



**SOCIAL CARE, HEALTH AND HOUSING CABINET
BOARD**

***Immediately Following Scrutiny Committee on
*THURSDAY, 18 FEBRUARY 2016***

****COMMITTEE ROOMS 1/2 - PORT TALBOT CIVIC CENTRE***

****PLEASE NOTE DATE AND VENUE***

PART 1

1. To agree the Chairperson for this Meeting.
2. To receive any declarations of interest from Members.
3. To receive the Minutes of the previous Social Care, Health and Housing Cabinet Board held on 21 January, 2016 (*Pages 3 - 6*)

To receive the Report of the Director Of Environment

4. Transfer of Responsibilities to Environment Services
(*Pages 7 - 12*)

To receive the Report of the Director of Social Services, Health and Housing

5. Provider Support for Administering Direct Payments
(*Pages 13 - 22*)
6. Update - Delivery of the Integrated Community Resource Team
(*Pages 23 - 36*)

To receive the Report of the Head of Business Strategy and Public Protection

7. Quarter 3 Performance Management Data (*Pages 37 - 52*)
8. **To receive the Forward Work Programme 2015/16**
(*Pages 53 - 54*)
9. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Statutory Instrument 2001 No 2290 (as amended).

S.Phillips
Chief Executive

Civic Centre
Port Talbot

Thursday, 11 February 2016

Cabinet Board Members:

Councillors: J.Rogers and P.D.Richards

Notes:

- (1) *If any Cabinet Board Member is unable to attend, any other Cabinet Member may substitute as a voting Member on the Committee. Members are asked to make these arrangements direct and then to advise the committee Section.*
- (2) *The views of the earlier Scrutiny Committee are to be taken into account in arriving at decisions (pre decision scrutiny process).*

EXECUTIVE DECISION RECORD**CABINET BOARD - 21 JANUARY, 2016****SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD****Cabinet Board Members:**

Councillors: J.Rogers (Chairperson) and P.D.Richards

Officers in Attendance:

Mrs.A.Thomas, N.Jarman and Mrs.T.Davies

1. APPOINTMENT OF CHAIRPERSON

Agreed that Councillor J.Rogers be appointed Chairperson for the meeting.

2. MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD HELD ON 17 DECEMBER, 2015

Noted by the Committee.

3. ANNUAL REPORT - CARERS' INFORMATION AND CONSULTATION STRATEGY 2013 - 2016**Decision:**

That the report be noted.

4. CHANGES TO THE WAY IN WHICH ADULT SOCIAL CARE SERVICES WILL BE DELIVERED IN LINE WITH THE NEW SOCIAL SERVICES AND WELLBEING ACT (WALES) 2014

Members noted the verbal amendments given by Officers at the Scrutiny Committee, which are shown below as highlighted in bold and italics:

Sustainability

In the current financial climate the council needs to identify **the most** cost effective ways to support its vulnerable adults and carers, while still providing services that meet the increasing levels of complex conditions and needs. In offering choice to individuals, **the** allocation of public funding must take into account not only individual eligible need but also the overall demand for finite resources. Ultimately, the Council will have to consider how needs identified in the Social Care Assessment can be met in **a way which is both** cost effective **and ensures a fair allocation of scarce resources among those requiring support.**

Every case will be decided on an individual basis, however in the interests of responsible financial management the Local Authority has to look at the levels of social care provision in the community, and therefore the following will apply:

- When a care and support package is being designed, the council will ensure the cost effectiveness of the community package will meet the assessed needs. This will take into account the personal outcomes of the service users and the range of provision available in NPT.
- Direct Payments will be actively promoted to enable individuals to maximise their choice and independence.
- Only Neath Port Talbot funding will be taken into consideration when determining the cost of a community care package. NHS and Independent Living Fund monies will be excluded from these cost calculations.

When the cost of a support package exceeds what can be provided through social care in the community, the council will work with service users and carers to explore a range of options to ensure that individual's preferred package of support can be provided. This **may** include service users supplementing the Council's allocated resources via alternative means such as; private resources/personal assets, benefits, Continuing Health Care, community resources, and/or third sector. However, the Care Manager must be satisfied that the final support plan meets eligible need and that any risk is managed in line with Neath Port Talbot's Positive Risk Taking Framework.

Decision:

That the report be noted.

5. **MEDICATION POLICY**

Decision:

That the updated Medication Policy and Medication Handbook, as detailed within the circulated report, be approved.

Reason for Decision:

To ensure that providers of domiciliary care services are assisted in carrying out the administration of medication for service users, where the service user is unable to do so.

Implementation of Decision:

The decision will be implemented after the three day call in period.

Consultation:

This item has been subject to external consultation.

6. **FORWARD WORK PROGRAMME 2015/16**

Decision:

That the Forward Work Programme be noted.

CHAIRPERSON

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD
REPORT OF THE DIRECTOR OF ENVIRONMENT – G.NUTT

18 FEBRUARY 2016

SECTION A – MATTER FOR DECISION

WARDS AFFECTED: ALL

TRANSFER OF DELEGATED AUTHORITY FROM THE DIRECTOR OF SOCIAL CARE, HEALTH AND HOUSING TO THE DIRECTOR OF ENVIRONMENT FOLLOWING THE TRANSFER OF THE ENVIRONMENTAL HEALTH AND TRADING STANDARDS FUNCTION TO THE ENVIRONMENT DIRECTORATE

Purpose of Report

1. To seek approval for the transfer of delegated authority to make decisions associated with the Environmental Health and Trading Standards function of the Authority to the Environment Directorate.

Executive Summary

2. Approval was granted by the Personnel Committee on the 11th January 2016 to transfer the Environmental Health and Trading Standards service from the Social Services Directorate to the Environment Directorate. It is now necessary to transfer all the associated delegated authorisations to officers over to the Environment Directorate to ensure that the service can continue to be delivered. Such a transfer needs to be authorised by the Social Care, Health and Housing Cabinet Board.

Background

3. On the 11th of January 2016, Personnel Committee approved the transfer of the Environmental Health and Trading Standards Service from the Social Services Directorate to the Environment Directorate.

The transfer of responsibilities also included the need to restructure the service to secure improvements in service delivery and to deliver the associated savings required as part of the Council's Forward Financial Plan. In order for the Environment Directorate to manage the service going forward, it is now necessary to transfer delegated responsibilities from the Director of Social Services, the Head of Business Strategy and Public Protection and the Principal Officer of Environmental Health and Trading Standards to the Director of Environment and the Head of Planning and Public Protection. It should be noted that the pest control function currently undertaken by Environmental Health will be transferred to the Head of Streetcare, however it is not necessary to transfer the legislative powers associated with this function as they are already held by the Head of Streetcare due to the existence of similar functions responsible to this post.

4. The transfer of responsibilities referred to above will enable the delivery of the service going forward within the Environment Directorate. All of the Powers listed below will need to be transferred to the Director of Environment and the Head of Planning and Public Protection. These Officers are also delegated to authorise individual competent and qualified Officers to act under the items of legislation listed. For ease of reference the powers to be transferred are as follows:
5. **Powers to be transferred from the Director of Social Services, Health and Housing to the Director of Environment**
6. The following Proper Officer Provisions set out on page 3.114 of Part 3 of the current Constitution (Version 13.08.15)
 - (1) Proper Officer Appointments
 - (iii) Public Health Act 1936 Section 79 - removal of noxious matter.
 - (iv) Clean Air Acts - authentication of notices thereunder.
 - (v) Food Safety Act 1990 Section 19 - registration of premises used as a food business.
 - (vi) Public Health (Control of Disease) Act 1984 Section 46 - Burial and Cremation.
 - (vii) Local Government Act 1972 - Section 234(1) and (2) authentication of all Notices, Orders or Documents for the purpose of approved delegated powers.

7. **Powers to be transferred to the Director of Environment, the Head of Planning and Public Protection and the Environmental Health and Trading Standards Manager**
8. Paragraph “(c) Environmental Health and Trading Standards” of the Delegation Arrangements to the Director of Social Services Health and Housing set out in Pages 3.122 to 3.139 of Part 3 of the current Constitution (Version 13.08.15) sets out the legislation relevant to the Environmental Health and Trading Standards functions of the Authority and currently delegated to the Director of Social Services, Health and Housing; the Head of Business Strategy and Public Protection; the Principal Officer – Environmental Health and Trading Standards.
9. These powers are now to be transferred as follows:
10. (A) The Director of Social Services delegated powers are to be transferred to the Director of Environment
11. (B) The Head of Business Strategy and Public Protection’s powers are to be transferred to the Head of Planning and Public Protection.
12. (C) The Principal Officer Environmental Health and Trading Standards’ powers are to be transferred to the Environmental Health and Trading Standards Manager.
13. **Animal By-Products (Enforcement) (Wales) Regulations 2014**
14. The European Communities Act 1972, under which this secondary legislation is made already appears in Schedule 1 of Paragraph (c) of the delegation arrangement to the Director of Social Services Health and Housing in the Constitution (pages 3.130 – 3.139 of the current Constitution (Version 13.08.15)) . Legal advice that has been received recommends that as there are likely to be a large number of pieces of secondary legislation made under this Act that there is a need to be specific in terms of the secondary legislation that we delegate to Officers. We also request that Members agree to add this legislation to Schedule 1 and to delegate authority under this legislation to the Director of Environment the Head of Planning and Public Protection and the Environmental Health and Trading Standards Manager so that they in turn may authorise competent staff to act under this legislation.

Financial Impact

15. The budget associated with the delivery of the Environmental Health and Trading Standards service is to be transferred to the Environment Directorate with effect from the 1st April 2016. The Forward Financial Plan proposed for 2016/17 identifies the need for £200,000 to be saved as a consequence of the transfer of responsibilities to the Environment Directorate. A schedule of savings are being pursued to secure this target whilst also ensuring a continuation of service delivery.

Equality Impact Assessment

16. A Screening Assessment has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. After completing the assessment it has been determined that this proposal does not require an Equalities Impact Assessment.

Workforce Impact

17. The staff currently working within Environmental Health and Trading standards have been transferred to the Environment Directorate following approval by the Personnel Committee in January 2016.

Legal Impact

18. The transfer of delegated arrangements as described within this report is essential to enable the council to continue to deliver the services of Environmental Health and Trading Standards in accordance with the legislation.

Risk Management

19. All risks and associated measures to address those risks relating to the Environmental Health and Trading Standards function as specified within the Head of Business Strategy and Public Protection's Business Plan will be transferred to the Head of Planning and Public Protection's Business Plan and if necessary the Corporate Risk register.

Consultation

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

Recommendations

21. (1). That the delegation arrangements currently in force and set out in Paragraph (c) of the delegation arrangements to the Director of Social Services Health and Housing in the current Constitution (Version 13.08.15) as reiterated in the report above be transferred to the Director of Environment, The Head of Planning and Public Protection and the Environmental Health and Trading Standards Manager respectively
- (2). That the Head of Legal Services be authorised to seek amendment of the Constitution by the Council in due course in order to reflect the above changes to the delegation arrangements within the Constitution [version 13.08.15]

Reason for Proposed Decisions

22. To ensure that the Constitution reflects changes to responsibilities and as such identifies the delegated powers required to deliver on those responsibilities.

Implementation of Decision

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

List of Background Papers

24. Report to Personnel Committee on the 11th January 2016

Officer Contact

25. Nicola Pearce, Head of Planning. Tel: 01639 686680 or email:n.pearce@npt.gov.uk

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

**SOCIAL CARE, HEALTH AND HOUSING
CABINET BOARD**

18 FEBRUARY 2016

**REPORT OF THE DIRECTOR OF SOCIAL SERVICES, HEALTH
AND HOUSING – N. JARMAN**

SECTION A – MATTER FOR DECISION

WARD(S) AFFECTED:

All Wards

TITLE OF REPORT

**Provider Support for administering Direct Payments
(DPs)**

Purpose of the Report

The purpose of the report is to seek member approval to establish a Framework Agreement for the provision of Payroll Services (including Pension Auto Enrolment), Managed Account Services/Enhanced Managed Account Services and a Direct Payments 'Suitable Persons' Service.

Executive Summary

In conjunction with City and County of Swansea (CCS), Bridgend County Borough Council (BCBC), Neath Port Talbot County Borough Council (the Council) tendered for a new Direct Payment Support Service (DPSS) in May 2014. Tender evaluations and interviews took place in July 2014 and a new provider, Dewis CIL, won the tender and was notified to that effect in August 2014. The contract commenced on the 1st November 2014 for Dewis CIL to provide a Western Bay wide regional DPSS. New legislation and provisions in Statutory Guidance have subsequently required the Council to make new arrangements to ensure that people who need services are offered a wider choice of provision. Consequently, the Council received approval via an Officer Executive Urgency Action on 8th October 2015 to withdraw from the contract. The Council has since given the City & County of Swansea 6 months' notice and the current contract with Dewis CIL will cease on 31st March 2016. Therefore, the Council needed to establish alternative arrangements to deliver Direct Payments as soon as possible. This requirement was met through the mechanism of the Urgency Action Report referred to above, and temporary arrangements were put in place to ensure continuity of service. This arrangement expires in April 2016 but will, in the interim, have supported many more people to access a DP.

Parallel to these developments, a new 'in-house' Council DP Support Team was established. Discussions with the Council's internal payroll service were also commenced with a view to them becoming one of the providers of payroll services for DP recipients. This is a promising development but due to the requirement to develop a specific computer software programme to enable the service to be offered, is unlikely to come on stream until Summer 2016 at the earliest. In order to deliver upon the Welsh Government's aspiration that the widest possible choice of service provision and support provider should be available to people requesting a DP, officers assess that an Approved List of Providers should be put in place.

This report seeks Members' approval to establish an Approved List from April 2016 onwards via a modified e-tender Wales action for the provision of Payroll Services (including Pension Auto Enrolment), Managed Account Services/Enhanced Managed Account Services (these are types of supported bank accounts for those who cannot manage them without support) and a Direct Payments Suitable

Persons Service. The establishment of an Approved List which can be regularly refreshed as new providers (including the Council's own services) come on stream will stimulate new, person-centred, services and offer economies in cost. A 'Suitable Person' is required in legislation to act as the employer where a person using services lacks the mental capacity to take on the role. As of January 2016, the Council has established the first 'Suitable Person' service in Wales which means that people who might otherwise be unable to access a DP will be able to do so.

Background

The requirements of the new Social Care and Wellbeing (Wales) Act 2014 have to be implemented from 1st April 2016. The Act has eleven parts. Part 2 refers to general duties, including promoting the well-being of people who need care and support and carers who need support; requires the promotion by local authorities of social enterprises, co-operatives, user led services and the third sector in the provision in their areas of care and support and support for carers.

Part 4 (meeting needs) provides for: the circumstances in which needs for care and support or support for carers may or must be met by local authorities. How needs are to be met with DPs as one arrangement for meeting needs and also referring to the support which a local authority must provide or arrange for persons to whom it makes direct payments. DPs provide a number of distinct benefits in satisfying the requirements of the new Act, particularly in promoting well-being, by increasing choice of service provision, in particular:

- Flexibility of use of funds for whatever community services best suit assessed needs (i.e. not just homecare at set times)
- Can match carer with same interests as service user
- Continuity of carer
- Reviewing and understanding costs of care

DPs are the largest single item in the Council's saving schedule for 2016-17. The Council, therefore, is targeting a significant increase in the future take up of DPs and needs arrangements in place which will

be able to accommodate this increase in demand. To this end and owing to the constraints of the contract notice, Members decided on the 26th of November 2015 at Social Care, Health and Housing Cabinet Board that it was in the best interests of the Council and people using services to bring the advice and development areas in house and to have the payroll and managed accounts service delivered by a third party. This is due to the complexity and resource demands a payroll and managed accounts service would bring to the Council in the short term. Looking further into the future, it is intended the Council will establish a payroll and managed accounts service in-house, but setting up this service will take a little longer than setting up the advice, Personal Assistant Register and development areas as we do not currently have the necessary IT and processes in place to start this service now.

The Council will offer DPSS providers the opportunity to put their service offer on to an Approved List. The Approved List gives no guarantees of business as people using services will choose their own support provider, information about which will be available to them on the DP pages of the Council approved 'info - engine' website. The Council will not be contracting with any of these organisations, we will instead be adopting a criteria that all organisations will have to comply with if they wish to be appointed to the Approved List.

Financial Impact

The proposals within this report have no impact on the Council's Financial Estimates.

Workforce Impact

This arrangement will support jobs within the Council as new in-house Direct Payment support services come on stream. In addition, the arrangements will stimulate employment in the community with the growth of new opportunities for flexible working and the development of new small businesses in the DP support sector.

Equality Impact Assessment ("EIA")

An Equality Impact Screening Form has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. An overview of the EIA has been included in this report in summary form only. It is essential that Members read the Equality Impact Screening Form, which is attached to the report at Appendix 1.

All the Council's DP service users are known to Adult Social Services and Children and Young Peoples Services therefore information on all protected characteristics are held on the Client Index. Based on an analysis of this information to date no adverse impact on any of the known protected characteristic groups is anticipated.

The proposal for the payroll, managed accounts and suitable person's service delivered by a third party will not have a negative impact on the service user's level and type of service.

Legal Impacts

The proposed model of service provision would ensure compliance with the new Social Services and Well-being Act 2014 (Wales).

Although the Council will not in fact be purchasing any services from the organisations being appointed to the proposed Approved List. It does propose advertising the opportunity to ensure opportunities for all organisations, provided they satisfy the requirement of the Council to apply to this list. This will assist the Council in ensuring it is acting in accordance with principles of non-discrimination, equal treatment, transparency, mutual recognition and proportionality

Risk Management

Those DP Support Services having the highest level of assessed risk will now be managed in - house in order that the Council can have the highest level of confidence in the arrangements. Externally provided services carry appropriate levels of indemnity and insurance in order to ensure that people using services are fully protected as is the Council itself.

Consultation

This item has been included in the Forward Work Programme

Recommendations

It is recommended that Members approve the establishment of an Approved List of providers for Direct Payment Support Services including the granting of Delegated Authority to Officers to open up access to the list for new providers on a regular basis.

Reasons for Proposed Decision

The decision to grant permission for the establishment of an Approved list of Direct Payment Support Services will ensure that people wishing to have access to a Direct Payment will be able to do so in a way which supports their choices whilst simultaneously ensuring that the Council is able to meet its legal obligations.

Implementation of Decision

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

Appendices

Appendix 1: Equality Impact Assessment

Officer Contact

Paul Davies - DP Support Lead. Cimla Hospital: Email: p.davies7@NPT.gov.uk. Tel: 01639 686812

Equality Impact Assessment Screening Form

Please ensure that you refer to the Draft Screening Form Guidance while completing this form. If you would like further guidance please contact Corporate Strategy or your directorate Heads of Service Equality Group Champion.

Section 1
What service area and directorate are you from?
Service Area: Community Care & Commissioning
Directorate: Social Services, Health and Housing

Q1 (a) What are you screening for relevance?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(b) Please name and describe below

The proposal is to seek Cabinet approval to establish a Framework Agreement from April 2016 through the putting in place of an Approved List for the provision of Payroll Services both internal and external (including Pension Auto Enrolment), Managed Account Service / Enhanced Managed Account Service and a Direct Payments Suitable Persons Service. Direct Payments are the largest single item in the Council's saving schedule for 2016-17. The Council, therefore, is targeting a significant increase in the future take up of direct payments and needs arrangements in place which will be able to accommodate this increase in demand.

Q2 (a) What does Q1a relate to?

Direct front line
service delivery

Indirect front line
service delivery

Indirect back room
service delivery

(H)

(M)

(L)

(b) Do your customers/clients access this service...?

Because they
need to

Because they
want to

Because it is
automatically provided to
everyone in NPT

On an internal
basis
i.e. Staff

(H)

(M)

(M)

(L)

Q3 What is the potential impact on the following protected characteristics?

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q4(a) How visible is this service/function/policy/procedure/ project/strategy to the general public?

High visibility to general public <input type="checkbox"/> (H)	Medium visibility to general public <input type="checkbox"/> (M)	Low visibility to general public <input checked="" type="checkbox"/> (L)
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(b) What is the potential risk to the council's reputation? (Consider the following impacts – legal, financial, political, media, public perception etc...)

High risk to reputation <input type="checkbox"/> (H)	Medium risk to reputation <input type="checkbox"/> (M)	Low risk to reputation <input checked="" type="checkbox"/> (L)
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Q5 How did you score?

Please tick the relevant box

MOSTLY **H** and/or **M** → HIGH PRIORITY → EIA to be completed

Please go to Section 2

MOSTLY **L** → LOW PRIORITY / → Do not complete EIA

NOT RELEVANT

Please go to Q6 followed by
Section 2

Q6 If after completing the EIA screening process you determine that this service/function/policy/project is not relevant for an EIA you must provide adequate explanation below (Please use additional pages if necessary).

All 275+ NPTCBC Direct Payment service users are known to Adult Social Services and Children and Young Peoples Services therefore information on all protected characteristics are held on the Client Index. Based on an analysis of this information to date no adverse impact on any of the known protected characteristic groups is anticipated. The proposal for the payroll, managed accounts and suitable person's service delivered by a third party will not have a negative impact on the service user's level and type of service.

Section 2

Screener- This to be completed by the person responsible for completing this screening
Name: Paul Davies
Location: Cimla Hospital, Cimla, Neath SA11 3SU
Telephone Number: 01639 686812
Date: 8 th February 2016

Approval by Head of Service
Name:
Position:
Date:

Please ensure this completed form is filed appropriately within your directorate because it may be required as evidence should a legal challenge be made regarding compliance with the Equality Act 2010.

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH & HOUSING CABINET BOARD

18 FEBRUARY 2016

REPORT OF DIRECTOR OF SOCIAL SERVICES, HEALTH & HOUSING – N. JARMAN

Matter for Information

Wards Affected: ALL

UPDATE ON THE DELIVERY OF THE INTEGRATED COMMUNITY RESOURCE TEAM IN NEATH PORT TALBOT TO ME' SERVICE MODEL AND AGREEMENT BETWEEN NEATH PORT TALBOT COUNTY BOROUGH COUNCIL AND ABERTAWE BRO MORGANNWG HEALTH BOARD IN ACCORDANCE WITH SECTION 33 NATIONAL HEALTH SERVICE (WALES) ACT 2006

PURPOSE

- 1.1. The purpose of this report is to update Members on the progress in delivering the Integrated Community Resource Team (CRT) model following approval of the formal Section 33 (National Health Service (Wales) Act 2006) agreement between Neath Port Talbot County Borough Council (NPTCBC) and Abertawe Bro Morgannwg University Health Board (ABMU) in October 2015.

BACKGROUND

- 2.1. In September 2013 the Western Bay Health and Social Care Programme set out a joint commitment to work together to integrate and improve the planning and delivery of community services for older people, *Delivering Improved Community Services*. The commitment was a whole systems approach to addressing the challenges of the issues presented by an ageing population. It stated clearly the first phase of integration would focus on intermediate care services which in turn would act as a catalyst for change across the rest of the system. A detailed business case, *Delivering Improved Community Services –*

Business Case for Intermediate Tier Services' was developed. This was approved by the Social Services Health and Housing Cabinet Board in May 2014.

- 2.2. The crux of the *Delivering Improved Community Services* and the subsequent business case was; to achieve sustainable health and social services for frail or older people, we need to provide better assessment, care and support at lower cost; something that is impossible were we to be tied to traditional, silo-type forms of both health and social care delivery.
- 2.3. As a consequence of the business case, investment was made in an optimal intermediate care service model. The optimal model comprised 3 elements:
 - Common Access Point - an integrated common access point that consists of a multi-disciplinary team who are able to effectively triage callers and direct them to the most appropriate outcome: urgent clinical response, reablement, long term community network service, specialist mental health service or a third sector or community solution (e.g. housing)
 - Rapid Response - The rapid response service provide a rapid clinical response (doctor, nurse and/or therapist) for people who require immediate assessment, diagnosis and sometimes treatment who would otherwise be admitted to hospital. Clinical response is within 4 hours of referral.
 - Reablement – therapy led reablement helps people to retain or regain skills that they may have lost, due to hospital admission or illness, with the objective of minimising the need for ongoing domiciliary care and support.
- 2.4. In October 2015, Council approved a formal pooled fund arrangement for the delivery of the Intermediate Care Services between NPT CBC and ABMU HB in accordance with Section 33 of the National Health Service (Wales) Act 2006. In doing so Council required regular updates on the financial position and performance of the service.
- 2.5. This paper presents the most recent jointly approved financial report (Appendix 1) and the most recent performance management report (Appendix 2).

2.6. In summary – the financial forecast is that the service will complete the financial year in a balanced position. In terms of performance management and outcomes for citizens of NPT CBC, we have seen improvements in all key areas that the Intermediate Care Business case sought to deliver, specifically we have seen a reduction in the number of people entering residential care homes, a reduction in the number of new people requiring domiciliary packages of care and the Unscheduled Care admission rates to hospital for people aged over 65 and over 75 have reduced as has the unplanned readmission rate at 28 days. These represent a positive picture for the population of NPT.

APPENDICES

3.1. Appendix One – Finance Report
Appendix Two – Performance Report

LIST OF BACKGROUND PAPERS

4.1. None

OFFICER CONTACT

5.1. Andrew Griffiths, Integrated Community Services Manager –
Community Resource Team
Tel. No: 01639 862766
E-mail: Andrew.Griffiths8@wales.nhs.uk

POOLED FUND MANAGER**FINANCE REPORT****January 2016****Introduction**

The Intermediate care Section 33 has a budget of £4.9m, of which AMBU contribute £2.3m and NPT CBC £2.6m

S33 Budget Monitoring to January 2016**Combined Performance**

	Budget to date £'000	Actual to date £'000	Variance to Date £'000	Variance at Year End £'000
NPT CBC	2,194	2,097	-97	-137
ABMU	1,934	1,929	-5	131
Total	4,128	4,026	-102	-6

As at the end of month 10 the s33 budget is showing a combined underspend of £92k. The main reason is an underspend on the aids and equipment budget, it is expected that the budget will be spent by the end of the financial year.

Based on current information the combined service is projected to underspend by £6k.

Neath Port Talbot CBC

	Budget to date £'000	Actual to date £'000	Variance to Date £'000	Variance at Year End £'000
Employees	1,904	1,765	-139	-151
Premises	42	90	48	40
Transport	133	99	-34	-19
Supplies & Services	241	143	-98	-7

Income	-126	0	126	0
Total	2,194	2,097	-97	-137

Notes:

- Transport costs are a month in arrears
- Supplies & services – equipment expected to be on budget by the end of the year

ABMU

	Budget to date £'000	Actual to date £'000	Variance to Date £'000	Variance at Year End £'000
Pay	1,663	1,771	108	131
Non-pay	271	158	-113	0
Total	1,934	1,929	-5	131

The main pressure areas are expenditure on agency staff covering vacancies and increasing travel costs. The positions above include the relevant adjustment for any agreed cross charging between funding areas as part of the integrated management across Organisations.

Performance Report – 26th January 2016

Community Resource Team– Neath Port Talbot Local Authority and AMBU HB

Intermediate Care Business Case:

The intermediate Tier Business Case was developed in conjunction with Whole System Partnership (WSP), in order to achieve sustainable health and social care services for frail or older people. Following approval of the business case in April/ May 2014, considerable work has been undertaken to develop an effective intermediate tier of service, in order to provide a boundary between wellbeing and the need for managed care, with the potential to enable more people to maintain their independence. The following table outlines Neath Port Talbot's progression towards the optimal model of intermediate services including the baseline status.

Key feature of optimal model	Baseline status 2013	Current status 2016
Multi-disciplinary triage in common access point	Y	Y
Mental Health provision within common access point	N	D
Third Sector Brokerage in common access point	N	Y
Therapy led reablement service	Y	Y
Intake & review reablement	N	Y
Therapy led residential reablement	N	Y
Support & stay for people with dementia	N	Y
Step up / down intermediate care (residential or community)	N	Y

Key: Y(yes) N(no) D (in development)

Programme Outcomes:

- More frail and older people are supported to remain independent and keep well, as well as to have improved quality of life
- More frail and older people to become cared for at home rather than in institutional care, i.e. in hospitals / care homes.
- More older people are supported to live independently with the support of technology
- There is a financial saving to the health and social care system as a whole, through a reduction in expected usage of hospital and care home beds.

Performance Measure: Hospital Admissions continued...

**28 Day Unplanned Readmission Rates for (>65) for Quarters 1 to 3
Between 2013 and 2015**

Year	Quarter 1 (Apr—Jun)	Quarter 2 (Jul—Sept)	Quarter 3 (Oct—Dec)	Quarter 4 (Jan—Mar)
2013	14.9%	14.7%	14.3%	14.2%
2014	14.1%	14.8%	13.6%	12.6%
2015	13.1%	13.3%	12.5%	-

**Bed Days Consumed by NPT Residents (>65) for Quarters 1 to 3
Between 2013 and 2015**

Year	Quarter 1 (Apr—Jun)	Quarter 2 (Jul—Sept)	Quarter 3 (Oct—Dec)	Quarter 4 (Jan—Mar)
2013	15,645	16,517	17,503	17,237
2014	17,047	17,442	18,696	18,403
2015	17,541	17,019	18,111	-

Hospital Admission Rates (>65) per 1000 population NPT Locality



**Bed Days Consumed by NPT Residents (>65) between
April 2014—December 2015**



Performance Measure: Care Home Admissions

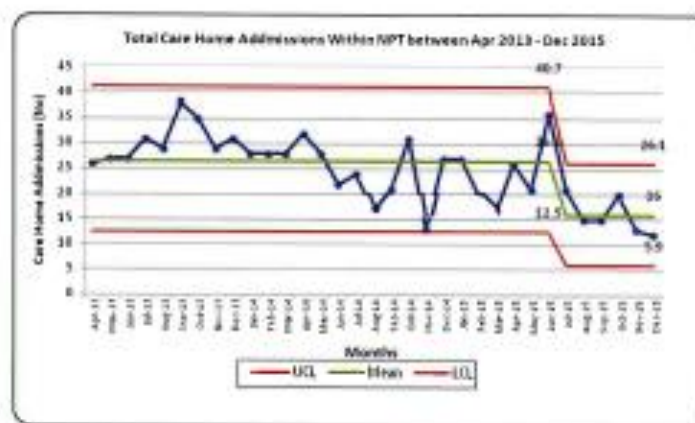
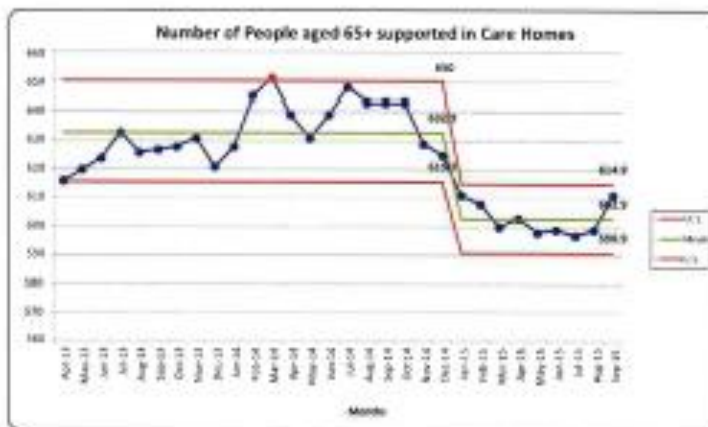
Number of People Supported in Care Homes aged 65+
For Quarters 1 to 3 between 2013 and 2015

Year	Quarter 1 (Apr–Jun)	Quarter 2 (Jul–Sept)	Quarter 3 (Oct–Dec)	Quarter 4 (Jan–Mar)
2013	682	733	718	-
2014	740	747	711	-
2015	666	641	659	-

Total Number of Care Home Admissions within Neath Port Talbot
For Quarters 1 to 3 between 2013 and 2015

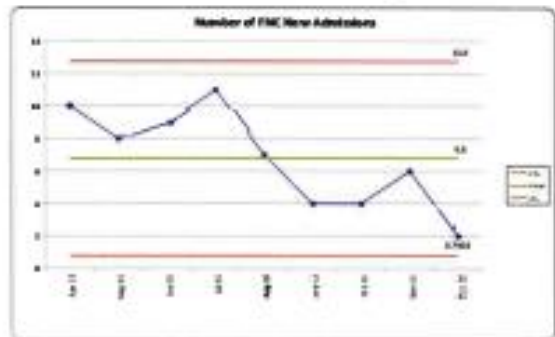
Year	Quarter 1 (Apr–Jun)	Quarter 2 (Jul–Sept)	Quarter 3 (Oct–Dec)	Quarter 4 (Jan–Mar)	Total
2013	80	98	95	108	381
2014	82	62	71	125	340
2015	83	51	45 (51)*	-	179

* Nov 2015 saw the closure of 2 homes; residents re-located to new homes were recorded as a new care home admission, skewing the data for quarter 3. The red figure takes into consideration this variance.

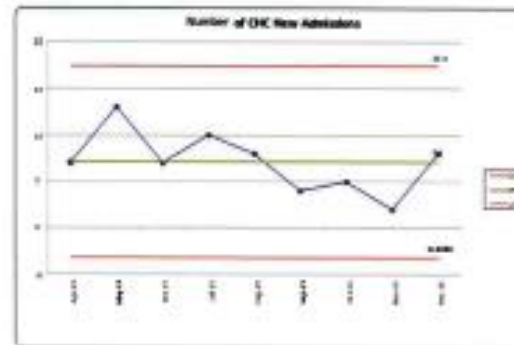


Performance Measure: Care Home Admissions continued...

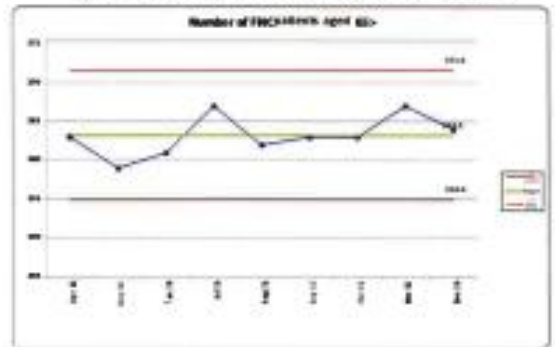
Total Number of New FNC Admissions between April and December 2015



Total Number of New CHC Admissions between April and December 2015



Total Number of FNC Patients Aged 65 years + being supported within Neath Port Talbot between April and December 2015



Total Number of CHC Patients being supported in Nursing Homes within Neath Port Talbot between April and December 2015



Performance Measure: Domiciliary Care Starts

**Total Number of Domiciliary Care Starts within Neath Port Talbot ,
For Quarters 1 to 3 between 2013 and 2015**

Year	Quarter 1 (Apr – Jun)	Quarter 2 (July – Sept)	Quarter 3 (Oct - Dec)	Quarter 4 (Jan – Mar)	Total
2013	103	103	122	108	436
2014	106	100	87	125	418
2015	84	100	69	-	253

**Average External Home Care Hours per Client
between April 2013 – December 2015**



**Total External Home Care Hours per Client
between April 2013 – December 2015**



Between October 2015 and December 2015 the Community Resource Team contributed to the to the Programme Outcomes in the following way:

Rapid response Acute Clinical Team:

- Worked with **316** individuals.
- Facilitated **13** early discharges from hospital
- Avoided **219** admissions enabling individuals to remain in their own homes instead of being admitted to hospital
- Avoided approximately **2190** hospital bed days which would have cost in the region of **£240,900** (based on a daily bed rate of £110).

Intermediate Beds

- Worked with **24** new individuals
15 – Reablement unit
9 – Step Up Step Down unit
- **71%** (n=10) of people discharged from the intermediate beds (n=14) returned home therefore preventing a long term Care Home admission.
- Avoided an average cost of **£3460** per week (based on average weekly costs of £346)

Intake Reablement

- Worked with **104** new individuals
- Average length of time supported by reablement is **20 days**
- Facilitated **80** early discharges from hospital
- Avoided approximately **240** Hospital bed days.
- Avoided **822.9** Domiciliary Care Hours at a cost of **£11,405.39**

Gateway

- Received **2167** calls
- MDT Responded to and closed **515** calls
- **174** calls were referred directly to the third sector

Quarterly Breakdown of CRT Performance

CRT SERVICES	Quarter 1			Quarter 2			Quarter 3		
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Gateway									
Total Number of referrals	1080	1121	1295	1189	885	776	850	736	623
Total Number of Referrals sent to the Gateway team	232	410	308	263	199	231	215	161	139
Total Number of Referrals to Voluntary Sector	41	34	38	73	54	48	77	60	37
Routle Critical Team									
Average Monthly Caseload	35	25	35	25	23	24	31	26	26
Total No. New Starters	108	101	131	99	92	102	114	106	94
Total No. from Community (Prevent Admissions)	104	79	106	83	75	87	88	79	52
Reablement									
Average Monthly Caseload Reablement	98	103	111	122	112	101	75	83	102
Total No. New Starters	47	37	56	69	41	48	38	25	40
Total No. Discharges	58	43	48	57	49	53	55	54	53
Total No. Number from Hospital (Earlier Discharge)	18	11	19	32	22	11	19	30	31
Total No Reduction in hours from admission to leaving service	178.3	250.06	263.3	211.45	201.45	307.15	438.4	138.5	246
Total Cost avoidance	£2,471.24	£3,465.69	£3,649.34	£2,920.47	£2,790.10	£4,257.10	£6,076.22	£1,819.61	£3,489.56
Residential reablement									
Average Monthly Bed Occupancy	7	7	8	7	7	8	7	8	8
Total No. New Admissions to RR	5	2	8	6	6	4	5	4	6
Total No. of Admissions to RR from Hospital (subset of total new admissions)	5	1	7	6	6	3	4	4	6
Total No. Discharges	2	7	0	7	3	3	5	4	4
Total No. Discharged to own home	2	5	0	6	1	3	3	4	2
Total No. Discharge to long term placement	0	1	0	0	2	0	0	0	0
Step Up Step Down (SUSD)									
Average Monthly Bed Occupancy									9
Total No. New Admissions to SUSD									9
Member of admission to SUSD from Hospital									
Member of admissions to SUSD from Community									
Total No. Discharges									
Total No. Discharged to own home									1
Total No. Discharged to long term placement									

Story Behind the Data:

- Whilst there was an in quarter rise in the number of people being admitted to hospital in an emergency, our admission rates still remain within normal control limits.
- Readmission rates to unscheduled care remain low.
- New admissions to care homes has continued to decline
- The number of people being supported within a care home has reduced, along with the number of overall care home admissions, as more people are supported to live independently within their own homes for longer.
- The number of new domiciliary care starts is reducing year on year,
- As of Dec 2015, the total number of Home Care Hours and average hours per client now includes the provision of internal domiciliary care hours. This accounts for the sharp increase in the total number of home care hours being reported. However, despite this increase, the average number of hours per client has reduced.
- More older people being effectively discharged from hospital
- CHC and FNC rate remains within variance but is on a downward curve.
- Anticipatory Care Planning has been rolled out across 7 GP surgeries within the Afan Network.
- Developed joint recording system for patients in hospital awaiting CRT (creation of the single version of the truth)

Proposed Actions to facilitate progress:

- Step up step down available from December 2015.
- Development of CRT Sitrep to be clear about capacity and demand within the community to allow for a whole system view.
- Further refinement of Hospital/CRT list of people waiting in hospital for CRT that are discharge fit.
- Increase and improve the number of individuals taking up Direct Payments, either as the sole providers of services or as part of a mixed package of care.
- Co-location of DN/SW and CPNs across the community networks
- Planned roll out of Anticipatory Care across the Neath and Upper Valleys Networks
- Review and right sizing of existing double handed cases
- Pilot CRT respite service, to support patients with more complex needs that cannot be met in a residential setting, by providing 24 hour nursing supervision, supported by professionals from CRT. It is anticipated that this provision will have a positive impact on the demand for hospital beds by preventing unnecessary hospital admissions.

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care Health & Housing Cabinet Board

18 February 2016

REPORT OF THE HEAD OF BUSINESS STRATEGY AND PUBLIC PROTECTION – A.THOMAS

Matter for Monitoring

Wards Affected: ALL

Report Title

**Quarterly Performance Management Data 2015-2016 – Quarter 3
Performance (1st April 2015 – 31st December 2015)**

Purpose of the Report

1. To report quarter 3 performance management data for the period 1st April 2015 to 31st December 2015 for Chief Executive's and Finance & Corporate Services Directorates and, the performance management data for the same period for Social Care Health and Housing. This will enable the Social Care, Health and Housing Cabinet Board and Scrutiny Members to discharge their functions in relation to performance management.

Executive Summary

2. Action plans are in place to improve performance of Adult Service's reviews and delayed transfers of care. New team structures are bedding in and a new intake Reablement pathway will be in place from October 2015.

The average time taken to deliver a Disabled Facilities Grant has improved, the data indicates the quicker process can be attributed to improvements in the system and a change in the type of demand, this year the demand for extensions is down 30% compared to last year.

Three of the seven comparable indicators are showing improved performance and one maintained performance (93.6% of food establishments were 'broadly' compliant with food hygiene standards).

In relation to homeless households where homelessness was prevented for 6 months, performance has improved slightly on last year at 93.7%. The service remains confident of achieving the Corporate Improvement Plan year-end target of 92%.

Background

3. Failure to produce a compliant report within the timescales can lead to non-compliance with our Constitution. Also failure to have robust performance monitoring arrangements could result in poor performance going undetected. The risk of non-compliance is considered low as the Report follows the same reporting cycle as previous years.

Financial Impact

4. No financial Impact.

Equality Impact Assessment

5. This report is not subject to an Equality Impact Assessment.

Workforce Impacts

6. No workforce impact.

Legal Impacts

7. This progress report is prepared under:
 - (i) The Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
 - (ii) The Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

8. Failure to produce this report could result in undetected poor performance throughout Adult Social Care, Health and Housing.

Consultation

9. No requirement to consult.

Recommendations

10. Members monitor performance contained within this report.

Reasons for Proposed Decision

11. Matter for monitoring. No decision required.

Implementation of Decision

12. No decision required.

Appendices

13. Appendix 1 - Quarterly Performance Management Data 2015-2016– Quarter 3 Performance (1st April 2015– 31st December 2015) – APPENDIX 1

List of Background Papers

14. The Neath Port Talbot [Corporate Improvement Plan - 2015/2018](#) “Rising to the Challenge”;

Adult Services End of Year Performance Indicators as regulated by Welsh Government.

Officer Contact

15. Angela Thomas, Head of Business Strategy & Public Protection, Neath Civic centre 01639 684731

Sara Jenkins, Management Information Officer, Neath Civic Centre 01639 763532



Quarterly Performance Management Data 2015-2016 – Quarter 3 Performance (1st April 2015 – 31st December 2015)

Report Contents:

Section 1: Key points.

Section 2: Quarterly Performance Management Data and performance key

Section 3: Compliments & Complaints Data

Section 1

Adults Services

Adult social care has seen a number of changes within the last year, which include changes in practice, reconfiguration and the development of an intake service. As a result changes in pathways for adults are in their infancy with the introduction of local area coordination and the promotion of direct payments supporting adults to remain healthy, regain or maintain independence and exert more choice and control over commissioned support. We would therefore expect performance in all areas to improve in the forthcoming year as the new act embeds and practice and pathway changes are fully implemented.

Housing - Private Sector Renewal

PSR/004 and PSR/007 show a fall in performance when compared against the same period last year, PSR/007 varies in terms of the numbers of houses of multiple occupation that exist in our area. The number that require a licence has not changed for some time and all that require a licence are licensed.

There has been a significant reduction in the percentage of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority. Largely properties that are brought back into use are outside of the control of the service. The service does however; regularly contact owners of all such properties to provide advice and to direct them towards funding which may assist them. In addition the service takes enforcement action whenever necessary.

The average time taken to deliver a Disabled Facilities Grant has improved from 260 to 221 days. The data indicates the quicker process can be attributed to improvements in the system and a change in the type of demand, this year the demand for extensions is down 30% compared to last year. The service is on track to show an improvement on the predicted 250 days target for this year, it is expected the days taken will remain very similar to the current performance of 221 days. Customer satisfaction surveys reveal a very high level of satisfaction. With over 96% of respondents indicating that their quality of life had improved as a result of the adaptation and 100% agreeing that they no longer need to consider moving home

Homelessness

In relation to homeless households where homelessness was prevented for 6 months, performance has improved slightly on last year at 93.7%. The service remains confident of achieving the Corporate Improvement Plan year-end target of 92%.

Public Protection

Three of the seven comparable indicators are showing improved performance and one maintained performance (93.6% of food establishments were 'broadly' compliant with food hygiene standards).

Of the three that indicate reduced performance:

The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Animal Health (5 premises) all will be visited before the end of the financial year.

The percentage of significant breaches that were rectified by intervention during the year for Trading Standards, the rectification rate has been affected by more complex investigations which will take longer to complete; and significant breaches that were rectified by intervention during the year for Animal Health reflects a small number of infringements which again are taking longer to conclude.

Section 2: Quarterly Performance Management Data and Performance key

2015-2016 – Quarter 3 Performance (1st April 2015 – 31st December 2015)

Note: The following references are included in the table. Explanations for these are as follows:







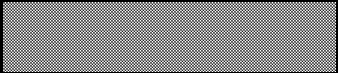
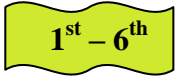
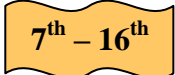

Page 42
(NSI) National Strategic Indicators (NSIs) - are used to measure the performance of local authorities at a national level and focus on key strategic priorities. Local authorities are under a legal duty to collect & report on these measures.

(PAM) Public Accountability Measures - consist of a small set of “outcome focussed” indicators, selected initially from within the existing Performance Measurement Framework. They will reflect those aspects of local authority work which local authorities agree are considered to be important in terms of public accountability. For example, recycling, educational attainment, sustainable development, etc. This information is required and reported nationally, validated, and published annually.

(SID) Service Improvement Data - can be used by local authority services and their regulators as they plan, deliver and improve services.

All Wales - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2014/2015 i.e. an overall performance indicator value for Wales.

(L) Local Performance Indicator set by the Council.

	Performance Key
	Maximum Performance
	Performance has improved
	Performance has been maintained
	Performance is within 5% of previous years performance
	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
	No comparable data (data not suitable for comparison /no data available for comparison)
	No All Wales data available for comparison.
	2014/15 NPT performance in upper quartile (top six of 22 local authorities) in comparison with All Wales national published measures (NSI & PAM's). 9 of 42 comparable measures in upper quartile.
	2014/15 NPT performance in mid quartiles (7 th – 16 th) in comparison with All Wales national published measures (NSI & PAM's). 23 of 42 comparable measures in mid quartiles.
	2014/15 NPT performance in lower quartile (17 th – 22 nd) in comparison with All Wales national published measures (NSI & PAM's). 10 of 42 comparable measures in lower quartile.

4. Social Care - Adults Services

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	SCA/018a (PAM)	The percentage of carers of adult service users who were offered an assessment or review of their needs in their own right during the year.	100%	100%	88.3% Joint 1 st	100%	100%	😊
	SCA/019 (NSI/PAM)	The percentage of adult protection referrals completed where the risk has been managed.	100%	100%	95.6% Joint 1 st	100%	100%	😊
Page 44	SCA/002a (NSI)	The rate of older people (aged 65 or over): Supported in the community per 1,000 population aged 65 or over at 31 March.	107.8	111.46	67.30 2 nd	103.91	108.99	↑
	SCA/002b (NSI)	The rate of older people (aged 65 or over): Whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March.	23.86	21.71	18.85. 19 th	23.16	22.32	↑
	SCA/018b (SID)	The percentage of carers of adult service users who had an assessment in their own right during the year.	20.0%	40.5%		17.95%	38.2%	↑
	SCA/003b (SID)	The percentage of clients who are supported in the community during the year, in the age groups: Aged 65+	81.98%	81.66%		84.85%	84.37%	v

4. Social Care – Adult Services – continued

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	SCA/020 *(SID)	The percentage of adult clients who are supported in the community during the year. *. –No longer a PAM from 1 st April 2015	85%	85.1%	85.2% 12 th	87.7%	87.2%	v
	SCA/003a (SID)	The percentage of clients who are supported in the community during the year, in the age groups: Aged 18-64.	92.45%	93.27%		94.17%	93.73%	v
Page 45	SCA/001 (NSI)	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over.	3.49	3.21	4.83 11 th	2.41	3.65	↓
	We expect this to now fall as the intake model was introduced in October in addition to step up / down bed and as this new model begins to imbed we expect to see a fall in delays for social care reasons . Delays at present are mainly down to housing related issues.							
	SCA/007 (NSI)	The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year.	81.7%	79.3%	80.0% 12 th	77.8%	69.12%	↓
A new social work model of practice was implemented in April and teams re- structured and integrated with health board staff. A large programme of cultural change has just concluded and we expect to see performance improved over the next year as changes are implemented and embed in readiness for the SSWB act.								
	SCA/018c (SID)	The percentage of carers of adult service users who were assessed during the year who were provided with a service.	66.7%	71.4%		79.6%	75.5%	↓
During the present year there has been some vacancy factor within the carers service which has impacted upon capacity to undertake assessment, however the CRT carers support officer has proved successful is capturing carers needs at the beginning of the assessment process. As the carers service relocates into the Cimla site we would expect performance to improve and the number of assessments rise.								


5. Housing – Homelessness and Housing Advice

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
Page 46	HHA/013 (SID)	The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months.	95.2%	95.5%	65.4% * See note 1	94.3%	92.1%	V
	<p>Note 1 - A Wales Audit Office report (published in 2013 identified a wide variation in how local authorities interpret guidance for indicator HHA/013 relating to homelessness prevention, resulting in a wide variation of performance reported. Due to these variations, the Welsh Government Statistical Release has advised in the publication of this data that the indicator should not be compared across local authority boundaries; however comparisons can be made over time within individual local authorities. This measure is no longer a statutory indicator.</p> <p>Note 2 - Data excludes the period 1st -26th April 2015 because it was not possible to amalgamate data relating to the homelessness legislation prevailing at this time with that relating to the Housing (Wales) Act 2014 (which was collected from 27th April 2015).</p>							
	HOS/001 (Local)	The number of private rented tenancies made available by the Housing Options Service that were suitable and likely to be available for at least 6 months	N/a New	N/a New		N/a New	66	—


6. Housing - Private Sector Renewal

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	PSR/002 (NSI/PAM)	The average number of calendar days taken to deliver a Disabled Facilities Grant.	204	252	231 14 th	260	221	↑
	PSR/009a (SID)	The average number of calendar days taken to deliver a Disabled Facilities Grant for: Children and young people	310	437		485	355	↑
Page 47	PSR/009b (SID)	The average number of calendar days taken to deliver a Disabled Facilities Grant for: Adults	197	233		237	213	↑
	PSR/007a (SID)	Of the Houses in Multiple Occupation known to the local authority, the percentage that: Have a full license.	1.4%	1.63%		1.63%	1.57%	v

6. Housing - Private Sector Renewal - continued

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	PSR/004 (NSI)	The percentage of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority.	37.38%	68.59%	11.76% 	37.42%	2.10%	↓
Largely properties that are brought back into use is outside of the control of the service. The service does however; regularly contact owners of all such properties to provide advice and to direct them towards funding which may assist them. In addition the service takes enforcement action whenever necessary								
Page 48	PSR/007b (SID)	Of the Houses in Multiple Occupation known to the local authority, the percentage that: Have been issued with a conditional license.	0%	0%		0%	0%	—
	PSR/007c (SID)	Of the Houses in Multiple Occupation known to the local authority, the percentage that: Are subject to enforcement activity.	0.2%	0%		0%	0%	—

7. Planning and Regulatory Services - Public Protection

	PPN/001ii (SID)	The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Food Hygiene.	82%	98%		55%	65%	↑
	PPN/008ii (SID)	The percentage of new businesses identified which were subject to a risk assessment visit or returned a self-assessment questionnaire during the year: Food Hygiene	79%	79%		70%	85%	↑
	PPN/009 (PAM)	The percentage of food establishments which are 'broadly' compliant with food hygiene standards	92.2%	92.8%	94.2% 	93.6%	93.6%	↔

7. Planning and Regulatory Services - Public Protection - continued

No	PI Reference	PI Description	NPT Actual 2013/14	NPT Actual 2014/15	All Wales 2014/15	NPT Quarter 3 2014/15	NPT Quarter 3 2015/16	Direction of Improvement
	PPN/001i (SID)	The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Trading Standards.	100%	100%		70%	72.5%	↑
	PPN/001iii (SID)	The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Animal Health.	100%	100%		100%	60%	↓
There are 2 remaining businesses for the dept. to inspect and these will be completed in the final quarter. Inspectors are now required to carry out our feed hygiene assessments as part of their inspections which means they now take longer and are more involved.								
Page 49	PPN/007i (SID)	The percentage of significant breaches that were rectified by intervention during the year for Trading Standards.	78.7%	86.8%		81%	50%	↓
	The dept. has a number of investigations ongoing at present. Four reports were submitted to the legal dept. as prosecution reports prior to Christmas and it's hoped they will be resolved by 31.03.16. Also, a number of other significant infringements were detected in the run up to the end of the year which are now subject to long term investigation. The dept. is detecting more complex and significant infringements of consumer fraud and is targeting resources to address them. As a consequence rectification takes longer than offering advice to the business.							
	PPN/007ii (SID)	The percentage of significant breaches that were rectified by intervention during the year for Animal Health.	77.3%	71.4%		80%	55%	↓
A small number of infringements were detected in the last quarter that require follow up action by the dept. One of these is a recurring issue that the dept. is working with the Animal Plant and Health Agency to rectify. It is anticipated that this figure will improve by 31.03.16.								
	PPN/008iii (SID)	The percentage of new businesses identified which were subject to a risk assessment visit or returned a self-assessment questionnaire during the year: Animal Health.	100%	N/a*see note		* see note		—

*- Note – No longer applicable

Section 3: Compliments and Complaints – Social Services, Health & Housing

2015-2016 – Quarter 3 (1st April 2015 – 31st December 2015) – Cumulative data

	Performance Key
↑	Improvement : Reduction in Complaints/ Increase in Compliments
↔	No change in the number of Complaints/Compliments
v	Increase in Complaints but within 5%/ Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more/ Reduction in Compliments by 5% or more of previous year.

Page	PI Description	Quarter 3 2014/15	Quarter 3 2015/16	Direction of Improvement
50	<u>Total Complaints - Stage 1</u>	38	21	↑
1	a - Complaints - Stage 1 upheld	5	5	
	b - Complaints - Stage 1 <u>not</u> upheld	13	11	
	c - Complaints - Stage 1 partially upheld	10	1	
	Narrative 2015/16 – in relation to 4 outcomes seemingly unaccounted for, 1 was closed as passed to Stage 2; the additional 3 are currently on-going and will be reported during the final quarter report.			

No	PI Description	Quarter 3 2014/15	Quarter 3 2015/16	Direction of Improvement
2	<u>Total Complaints - Stage 2</u>	0	3	↓
	a - Complaints - Stage 2 upheld	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	0	0	
	c- Complaints - Stage 2 partially upheld	0	2	
3 Page 51	<u>Total - Ombudsman investigations</u>	0	0	↔
	a - Complaints - Ombudsman investigations upheld	0	0	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	0	0	
4	Number of Compliments	9	10	↑
	<p>Narrative</p> <p>Stage 1 – there has been a significant decrease in the number of complaints received up to the 3rd quarter 2015/16 (when compared to 2014/15) from 38 to 21 (45%); this can be attributed to the new WG complaints policy which was introduced in August 2014, this resulted in new procedures being introduced by the Directorate; this was accompanied by extensive training for front-line staff and managers, raising the profile of complaints and the importance to resolve them locally.</p> <p>Stage 2 – there has been 3 Stage 2 investigations undertaken during this period; in relation to 1 outcome seemingly unaccounted for, this is on-going and will be reported on following completion during the final quarter report.</p> <p>Compliments – the number of compliments shows a minor increase on the same period last year; the complaints team will continue to raise the profile for the need to report such incidences.</p>			

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2015/2016 FORWARD WORK PLAN (DRAFT)

SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD

Meeting Date and Time	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Head of Service Contact
17 Mar 2016	Charging Policy 2016/17 (Delegated Powers?)	Decision	Annual	NJ
	Gwalia	Monitor		AT
	Western Bay Commissioning			AT
	Review of Residual Housing – 24/7 Homelessness			AT
	Change of Responsibilities re Environmental Health (AT)	Info	Topical	AT
	CSSIW Inspection Report - NPTCBC Homecare Services	For Info		NJ
	New Governance Arrangements for Mental Health and Learning Disability Services	For Decision		NJ

Social Care, Health and Housing Cabinet Board – Forward Work Programme

Meeting Date and Time	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Head of Service Contact
14 Apr 2016				

Meeting Date and Time	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Head of Service Contact
12 May 2016	Supporting People Annual Report	Info	Annual	CM
	Improving Outcomes Improving Lives Annual Report	Info	Annual	CM
	Business Plan 2016/17 (Business Strategy & Public Protection)	Decision	Annual	AT
	Performance	Monitor		AT

- To be programmed in: Safeguarding Adults Report