list-style-type: none"> • To ensure that the FFP target of £2.6 m continues to delivered. -This continues to be on track due to strict budget management measures and the Pathways to Independence project. • To embed and implement the new Disability/Complex needs operational model and ensure that resources are appropriately aligned.-This continued to be embedded successfully ,all team and staff in place with some delay over transfer of cases across teams which has been resolved. • To implement and embed a quality assurance process across all teams to measure performance and support improved practice. Following support from external consultancy, a new quality assurance framework was developed and developed. This has supported the implementation of a more effective system of measuring and managing performance and is now embedded into practice. • To ensure that Deprivation of Liberty legislation is implemented and people are not illegally deprived of their liberty.-Following the Cheshire West judgement in March 2014,we have developed a robust response in terms of dedicated staff and resources supported by the Corporate centre. 	

- **To ensure that we implement an effective system of reviewing peoples' care plans in residential care and Shared Lives.**-This was developed as part of a wider integrated approach to supporting individuals in highly supported settings and has been implemented This is reported in more detail in a separate report.
- **Ensure that the Shared Lives Scheme is delivered effectively and is outcome based.**-A regional approach was developed with the City and County of Swansea and Bridgend County Borough Council and a plan to outsource the scheme has been implanted and is now in place
- **Ensure that Direct Payments is priority option for all new and existing people supported by Adult Services**-A robust and detailed plan of promoting and increasing the usage of DP was developed and is on track for full implementation.
- **To ensure that there is an effective and seamless transition process in place for young people coming through into adult hood and who may require support from Adult Services.**-This was developed and has been fully implemented.
- **To ensure that we maximise every opportunity to identify people Health needs and that the Continuing Health care process is applied appropriately.**-A specialist post has been identified and appointed to and the work plan is developing

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

PERFORMANCE DATA FOR DISABILITY & SAFEGUARDING & QUALITY TEAMS - APRIL TO AUGUST 2015

Brand New Referrals Screened to Team (<i>Secondary Referrals</i>)	APR	MAY	JUN	JUL	AUG
Disability - Community Network	5 (1)	10 (2)	14 (3)	8 (0)	5 (0)
Safeguarding & Quality - Community Network	4 (9)	1 (0)	2 (8)	3 (5)	10 (1)

First Assessments Completed by Team	APR	MAY	JUN	JUL	AUG
Disability - Community Network	7	10	9	6	7
Safeguarding & Quality - Community Network	7	22	13	31	23

First Care Plans Completed by Team	APR	MAY	JUN	JUL	AUG
Disability - Community Network	1	2	3	3	2
Safeguarding & Quality - Community Network	5	9	8	23	11

Unallocated Cases by Team	APR	MAY	JUN	JUL	AUG
Disability - Community Network	33	21	21	55	26
Safeguarding & Quality - Community Network	58	44	14	76	71

Number of Cases Open by Team	APR	MAY	JUN	JUL	AUG
Disability - Community Network	577	601	597	604	551
Safeguarding & Quality - Community Network	325	255	275	624	616

Number of New Cases Allocated by Team	APR	MAY	JUN	JUL	AUG
Disability - Community Network	68	46	87	294	55
Safeguarding & Quality - Community Network	77	73	58	542	31

Number of Cases Closed by Team	APR	MAY	JUN	JUL	AUG
Disability - Community Network	38	39	82	38	28
Safeguarding & Quality - Community Network	65	93	117	60	38

Average Staff Caseloads by Team	Apr	May	Jun	Jul	Aug
Disability - Community Network	28.47	31.7	31.22	42.42	38.36
Safeguarding & Quality - Community Network	22.67	16.93	20.92	51.25	61.7

Direct Payments	Apr	May	Jun	Jul	Aug
Mental Health	6	6	6	6	6
LD	82	82	84	86	86

Vulnerable Adults	Apr	May	Jun	Jul	Aug
PoVA referrals received	28	23	23	12	9

PoVA Alerts received	11	21	18	18	20
PoVA referrals completed	0	4	1	12	1
PoVA referrals received from Care Home	12	7	7	1	6

DoLS	Apr	May	Jun	Jul	Aug
Total Received and Input on database	42	55	99	79	67
Location					
<i>In Local Authority</i>	37	45	95	74	64
<i>Other LA Wales</i>	4	9	3	3	1
<i>Other LA England</i>	0	1	1	1	0
Type of Request					
<i>Standard</i>	32	28	45	47	29
<i>Standard Following Urgent</i>	6	12	10	15	19
<i>SA5</i>	3	15	44	16	17
Standard Authorisation Issued					
<i>In Progress</i>	7	15	46	49	8
<i>Yes</i>	23	26	43	23	50
<i>No</i>	11	14	10	6	6

PERFORMANCE DATA FOR CMHT - APRIL TO AUGUST 2015

Brand New Referrals Screened to Team (<i>Secondary Referrals</i>)	APR	MAY	JUN	JUL	AUG
CMHT - Forge	26 (22)	23 (16)	14 (10)	21 (10)	19 (13)
CMHT - Gelligron	11 (5)	14 (4)	36 (18)	38 (10)	28 (5)

Unallocated Cases by Team	APR	MAY	JUN	JUL	AUG
CMHT - Forge	0	3	0	3	3
CMHT - Gelligron	1	1	1	6	5

Number of Cases Open by Team	APR	MAY	JUN	JUL	AUG
CMHT The Forge	253	266	250	238	240
CMHT Gelligron	346	343	369	373	360

Number of New Cases Allocated by Team	APR	MAY	JUN	JUL	AUG
CMHT The Forge	33	34	21	31	16
CMHT Gelligron	29	28	43	50	36

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Number of Cases Closed by Team	APR	MAY	JUN	JUL	AUG
CMHT The Forge	42	35	44	49	24
CMHT Gelligron	42	25	44	43	40

Average Staff Caseloads by Team	Apr	May	Jun	Jul	Aug
CMHT The Forge	14.06	16.53	15.89	15.12	16.5
CMHT Gelligron	26.15	25.92	28.08	28.54	27.69

Direct Payments	Apr	May	Jun	Jul	Aug
Mental Health	6	6	6	6	6

Performance Indicators are currently reported separately as a whole Adult Service but this will be addressed in the future design of the Dashboard

Sickness Report

To reduce sick to 5% - This was **3.5%** in July and this has reduced to 3.2% in August. The service is continuing to manage sick by a zero tolerance in applying the policy and trialling the new Long Term Absence Management Pilot to promote early intervention and get staff back to work sooner. There is a good example of a member of staff who was on sickness absence for six weeks but returned to work as a result of early intervention and support by Wellbeing Services, support from GP and support from management. Having a dedicated HR Officer to support managers has had a significant impact in addressing some of the long-term sick cases. This will be continued to be closely scrutinised and the sick should continue to reduce towards the 5% target required.

Next Key Actions For 2015/16

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	Who	By When
Alongside higher overarching Key Actions we as a Team propose to:		
<ul style="list-style-type: none"> Ensure that Pathways to Independence continues to deliver the identified FFP savings and improve outcomes for people 	SG	Reported on fortnightly basis
<ul style="list-style-type: none"> Support and strengthen social work practice through the Culture Change Programme. This is critical to ensure practice is changed to respond to the new Social Services and Well Being Act. 	SG/LB/AG	Programme of change is being developed by Peopletoo
<ul style="list-style-type: none"> Continue to strengthen the budget management and monitoring processes. 	SG	In place
<ul style="list-style-type: none"> Ensure Direct Payments is a priority for all social work staff and that it is promoted and supported at all levels. 	All	Monitored weekly
<ul style="list-style-type: none"> Ensure carers are supported and services provided to prevent breakdown. 	SG	In place and to be monitored
<ul style="list-style-type: none"> Continue to develop accommodation options and work with high quality providers 	SG	In place and monitored through Accommodation Group

<ul style="list-style-type: none"> • Work closely with Childrens services and other young persons services to ensure Transition Protocol is delivered as early as possible 	SG	In place and monitored through Tracking and Planning Group Monthly basis
<ul style="list-style-type: none"> • Ensure that Continuing Health Care is considered where appropriate and that the dedicated worker supports this process 	SG/LB	Post appointed to and monitor through CHC group and spreadsheet on monthly basis

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care Health and Housing Scrutiny Committee

8th October 2015

Report of the Social Care Health and Housing Scrutiny Committee– Cllr Doreen Jones (Chair)

Matter for: Decision

Wards Affected:

All Wards.

Scrutiny Recommendations following the inquiry into Section 33 of the National Health Service (Wales) Act 2006 overarching partnership agreement.

Purpose of the Report

1. To make recommendations to the Social Care, Health and Housing Cabinet Board in relation to the proposed s.33 agreement between the Local Authority and the Abertawe Bro Morgannwg University Health Board (AMBU) following a half day inquiry.

Executive Summary

2. On September 17th 2015, the Social Care Health and Housing Scrutiny (SCHH) Committee held a half day inquiry into the proposed s.33 agreement between the Local Authority and ABMU Health Board. The proposed s.33 agreement represents a significant commitment from the Local Authority and Members of the SCHH Scrutiny Committee wanted to

assure themselves of what the agreement entails, that it is fit for purpose and that the ongoing governance met its requirements.

3. Members received detailed background information including the initial business case and the proposed s.33 agreement and during the session received detailed presentations from:
 - Claire Marchant (Head of Community Care & Commissioning Services NPTCBC)
 - Louise Barry (Community Services Manager, Community Networks)
 - Andy Griffiths (Community Services Manager, Community Resource Team)
 - Hilary Dover (ABMU Locality Director)
4. Members considered in detail the information provided to them and asked detailed questions on the substance of the proposed agreement.
5. They formed the following recommendations to present to the SCHH Cabinet Board for consideration when the proposed s.33 agreement is presented to them for decision.

Members of the SCHH Scrutiny Committee were supportive of the proposed s.33 agreement overall but would make the following recommendations:

-s.13 Scrutiny: Members welcomed reference to Scrutiny but felt the section needed to be strengthened to make explicit reference that the SCHH Scrutiny Committee receives quarterly overview reports which will include budget, performance and complaints data. These reports will be presented to the Committee by the Pooled Fund Manager and the ABMU Locality Manager will attend on request.

-s.15.6/15.7 'Reasonable Endeavours': Members have requested that this section is further explained by Legal Representatives with a view to providing clarity on the meaning of the context contained within the report.

- s.16 Variations: Members have requested that this section is further explained by Legal Representatives with a view to providing clarity on the meaning of the context contained within the report.

- That the Western Bay Programme Manager is invited to attend a meeting of the SCHH Scrutiny Committee to present an overview of the Western Bay programme and the project streams therein.

Financial Impact

6. There are no direct financial impacts in relation to this report and the financial implications are highlighted in the associated Cabinet Board report.

Equality Impact Assessment

7. There is no requirement to undertake an Equality Impact Assessment on this report as one has been undertaken in relation to Delivering Improved Community Services for Older People and is included with the Cabinet Board Papers.

Workforce Impacts

8. There are no workforce impacts associated with this report.

Legal Impacts

9. A Section 33 National Health Service (Wales) Act 2006 agreement is a legally binding document and was considered by the Committee during their inquiry.

Risk Management

10. Failure to implement the recommendations contained within the report would undermine the democratic process.

Consultation

11. There is no requirement under the Constitution for external consultation on this item.

Recommendations

12. Members of the SCHH Scrutiny Committee were supportive of the proposed s.33 agreement overall but would make the following recommendations:
13. s.13 Scrutiny: Members welcomed reference to Scrutiny but felt the section needed to be strengthened to make explicit reference that the SCHH Scrutiny Committee receives quarterly overview reports which will include budget, performance and complaints data. These reports will be presented to the Committee by the Pooled Fund Manager and the ABMU Locality Manager will attend on request.
14. s.15.6/15.7 'Reasonable Endeavours': Members have requested that this section is further explained by Legal Representatives with a view to providing clarity on the meaning of the context contained within the report.
15. s.16 Variations: Members have requested that this section is further explained by Legal Representatives with a view to providing clarity on the meaning of the context contained within the report.
16. That the Western Bay Programme Manager is invited to attend a meeting of the SCHH Scrutiny Committee to present an overview of the Western Bay programme and the project streams therein.

Reasons for Proposed Decision

17. For the SCHH Cabinet Board to consider the views of the SCHH Scrutiny Committee following their inquiry into the proposed s.33 agreement when considering the decision.

Implementation of Decision

18. The decision is proposed for implementation after the three day call in period

List of Background Papers

[http://modern.gov.neath-porttalbot.gov.uk/Data/Cabinet/20140514/Agenda/\\$CAB-140514-REP-SS-CM.docx.pdf](http://modern.gov.neath-porttalbot.gov.uk/Data/Cabinet/20140514/Agenda/$CAB-140514-REP-SS-CM.docx.pdf)

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