Neath Port Talbot
Castell-nedd Port Talbot
County Borough Council Cyngor Bwrdeistref Sirol

AGENDA

SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD

Immediately Following Scrutiny Committee on THURSDAY, 14 JULY, 2016

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

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 9 June, 2016 *(Pages 3 - 4)*

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

4. Establishment of Western Bay Regional Partnership Board and Update on Programme of Work *(Pages 5 - 44)*

   To receive the Report of the Head of Adult Services

5. Improving Outcomes, Improving Lives - Annual Report 2015-16 *(Pages 45 - 70)*

   To receive the Report of the Head of Commissioning and Support Services

6. Quarterly Performance Management Data 2015-2016 - Quarter 4 *(Pages 71 - 84)*

7. **To receive the Forward Work Programme 2016/17**
   (Pages 85 - 86)

8. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Statutory Instrument 2001 No 2290 (as amended).

9. Access to Meetings - to resolve to exclude the public for the following items pursuant to Regulation 4(3) and (5) of Statutory Instrument 2001 No. 2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

   PART 2

   To receive the Private Report of the Head of Commissioning and Support Services

10. Repayment of Grant Monies (Exempt under Paragraph 14)
    (Pages 87 - 92)

S.Phillips
Chief Executive

Civic Centre
Port Talbot   **Wednesday, 6 July 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 - 9 JUNE, 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.Evans and Mrs.T.Davies

1.   **APPOINTMENT OF CHAIRPERSON**

That Councillor J.Rogers be appointed Chairperson for the meeting.

2.   **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD HELD ON 12 MAY, 2016**

Noted by the Committee.

3.   **COMMISSIONING AND SUPPORT SERVICES BUSINESS PLAN 2016-17**

Decision:

That the Commissioning and Support Services Business Plan for the financial year 2016/2017, as detailed at Appendix 1 to the circulated report, be approved.

Reason for Decision:

To ensure that the division undertakes the requirements of the Council's corporate performance management framework.

Implementation of Decision:

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

4. **FORWARD WORK PROGRAMME 2016/17**

    Decision:

    That the Forward Work Programme 2016-17 be noted.

CHAIRPERSON

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD

REPORT OF THE DIRECTOR OF SOCIAL SERVICES – N. JARMAN

14 JULY 2016

Matter for Decision

Wards affected: ALL

REPORT TITLE

ESTABLISHMENT OF WESTERN BAY REGIONAL PARTNERSHIP BOARD AND UPDATE OF PROGRAMME OF WORK

1.   Purpose of Report

1.1   To establish the Western Bay Regional Partnership Board

2.   Introduction

2.1   The Western Bay Regional Partnership Forum was established on a non statutory footing in 2014 to progress and oversee the Western Bay Health and Social Care Programme. It has also worked on the arrangements for implementing the Social Services and Wellbeing (Wales) Act 2014 (the Act).

2.2   The Act came into effect on 6th April 2016 and this introduced a statutory role for a Regional Partnership Board and specific responsibilities.

2.3   In light of the new statutory requirements the Western Bay Regional Partnership Forum held two development workshops facilitated by the Institute of Public Care (Oxford Brooks University) in January and April this year to clarify, review and update the role of Regional Partnership Board going forward.

2.4   The Shadow Partnership Board met in April and considered objectives, priorities and terms of reference. The outcome of the workshops includes the Terms of Reference attached in Appendix A and a Position Statement summarising the work of the Shadow Partnership Board in Appendix B.

3.   Requirements

3.1   The Act introduces new requirements on local authorities and the Local Health Board (LHB) with regard to partnership and collaboration. This includes the need to establish Regional Partnership Boards (RPBs) on LHB footprints to secure strategic planning and partnership working between local authorities and the LHB to ensure effective services, care and support are in place to meet the needs best of their population.

3.2   The objectives of the Regional Partnership Boards are to ensure the partnership bodies work effectively together with the following responsibilities to:

- Respond to the Population Assessment carried out in accordance with section 14 of the Act;
- Implement the plans for each of the local authority areas covered by the Regional Partnership Board which local authorities and local health boards are each required to prepare and publish;
- Ensure the partnership bodies provide sufficient resources for the partnership arrangements;
- Promote the establishment of pooled funds where appropriate;
- Ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region;
- Prepare an annual report for Welsh Ministers on the extent to which the Board's objectives have been achieved;
- Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this.

3.3   More specifically RPBs will be responsible for prioritising the integration of services in relation to:

- Older people with complex needs and long term conditions, including dementia;
- People with learning disabilities;
- Carers, including young carers;
- Integrated Family Support Services;
- Children with complex needs due to disability or illness.
- Delivering a pooled budget arrangement for care homes by April 2018.

3.4   The statutory guidance requires the creation of seven RPBs across Wales, including Western Bay.

3.5   Membership of the Regional Partnership Board is specified in the statutory guidance. The Regional Partnership Board may co-opt other persons to be members of the Board as appropriate. The regulations refer to the minimum membership of the boards but the number of representatives and range of people involved is a matter for local determination.

3.6   A Western Bay Regional Citizens Panel has been established drawing on existing local and regional engagement mechanisms which will inform the development and delivery of integrated services from an individual and service user perspective.

4.   The Role and Function of the Western Bay Regional Partnership Board

4.1   In Western Bay, partners wish to continue the good progress that has been made in the development of collaborative regional activity and design arrangements which build on this success, as well as meet the national requirements.

4.2   The main roles of the Western Bay Regional Partnership Board will be to:

- Ensure that there is an agreed shared vision and a clear direction of travel for service development and integration of health, care and wellbeing.
- Ensure that there are shared plans in place (supported by appropriate business cases) for delivering on the vision
- Ensure that the strategic plans are evaluated and reviewed against agreed and understood outcomes and performance indicators
- Lead a strategic approach to communicating and publicising the direction of travel and progress made
- Maintain an effective overview of the resources allocated by the Regional Partnership Board
- Ensure that an annual report on progress is prepared and delivered as required by Welsh Government.

4.3   Each Member of the Regional Partnership Board will be responsible for ensuring any strategic decisions and plans made by the Regional Partnership Board have Partner body support and are considered through their respective governance arrangements.

4.4   The Regional Partnership Board will be responsible for reporting on its statutory requirements and progress against strategic plans to the Welsh Government as required.

4.5   The functions of the Regional Partnership Board are set out in the Terms of Reference at **Appendix A**.

5.   Membership

5.1   The proposed membership of the Regional Partnership Board is included in the Terms of Reference at **Appendix A**.

6.   Position Statement

6.1   The implementation of the Act builds on considerable progress across Western Bay through projects and activities that have been prioritised by the partners such as safeguarding and the establishment of Regional Safeguarding Boards and a regional Adoption Service, to the prioritisation of integrated services for older people through the Community Services Programme.

The implementation of the Act can be seen essentially in two stages:

- **Immediate** – ensuring partners' compliance with key requirements of the Act by April 2016, and
- **Medium term** – working across the partnership to develop and enhance arrangements and ensure that the spirit as well as the letter of the Act are reflected in how services are planned and delivered in the longer term from April 2016 onwards.

6.2   The second stage is seen as forming a logical basis for the forward Partnership Plan, which will also need to reflect the discrete duties identified for RPBs noted above and it needs to include the transformation priorities already underway across Western Bay.

6.3   The Position Statement at **Appendix B** identifies the Stage 1 and Stage 2 activities which will inform the Partnership Plan.

7.   Equality and Engagement Implications

7.1   An initial EIA screening (see **Appendix C**) has been undertaken and has concluded that a full EIA report is not required in relation to the setting up of the Regional Partnership Board.

7.2   With relation to the requirement that the Regional Partnership Board arrangements comply with Welsh Language Standards and specifically, consideration of how to maximise any benefits and minimise any adverse effects on:

- opportunities for people to use the Welsh language
- treating the Welsh language no less favourably than English

It must be appreciated that each of the partnership bodies will be subject to their own specifically defined standards and so decisions made by the partnership must be in line with their individual needs.

Any decisions made by the partnership which affect service users will need to be subject to EIA procedures.

8.   Financial Implications

8.1   There are no financial implications associated with this report.

9.   Legal Implications

9.1   The Social Services and Well-being (Wales) Act 2014 imposes an obligation on the Local Authorities of Swansea, Neath Port Talbot and Bridgend together with the Local Health Board to establish a Regional Partnership Board. The Terms of Reference at Appendix A comply with the statutory obligations and guidance issued by the Welsh Government.

10.   **Recommendation**

10.1 It is recommended that Members:

1)   Consider and adopt the Terms of Reference and support the establishment of the Western Bay Regional Partnership Board

2)   Delegate authority to the Chief Social Services Officer in consultation with the Head of Legal and Democratic Services and the S.151 Officer, to make such further amendments to the Terms of Reference as are deemed necessary and are agreed between the Partnership Bodies

3)   Note the position statement that provides a summary of the Western Bay programme of work

4)   Agree the nomination of the three Members to represent Neath Port Talbot County Borough Council on the Western Bay Regional Partnership Board. This to be the Leader of the Council and two Members.

5)   Delegate the appointment of remaining non local authority and non LHB members of the Regional Partnership Board to the Members nominated in accordance with recommendation 3, in conjunction with representatives of the other Local Authorities and the

Local Health Board, such appointment to be reported back to Cabinet

Background Papers: Previous Cabinet Papers in relation to Western Bay Health and Social Care Programme: Western Bay Overview, January 2013; Youth Offending Service, January 2013 and March 2013; Joint Commitments for Learning Disability Services, Community Services and Mental Health Services, September 2013; Delivering Improved Community Services, April 2014; Managing Youth Offending Services, April 2014; Regional Adoption Service, April 2014; Establishment of Substance Misuse Area Planning Board, April 2014 and Western Bay and Intermediate Care Fund, June 2014.

Appendices:

Appendix A	Western Bay Regional Partnership Board Terms of Reference
Appendix B	Western Bay Position Statement
Appendix C	EIA Screening Form

Officer Contact:

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Western Bay Regional Partnership Board Draft Terms of Reference

Prepared with reference to the Welsh Government Statutory Guidance Social Services and Well-being (Wales) Act 2014 Part 9 Statutory Guidance (Partnership Arrangements)

Agreed by Western Bay Regional Partnership Board on

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Status

1. Abertawe Bro Morgannwg University Health Board,

    Swansea City and County Council,

    Bridgend County Borough Council, and

    Neath Port Talbot County Borough Council

    are Partnership Bodies for the purposes of the Partnership Arrangements (Wales) Regulations 2015[1]

2. The Partnership Bodies are required to establish a Partnership Board pursuant to the Regulations to be known as the Western Bay Regional Partnership Board[2]

3. Western Bay Regional Partnership Board (The Board) does not have separate legal personality and references to the Board are references to members of the Board acting jointly.

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[1] Regulation 1 (4) Partnership Arrangements (Wales) Regulations 2015
[2] Regulation 5 (2)

Objectives of the Board

4. The statutory objectives of the Board are summarised in paragraphs 5, 6 and 7 below.[3]

5. To ensure that the Partnership Bodies work effectively together to

    a) respond to the population assessment carried out under Section 14 of the Social Services and Well-being (Wales) Act 2014 (the Act) and [4]
    b) implement the plans for each local authority area covered by the Board which the Partnership Bodies are each required to prepare and publish under Section 14A of the Act

6. To ensure that the Partnership Bodies provide sufficient resources for the Partnership Arrangements in accordance with their powers under Section 167 of the Act.

7. To promote the establishment of pooled funds where appropriate.

8. Aside from the established of pooled funds for care home accommodation functions and family support functions, decisions on the establishment and maintenance of pooled funds shall be made by the Partnership Bodies in consequence of an assessment carried out under Section 14 of the Act or any plan prepared under Section 14A of the Act.

9. In exercising its functions the Board must have regard to:-

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[3] Regulation 10
[4] Regulation 10 (a) (i)

(a) Any guidance issued by the Welsh Government and to any outcomes specified in a statement issued under Section 8 of the Act.[5]

(b) The need to obtain timely and sufficient funding from the Welsh Government

(c) Other statutory duties of the Partnership Bodies.

Main Functions

10. The Board has the following functions:

(a) To provide a senior forum to

(i) oversee the discharge of duties under Part 9 of the Act,

(ii) agree regional priorities,

(iii) identify and respond to opportunities for collaboration and integration in the delivery of health, social care and well-being in Western Bay programme area,

(iv) oversee delivery of the regional programme and

(v) unblock obstacles to successful collaborative working

(b) To ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this

(c) To sign off an annual Partnership Plan and produce an Annual Report on delivery against the Plan

(d) To agree a recommended budget for consideration by the Partnership Bodies to support delivery of the Partnership Plan and agree to any reallocation of resources within the course of the year to support revised priorities

(e) To ensure the Partnership Plan reflects specific duties within the Act and facilitates service transformation across the region through effective collaborative working, sharing of practice and comparative analysis

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[5] Section 169 (2) Social Services and Well-being –(Wales) Act 2014

(f) To meet accountability arrangements to the Welsh Government regarding delivery of the Partnership Plan and deployment of grant funding

(g) To mandate regional programme and project boards to oversee activities to support delivery of the Regional Plan, deploy resources appropriately, monitor delivery and provide reports when required to the Regional Partnership Board.

(h) To assess each year whether the regional governance arrangements are effective in promoting collaboration and facilitating delivery of the Partnership Plan

(i) To assist the Partnership Bodies in preparing a Population Assessment each electoral cycle, as required under section 14 of the Act and implement plans at local authority and regional level as required under section 14A of the Act

(j) To make recommendations to the Partnership Bodies for establishment of pooled funding arrangements for functions exercised jointly in response to the Population Assessment, family support functions and, from April 2018, for care home accommodation for adults

(k) To approve and oversee the implementation of the plans under the Intermediate Care Fund

(l) To make appropriate arrangements for service user and carer engagement in the development and delivery of the regional programme and Partnership Plan

(m) The Board is not a formal decision-making body and has no executive powers. Courses of action will be agreed by consensus among the full members. Partners will need to take issues agreed by the Board through their own local policy and decision-making for ratification as required

Board Membership

11. The membership of the Board is set out below[6]:

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[6] Regulation 11

(a) Three elected Members of each local authority
(b) One Member of the Local Health Board
(c) The Director of Social Services appointed under Section 144 of the Act of each local authority (or his or her nominated representative)
(d) Three representatives of the Local Health Board
(e) Three persons who represent the interests of third sector organisations
(f) One person who represents the interests of care providers in the area covered by the Board
(g) One person to represent people with needs for care and support in the area covered by the Board
(h) One person to represent carers in the area covered by the Board

12. The person referred to in (e) to (h) above shall be selected by the Partnership Bodies.

13. The Partnership Bodies may substitute at any time another person for any of the persons appointed under paragraphs (a), (b) and (d).

14. The persons appointed under paragraph (a) above shall cease to be members of the Board if they cease to hold the office of elected Member.

15. The term of office of members of the Board shall run until the next general election of local authority members of the local authorities represented on the Board following the elections which occur in May 2017 or the dissolution of those local authorities by effect of statute.

16. If any person appointed to the Board tenders written resignation, becomes incapable of acting or fails to attend Board meetings for a period of six months that person shall cease to become a member of the Board.

17. Any occasional vacancy amongst the persons named in paragraphs (e) to (h) above shall be filled by decision of the Partnership Bodies.

18. The Board may co-opt such other persons to be members of the Board as it thinks appropriate.[7]

19. The Board shall determine the method by which a Chair and Vice Chair are appointed together with the period of office which applies to those roles.

20. Board decisions are made by simple majority but are only effective if supported by all Board members of the Partnership Bodies appointed under paragraphs 11 (a) and (b).

21. (a) In the event of a disagreement between members of the Board it is the responsibility of the chair to convene a meeting to resolve the disagreement.

    (b) In the event that a consensus cannot be reached at that meeting the Chair shall appoint an independent mediator who must not be in the employment of any of the Partnership Bodies.

    (c) All Board members must cooperate with the mediator.

    (d) The costs of mediation shall be borne in equal shares by the Partnership Bodies.

Quorum

22. A meeting of the Board shall be quorate if it is attended by representatives of all the Partnership Bodies.

Meetings of the Board

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[7] Regulation 11 (2)

23. The Board shall meet at least four times in any financial year.

24. Additional meetings may be held at the discretion of the Board

25. The first meeting of the Board in any financial year shall adopt a work programme for the Board during the course of that financial year and shall undertake a review of the functioning of the Board in the previous financial year.

Sub-Groups of the Board

26. The Board may establish sub-groups to support it in undertaking its functions.

27. Any sub-group of the Board must include at least one representative of a Partnership Body who will chair the sub-group.

Administrative Support

28. Administrative support for the Board is provided by the City and County of Swansea.

Scrutiny

29. The Board shall submit to scrutiny by overview and scrutiny committees of the local authorities which are Partnership Bodies or a joint Overview and Scrutiny Committee established by those local authorities.

30. The Overview and Scrutiny Committees can require any member of the Board to give evidence but only in respect of the exercise of functions conferred on the Board.

**Western Bay Health and Social Care Programme
Position Statement 16/17**

The following position statement is an initial assessment of Western Bay work streams and activities in the context of the Regional Implementation Plan and aims to capture what the 'gaps' might be in relation to the Social Services and Wellbeing Act implementation.

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
Information, Advice and Assistance	Published 'library' of mental health self-help information The 3 CVCs mapped the wellbeing and prevention resources and migrated to the InfoEngine platform which is now 'live'	Establish strategic view of how the following 4 systems link across Western Bay: DEWIS Cymru, Info-Engine, 111 service and FIS and the links into local arrangements for 'front door' Bridgend set up T&F group with Health to progress IAA	National DEWIS Cymru Board Programme Team	Part 2 – IAA services	Development of processes and practice in assessment, eligibility, care planning and the IAA service Consistency in the performance management framework and the introduction of underpinning systems

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		and implementation of DEWIS Cymru Swansea progressing IAA on a corporate basis through Corporate Project and implementation of DEWIS Cymru NPT Family Information Service to become the partnership system for collecting information about community services, with potential link to DEWIS Cymru. Establishment of a multi-agency group to implement the proposal ABMU are			WCCIS and Dewis Cymru

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		piloting the national 111 service			
Preventative services	Draft Principles of Prevention Framework developed Local Area Co-ordination / Local Community Co-ordination (LAC/LCC) Approach piloted and established in areas in BCBC, NPT & CCS 'Disabled Go!' access guide	Principles of Prevention Framework to be considered by Regional Partnership Board and taken through LA Cabinets and Health Board Consider adoption of principles of prevention framework in partner organisations Address need for current provision of preventative services in Population Assessment Local Area Co-ordination / Local Community Co-ordination	Programme Team	Part 2 – preventative services; social enterprise/ cooperatives, Population Assessment	Develop new models of service for preventative services, commissioning and social enterprises, responding to population assessments

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
	launched providing info for visitors/ users across WB on public buildings	(LAC/LCC) Complete evaluation Expansion of roll-out of LAC/LCC to other local areas			
Social Enterprise	Funding for CVS to recruit SE posts in each locality to support development of social enterprises	Continuation of service provided in each locality through the three CVS' Social Enterprise part time posts to support development of social enterprises, including development of delivery plan.

LA requirement to promote social enterprises/ alternative models – progress locally | | Social Enterprise | Develop new models of service for preventative services, commissioning and social enterprises, responding to population assessments |

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
Adult Safeguarding	Establishment of regional board Reviewed existing arrangements for Adult Safeguarding Boards to ensure compliant with the Act	Review Business Action Plan	Regional Adult Safeguarding Board Reporting through WB governance on a mgmt. by exception basis	Part 7 - Safeguarding	
Children's Safeguarding	Establishment of regional board Further review of performance framework Regional response to Operation Jasmine Report	Review Business Action Plan	Regional Children Safeguarding Board Reporting through WB governance on a mgmt. by exception basis	Part 7 - Safeguarding	
Integrated Assessment	Regional work progressed through workstream led by ABMU Officer and including LA	Chris Williams (Asst Director of Nursing) to lead and continue this work with Local	Local Delivery	Part 3 – Assessment Part 4 – Meeting need	Development of processes and practice in assessment, eligibility, care planning and the IAA

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
	colleagues to review current documentation and assess the gaps across the region	Authorities officers Review Bridgend's template and consider regional approach and/or examine differences			service
Advocacy	Regional work undertaken for children's advocacy linking into the national group. DH, CO for CCS, leads the regional group.	Continue regional work linking into national group for children's advocacy. Bridgend reviewing existing advocacy services and identifying what future services need to be commissioned. Funding confirmed to appoint an officer to lead on this work.		Part 10 - Advocacy	Children's advocacy being progressed through national group Wider advocacy

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		CCS in contact with NPT to review their SLA NPT are maintaining SLA with 3rd sector external advocacy provider in 16/17 ABMU – Community Health Council provides advocacy service for adults Agreed to establish regional group to consider scope for regional workstream to review advocacy for adults			
Complex Needs (LD and	No regional work progressed,	Regional project, outcome	ABMU LD/ MH Commissio	Part 9 – prioritising the	

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
children with complex needs)	though links to right sizing, right pricing work in Contracting and Procurement Project	focused commissioning in Contracting and Procurement Project, expanded to now include children services (ICF proposal)	ning Board	integration of services for children with complex needs due to disability or illness	
Adoption	Implementation of regional service Regional Management Board established Service operating as business as usual.	Cabinet approval of the final partnership agreement. (June 2016) Reporting on a mgmt. by exception basis through WB governance	Regional Management Board	Part 6 - LAC	
Emotional Health of children	*To be completed*	Establish whether the development of an effective regional model based on a continuum of needs that	CYP Commissioning Board	Parts 2, 3, 4 – early intervention, assessment, meeting needs	

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		promotes emotional and psychological wellbeing of children can be progressed			
		CAMHS will become regional priority across WB. Regional Group established with workstreams. Action plan currently being reviewed, to be established.			
		CBs have commissioned work for intervention work – tiers 1 & 2 in CAMHS			
		2 WG funded services being set up by ABMU:			

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		- Crisis Team - Neuro-Development Team Specification and monitoring arrangements for service to be drawn up			
IFSS	Implementation of regional IFSS IFSS Board established	Requirement to oversee the IFSS might be delegated by Regional Partnership Board to Regional IFSS Board	Regional IFSS Board/ Steering Group	Part 9 – prioritise the integration of services in relation to IFSS	
Engagement and citizen voice	Development of regional citizen panel	Establishment of regional citizen panel, with 3 meetings/ workshops and agreed TOR Engagement events: • Practise	Programme Team	Part 2 – co-production	Ensure proper arrangement in place for citizen engagement

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		• development nt • Providers Population Assessment engagement Scoped and Completion of co-productive approach to development of IAA service in Swansea, with objective of producing a model template/tools to be shared / used across region			
Communication	Development of Communications Plan for the WB Programme Development of case studies for Community Services and C&P	Further development/ review of Communication Plan for WB Programme Further development of case studies for	Programme Team	Whole Act Part 2	

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
	Community Services Communication Plan	Community Services and C&P			
Older people remodelling	**Intermediate Care Services** Optimal intermediate care model of delivery identified and mandated by CEXs. Levelling up of optimal model (Common Access Point, Acute Clinical Response, Reablement) in process across the region **Anticipatory Care Planning (ACP):** Anticipatory Care Planning progressed with 3 early adopter	**Intermediate Care Services** Position statement for each locality including any gaps, issues Prioritisation of opportunities/ gaps Review optimum model in context of whole system Evaluation of ICS **Anticipatory Care Planning (ACP):** Refine and review ACP approach/pro cess Roll out plans for 8 other	Community Services Planning & Delivery Board	Part 9 – prioritisati on of the integration of services in relation to older people with complex needs; delivery of pooled budget for care homes by April 2018	

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
	community networks (1 in each LA area) Primary and Community Fund of £660k to fund 'Care Navigator' coordination role and admin support Anticipatory Care process developed, standardised anticipatory care plan, specific Information Sharing Protocol for Anticipatory Care Western Bay **Care Home Commissioning Strategy** for Older People completed.	cluster networks Establish performance framework Public Consultation for **Commissioning Care Homes Strategy** Implementation plans for each locality Develop strategic plan for pooling of pooled budget for care homes (to be effective from April 2018)			

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
	Regional Quality Framework for Care Homes (over 65s) Approved and implemented framework NPT, BCBC approved through Cabinet Response to OPC Report: Place to Call Home	**Regional Quality Framework for Care Homes** (over 65s) Review governance and framework CCS to approve through cabinet Response to OPC Report - Dementia: More than just Memory			
Pooled funds	Developed and approved S33 agreement for Intermediate Care Services Establishment of Joint Partnership Boards in each Locality	Revise S33 agreement for Intermediate Care Services for 16/17	Community Services Planning & Delivery Board/ Local Joint Partnership Boards x3	Part 9 – promote the establishment of pooled budgets where appropriate; prioritisati	

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
	IFSS Board/ Steering Group Joint Equipment Store (NPT, CCS & ABMU)	IFSS Pooled Fund Develop strategic plan for pooled funds for care homes (to be effective from April 2018)	IFSS Steering Group Community Services Planning & Delivery Board /National Commissioning Board	on of the integration of services in relation to older people with complex needs; delivery of pooled budget for care homes by April 2018	
Population Assessment	Development of regional PID Established T&F Group	Implement project plan Making links to future generations Act Consultation / Engagement events Produce local and regional PA by April 2017	Pop Ass T&F Group & Programme Team	Part 2 – Population Assessment	Develop new models of service for preventative services, commissioning and social enterprises, responding to population assessments
Regional SCWDP	Delivery of 2015-16 Plan	Develop Plan for 2016-17 Align with Regional	Workforce Development Steering Group	Whole Act	Ensure that the regional learning and development strategy and

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		Implementation Plan Monitor delivery			Plan is embedded in the regional implementation plan
SCiP	Delivery of 2015-16 business plan	Develop Plan for 2016-17 Align with SCWDP/ Regional Implementation Plan Monitor delivery	Workforce Development Steering Group	Whole Act	Ensure that the regional learning and development strategy and Plan is embedded in the regional implementation plan
Workforce Strategy / Development	Established Workforce Development Steering Group	Target HR/culture issues Engagement of staff to embed assessment processes (C&P project) Options appraisal for training across the region to consider regional arrangements	Workforce Development Steering Group	Whole Act	Ensure that the regional learning and development strategy and Plan is embedded in the [regional partnership] plan

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		which could provide improved links with Health			
Training on the Act	Deliver and evaluate initial programme	Deliver next phase	Workforce Development Steering Group	Whole Act	Ensure that the regional learning and development strategy and Plan is embedded in the [regional partnership] plan
Outcomes Focussed Commissioning (C&P Project)	Achieved outcomes for service users (see case studies) Savings of £1.3m	Further outcomes for service users Further savings to be realised	C&P Project Board / Programme Team		
C&P Regional Brokerage Services	MH regional brokerage service established	Review MH regional brokerage service to ensure fit for purpose Implement LD brokerage service Savings to be realised	C&P Project Board/ Programme Team		

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		Outcomes for service users			
Systems	Bridgend implemented WCCIS – April 2016 Established WB WCCIS work-streams Draft readiness plan	Develop regional business cases Develop local and regional implementation plan Develop communications plan	WCCIS Regional Project Board / Programme Team	Whole Act	Consistency in the performance management framework and the introduction of underpinning systems WCCIS
Performance	Progressed locally	National performance measurement framework to be progressed and applied in each local area Consider reviewing ACRF template across region once WG template for next year is confirmed	WB Programme Team	Whole Act	Consistency in the performance management framework and the introduction of underpinning systems WCCIS and Dewis

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		Links to Regional WCCIS Project which will support consistency of performance measures			
Area Planning Board (Substance Misuse)	Substance Misuse Commissioning Strategy developed and approved. Formal consultation commenced in March 2016	Capital Estates Strategy drafted and to be taken to the next APB Board Meeting (6th July 2016) for approval. Proposals for re-commissioning being developed currently. Bids for SMAF Capital Funding submitted to Welsh Government by set deadline (10th	Regional Area Planning Board		

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
		June 2016). S.33 Agreement drafted, will be circulated for consultation amongst signatories shortly (June/July 2016) Governance Framework drafted and Approved.			
Youth Offending Service	Regional Shared Service Manager in post Annual Youth Justice Plan for 2015/16 agreed by Management Board Short Quality Screening Inspection conducted by	Legal Agreement being finalised Further review of management arrangements New model of operation to be introduced to improve sentence choice and opportunities	Western Bay Youth Justice and Early Intervention Service (WBYJ&EIS) Management Board		

Activity	Stage 1 (Existing)	Stage 2 (proposed post April 2016)	Current programme board	Relevance to SSWBWA	DTG 'national priority'
	Her Majesty's Inspectorate of Probation (HMIP) – Oct 15	for children and young people			
Supporting People	Development of a Regional Commissioning Plan for Western Bay submitted to Welsh Government Reviewed and revised Terms of Reference for SP Regional Collaborative Committee Development of Roles and Responsibilities for members	Supporting People Commissioning Plan	Supporting People Regional Collaborative Committee		

Equality Impact Assessment Screening Form

Please ensure that you refer to the Screening Form Guidance while completing this form. If you would like further guidance please contact your directorate support officer or the Access to Services team (see guidance for details).

Section 1
Which service area and directorate are you from?
Service Area: Social Services - Western Bay
Directorate: People

Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

Service/ Function Proposal	Policy/ Procedure	Project	Strategy	Plan
☐ ☐	☒	☐	☐	☐

(b)   Please name and describe below

The establishment of a statutory regional board to oversee integrated services for health and social care (replacing informal Board previously established)

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…?

Because they internal need to	Because they want to	Because it is automatically provided to everyone in Swansea	On an basis i.e. Staff
☐ (H)	☐ (M)	☒ (M)	☐ (L)

Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING…

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Children/young people (0-18)	☐	☒	☐	☐
Any other age group (18+)	☐	☒	☐	☐
Disability	☐	☒	☐	☐
Gender reassignment	☐	☒	☐	☐
Marriage & civil partnership	☐	☐	☐	☒
Pregnancy and maternity	☐	☒	☐	☐
Race	☐	☐	☐	☒
Religion or (non-)belief	☐	☐	☐	☒
Sex	☐	☐	☐	☒
Sexual Orientation	☐	☐	☐	☒
Welsh Language	☐	☒	☐	☐
Poverty/social exclusion	☐	☒	☐	☐
Carers (inc. young carers)	☐	☒	☐	☐
Community cohesion	☐	☐	☐	☒

Q4 HAVE YOU / WILL YOU UNDERTAKE ANY PUBLIC CONSULTATION AND ENGAGEMENT RELATING TO THE INITIATIVE?

☒ **YES**   ☐ **NO** **(If NO, you need to consider whether you should be undertaking consultation and engagement – please see the guidance)**

If yes, please provide details below
The Western Bay Regional Citizen's Panel will be the means of engagement relating to Western Bay activities/ developments going forward. A representative of the Panel will be sought through an 'expression of interest' selection process to be a member of the Regional Partnership Board

Q5(a)HOW VISIBLE IS THIS INITIATIVE TO THE GENERAL PUBLIC?

| High visibility ☐(H) | Medium visibility ☐ (M) | Low visibility ☒(L) |

(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION? *(Consider the following impacts – legal, financial, political, media, public perception etc…)*

| High risk ☐ (H) | Medium risk ☒ (M) | Low risk ☐ (L) |

Q6 Will this initiative have an impact (however minor) on any other Council service?

☐ **Yes**   ☒ **No   If yes, please provide details below**
Setting up the Board will not directly affect other Council services, although decisions taken by the Board in the future may impact on many areas of operation.

Q7 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 Q8 followed by Section 2

Q8 If you determine that this initiative is not relevant for a full EIA report, you must provide adequate explanation below. In relation to the Council's commitment to the UNCRC, your explanation must demonstrate that the initiative is designed / planned in the best interests of children (0-18 years). For Welsh language, we must maximise positive and minimise adverse effects on the language and its use. Your explanation must also show this where appropriate.

Although the work of the Board will impact on many areas of operation, setting it up in line with statutory requirements will have little direct effect – consequently there is no need for a full EIA report at this stage. Initiatives emanating from the Board will need to be considered individually and each will be subject to the EIA process Consideration must be given to the fact that different equality (and Welsh language) standards and procedures will exist across the partnership bodies and implementations will reflect this.

Section 2
NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email – no electronic signatures or paper copies are needed.

Screening completed by:
Name: Nicola Trotman
Job title: Western Bay Programme Co-ordinator
Date: 21st June, 2016

Approval by Head of Service:
Name: Sara Harvey
Position: Western Bay Programme Director
Date: 21st June, 2016

Please return the completed form to
accesstoservices@swansea.gov.uk

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD
14 JULY 2016

REPORT OF THE HEAD OF ADULT SERVICES -
ANDREW JARRETT

Matter for Information

Wards Affected: All Wards

IMPROVING OUTCOMES, IMPROVING LIVES ANNUAL REPORT 2015/16

1. Purpose of the Report

1.1   To provide an update to Members on progress with the Improving Outcomes, Improving Lives (IOIL) adult social care transformation programme during 2015/16.

2. Background

2.1   Following approval by Corporate Directors' Group on 10th March 2015, the adult services transformation programme was rebranded as Improving Outcomes, Improving Lives (IOIL) from Transforming Adult Social Care (TASC). A Programme Manager was appointed and commenced in July 2015 in order to focus the efforts of the programme, and ensure project plans and action registers were set against each work-stream.

2.2   Regular project meetings and senior manager meetings were established in order to monitor and encourage progress and track financial savings achieved against respective work-streams. Progress was fed-back monthly to the Director of Social Services, Health and Housing via Highlight Report and Director Monitoring

Meetings. Progress was fed back quarterly to Corporate Directors Group via quarterly reports.

2.3 The programme has received external support from a number of sources. Following approval by Social Care, Health and Housing Cabinet Board on 11th June 2015, Peopletoo were appointed to provide support for the delivery of cultural and practice change and performance and business systems work-streams in the programme. Alder continued to provide support to the review and negotiations around complex care placements under the Pathways to Independence work-stream. Peter Oakeshott continued to provide support in the areas of alternative delivery models and commissioning. Paul Davies was commissioned in November 2015, initially to provide support and expertise in the area of Direct Payments.

2.4 Throughout a period of change and instability in leadership attributed to the programme throughout the year, continuity and progress has been maintained via review of delivery, appropriate use of available resources and the ongoing commitment of those involved in underlying projects and work-streams.

3. Financial Impact

3.1 There are no financial impacts associated with this report.

4. Equality Impact Assessment

4.1 There are no equality impacts associated with this report.

5. Workforce Impacts

5.1 There are no workforce impacts associated with this report.

6. Legal Impacts

6.1 There are no legal impacts associated with this report.

7. Risk Management

7.1 There are no risk management issues associated with this report.

8. Consultation

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

9. Recommendations

9.1   It is recommended that Members note the Annual Report attached at Appendix 1.

10.   Appendices

10.1 Improving Outcomes, Improving Lives Annual Report 2015/16.

11.   List of Background Papers

11.1 None.

12.   Officer Contact

12.1 Andrew Jarrett, Interim Head of Adult Services
        Tel. No. 01639 763327
        Email: a.jarrett@npt.gov.uk

        Lucy Jones, Business Strategy Officer
        Tel. No. 01639 684775
        Email: l.jones18@npt.gov.uk

**IMPROVING OUTCOMES IMPROVING LIVES
ANNUAL REPORT 2015/16**
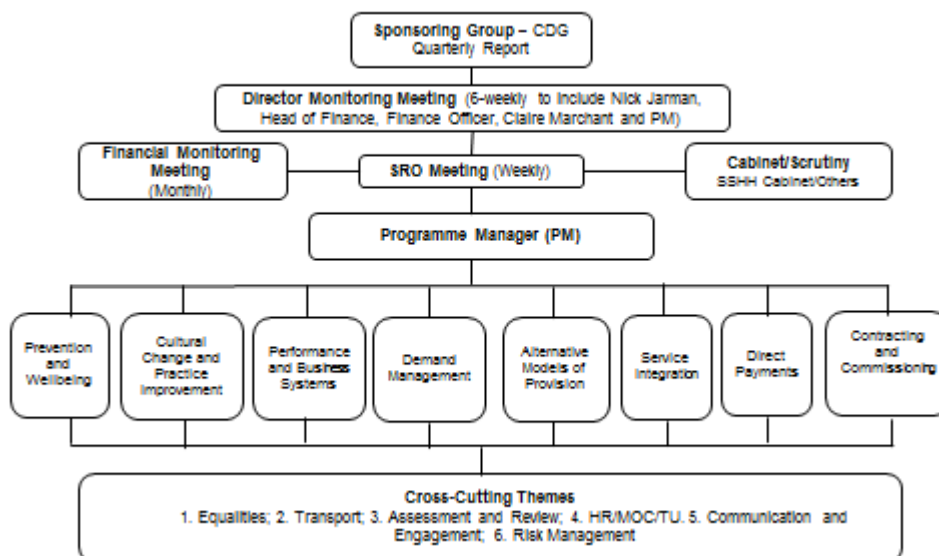
1. Purpose of report

To provide an update to Corporate Directors' Group (CDG) on progress with the Improving Outcomes, Improving Lives (IOIL) adult social care transformation programme.

2. Progress 2015/16:

The Programme Structure has been amended as follows:

- Following the appointment of Andrew Jarrett to Interim Head of Adult Services, the Programme Structure was reviewed and determined to be over-complicated in the number of closely inter-linked projects that contributed to the bottom line savings target. Therefore, the programme has been streamlined, with a number of projects now amalgamated into the single project, Adult Social Care Modernisation.

Original Structure (as at April 2015):

Revised Structure (from April 2016):

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                    ┌─────────────────────────────┐
                    │      Cabinet/Scrutiny        │
                    │     SSHH Cabinet/Others      │
                    └─────────────────────────────┘
                                  │
                    ┌─────────────────────────────┐
                    │  Sponsoring Group – Corporate│
                    │       Directors' Group       │
                    └─────────────────────────────┘
                                  │
          ┌───────────────────────────────────────────────────┐
          │   Director of Social Services, Health & Housing    │
          │              (Monthly Updates)                     │
          └───────────────────────────────────────────────────┘
                                  │
                    ┌─────────────────────────────┐
                    │     Head of Adult Services   │
                    │ Head of Commissioning & Support Services │
                    └─────────────────────────────┘
                                  │
                    ┌─────────────────────────────┐
                    │   Adult Services Team Managers│
                    │       Meeting (Weekly)       │
                    └─────────────────────────────┘
                                  │
    ┌──────────────┐   ┌──────────────────┐   ┌────────────────────┐
    │ Modernising  │   │ Adult Social Care│   │Improving Productivity│
    │ Day Services │   │  Modernisation   │   │ of In-House Homecare │
    └──────────────┘   └──────────────────┘   └────────────────────┘
    ┌───────────────────────────────────────────────────────────────┐
    │                    Cross-Cutting Themes:                       │
    │ 1. Equalities; 2. Assessment & Review; 3. HR/MOC/TU;           │
    │ 4. Communication and Engagement;                               │
    │ 5. Risk Management; 6. Performance & Business Systems          │
    └───────────────────────────────────────────────────────────────┘
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- The Adult Social Care Modernisation Project combines the savings of the previous projects with a bottom line FFP Target of £2.05m.

- Savings under the Adult Social Care Modernisation Project will be recorded via a Tactical Panel process which will account for all approved and non-approved expenditure requests for social care. The Tactical Panel adopts a phased approach across the client groups. Phase 1 (Q1 16/17) focuses primarily on Complex Needs and Mental Health (Low Volume/High Cost). Phase 2 (Q2 16/17 onwards) will take into account any lessons learned during Phase 1 to ensure successful roll-out across Community Networks (High Volume/Low Cost).

- The Tactical Panel will feed back into two overarching project groups:

  ➢ Finance Systems – Monitors the overall savings achievements & uses budget feedback to inform decision making

➢ Resources – Ensures best use of existing resources (particularly in-house), avoiding more costly external options wherever possible

- Modernising Day Services and Improving Productivity of In-House Homecare Services remain as standalone projects.

- Progress regarding individual projects and work-streams follows later in this report.

2.1. Programme Governance:

The arrangements surrounding governance have progressed as follows:

- *Director Monitoring Meeting:* These meetings have been held monthly to present the Programme Highlight Report to the Director of Social Services, Health and Housing. The Highlight Report presents the headline budget information and critical risks, issues and decisions. Narrative updates from work-stream leads have been reviewed and refined throughout the year for easier digestion of information.

- *Reporting to CDG:* Quarterly reports are submitted to CDG for monitoring. This annual report serves as a reflection on progress throughout the full Financial Year 2015/16.

- *Senior Responsible Officer (SRO) Meetings*: SRO meetings were established and met weekly initially, moving to fortnightly mid-way through the year. The focus of the meetings alternated to cover financial monitoring and highlight reporting respectively. Attendance consisted of both senior and operational managers, as well as Finance and Business Services representatives and the Programme Manager. These meetings continued into the early part of the 4th Quarter, but have now been dissolved and absorbed into the weekly Adult Services Team Managers Meeting, introduced and chaired by the Interim Head of Adult Services.

- *Management of Risk:* The Risk Register is routinely refreshed in line with the changes to the Programme structure. The existing risks will be reviewed and carried forward as necessary.

2.2. Programme Management and Delivery:

The following has progressed:

- *Programme Manager:* The Programme Manager role commenced in July 2015 and ceased on 31st March 2016. The Programme

Manager was responsible for the coordination, recording and reporting of programme delivery. Future programme/project support will be delivered via existing roles from within Commissioning and Support Services.

- *Quality Assurance:* Additional Programme support was provided from October 2015 by Bethan V. Browning in a Quality Assurance role, to monitor programme delivery, governance arrangements, business planning and financial reconciliation. This arrangement is in place until mid-June 2016.

- *Membership of groups:* Group attendance has been routinely reviewed to ensure focus and momentum are maintained and delivery of the Programme is not adversely affected, particularly in line with the departure of a number of senior managers/project leads.

- *Project Teams:* Project teams have been routinely revised in line with any departures and taken into account any changes to project focus/delivery.

- *External support:*

  ➢ Peopletoo Associates commenced with the Authority in June 2015. The main focus of their support was in ensuring the Programme work-streams were focused and able to deliver on the associated 2015/16 FFP targets. They were approached early on to advise on 2016/17 savings also and processes for achieving these, to which they were accommodating. An in-depth Cultural Change and Practice Improvement training programme was also delivered across Social Work teams and Gateway, the focus of which was to enable staff to achieve a constant level of knowledge, skills and understanding of the practices and processes required to help meet the aims and objectives of the programme. This training was delivered at team level, and via one-to-one mentoring, and was tailored to suit the individual needs of the team. The contract with Peopletoo has not been extended past its original cessation date.

  ➢ Peter Oakeshott has been providing support to the service and programme in a number of areas. He currently provides an interim leadership role to the Common Commissioning Unit.

  ➢ Paul Davies was appointed by the Authority in November 2015 to provide support around Direct Payments in the main. Paul's expertise and knowledge have played a crucial part in refocusing

the Direct Payments project and establishing and mobilising an in-house support service. Whilst recruitment to existing Principal Officer vacancies is ongoing, Paul has taken on the role of Interim Principal Officer, continuing to provide additional support and expertise in various areas of the business. He is also the appointed lead for the Adult Social Care Modernisation project.

➤ Alder continued to support the Pathways to Independence (PTI) project throughout 2015/16, particularly in the areas of robust assessing and negotiation. Following the absorption of PTI into the Adult Social Care Modernisation project, Alder's focus has been moved to other areas of programme delivery. Ellen Law provides leadership and support as Interim Principal Officer, and Jenny Anderton is instrumental in identifying and developing the Pathway to Care flow.

2.3. Progress with Projects and Work-streams:

Achievements in 2015/16 and work to progress through 2016/17 is summarised in the following table:

Project Title	Achievements in 2015/16	Work to Progress in 2016/17
Prevention and Wellbeing	**Local Area Coordination** 3 Local Area Coordinators were appointed during the year. A rigorous induction process was delivered, supported by Ralph Broad. Training has been provided by NPTCBC, ABMU, WCADA, and shadowing of the Swansea team undertaken. There are prospects for further training with 3rd Sector, including Women's Aid. Team are embedded within communities and implementation has received encouraging feedback. Positive links have been made with GPs and CVS. Communication plan in place & website has been set up. **Development of Resource Directory** Due to slow progress and no visible plans for implementation of Info Engine, Adult Services employed a local interim measure, utilising the local service directory developed by the Gateway/MDT 3rd Sector Broker. This facility was uploaded to the Quality Performance Framework so that is available for use by all staff. **Time Banking** Despite a successful pilot of Time Banking in the Amman Valley, no work has been taken forward in further progressing this.	**Re-launch of Leadership Group Establish links with CYPS Develop data monitoring/measures, links with SSIS (data required by Partnership Board). Link with Finance re: costings. Utilise social media. Develop a wider training programme with Training Dept.** **Further developments and decisions regarding a resource directory provision are being considered through the corporate Information, Advice and Assistance work-stream, led by the Chief Executives Directorate.**

Cultural Change and Practice Improvement	**Embed New Social Work Model** The new Social Work Model went live on 16th April 2015. Following this, there were some embedding issues in terms of moving workers and cases into the correct teams, both in physical and IT system senses.	**Work to be undertaken to ensure team criteria are fit for purpose and services are coordinated across teams.**
	Right Sizing and Right Pricing Pathways to Independence (PTI) savings slowed down during the first quarter of 2015/16 due to staff absences and consequently reduced pace, but regained momentum following a concerted effort into the second quarter and beyond. The project received robust support from Alder associates in terms of assessment and negotiation.	**This work now feeds into the funding and resources panels under the single work-stream Adult Social Care Modernisation.**
	Outcomes Pilot Implementation During the past 12 months the Afan network participated in an Outcomes pilot project for SSIA. The project focused on citizens' outcomes and how social work staff can utilise their knowledge and skills to achieve these outcomes. The project enabled the team to focus upon collaborative communication skills and how these can be used to assist in identifying individual outcomes.	**In 2017 Welsh Government will request that Local Authorities provide measurements as to the 'distance travelled' with individual outcomes; decision will be required as to how NPT plans to manage this.**
	Transition The Transition Protocol, approved by SCHHCB on 14th May 2015, was formally launched on 14th July 2015. In	**Pathway process needs to identify a robust entry criteria**

the Autumn of 2015 a vacant Consultant Social Worker post in the Disability Network Team was appointed to. The area of focus for this post is Transition and Continuing Health Care. The post holder commenced in January 2016. Since taking up post, the post-holder has been working to develop planning and tracking meetings, which had previously been established, but were not functioning adequately, or attended by the correct people, although beneficial in creating necessary links with Children and Young Peoples Service. A transition panel is being considered. A flowchart looking at how best to move cases on has been developed. A spreadsheet has been created to identify and track potential transition clients in collaboration with Health and Education, taking into account those young people who have the potential to fall off the radar after leaving school. **Efficiency of Service:** **Improve Case Coordination and Process of Assessment/Review so Outcome Focussed and Proportionate** Please refer to section above regarding Outcomes Pilot, and below regarding cultural change and practice improvement training.	**for each team.** **Capacity and resource to deliver needs to be monitored.** **System needs to be introduced to identify, forward plan and identify risks.** **Continued and improved integration with CYPS, Health, Education and Commissioning.** **Work being undertaken in relation to the pathway to care process will aim to connect processes and ensure the robust coordination of cases**

Reduce Double Handling

Following an analysis of the cohort of cases under PTI/Complex Needs cases (low volume, high cost), Peopletoo identified that there was extra scope for right sizing within Community Cases (high volume, low cost). A desktop exercise coordinated by Commissioning with external providers' support wielded a successful and prompt reduction to call lengths totalling 6,500 saved hours per annum, equating to a saving in the region of £90k. Further work focussed on the robust review of double manned domiciliary cases, which was largely supported by an Agency Occupational Therapist and Social Worker. Reductions were identified via functional mobility reviews, but implementation of recommended reductions was somewhat hindered through the coordination process.

Ensure Assistive Technology Used as Widely as Possible

Referrals to Assistive technology have not increased throughout 2015/16. It has been recognised that this preventative service is critical towards supporting citizens to remain healthy, safe and well at home.

across the service.

The coordination process needs to be enhanced to ensure the right sizing process is understood by all teams. This can be supported through training and communications, plus a concerted effort towards skills transfer from those experienced in carrying out this work. Workshops to engage with other teams and highlight the OT's role in the assessment/review process have been arranged by the Team Manager.

Assistive technology services need to be brought to the forefront and better coordinated with the assessment/review process. The team manager sits on the newly established resources

panel. **Review of the existing IT system is planned.**

Cultural Change:

Skills Development/Cultural Change Programme
In August 2015, Peopletoo commenced an accelerated cultural change and practice improvement training programme with the following teams:
- Afan Network
- Neath Network
- Disability Network
- Community Mental Health Teams (CMHTs)
- Community Resource Team (Social Work)
- Gateway

The purpose of the training was to enable staff to achieve a constant level of knowledge, skills and understanding of practices and processes and prepare them for the introduction of the Social Services and Well-being (Wales) Act 2014 implementation in April 2016, as well as a more general move towards outcomes based social work.

The training was tailored to the individual needs of the team and the service as a whole and delivered through group sessions, followed by one-to-one mentoring to both staff and managers. Training comprised of 6 themes that provided a balanced focus on practice and behaviour

Progress around culture change is ongoing, and will need to be supported through ongoing training and mentoring. Quality assurance and performance management need to be embedded into the supervision process, with systems in place to support this. The service needs to ensure the upskilling of staff and promote skills transfer from experienced external and agency staff to ensure sustainability.

change.

The principles of the training included test and challenge of assumptions, use of real case examples to develop solutions; creating solutions through peer support and reflective practice.

Teams and staff were baselined at the start so that progress and achievements could be reviewed. The impact of the training was monitored through changes to skill, knowledge and confidence levels in practice, evidenced by improvements to documentation and recording.

Positive Risk Taking in Social Work/Risk Management

A one day training session, delivered by Jan Little, was undertaken by members of the Disability, CMHTs and Reablement Teams. The session focused on appropriately identifying, assessing, analysing and managing risk. It also considered the underpinning attitudes that influence how individuals define and deal with risk, whilst examining exemplar scenarios to discuss the approach they would take. The training covered a more balanced/less deficits-focused approach to risk management.

The team manager in the Disability Network Team has received positive feedback from the team and has

Training to be rolled out to the remaining teams.
Continued encouragement from management to ensure process is embedded into practice.
Follow up half-day session, which will incorporate real life practice examples to realise the outcomes already achieved and build on progress.
Ensure learning outcomes are considered alongside developments to the Adult

	reported evidence of application in practice. The training was deemed less beneficial by CMHTs as their practice and paperwork already reflects this type of approach, however, did comment that the training offered a different way of thinking, and was a refreshing approach. CMHTs also suggested that Health colleagues (within the integrated CMHT) ought to be considered when further rolled out.	**Social Work and Carers Assessments.**
Demand Management	**Review Information, Advice and Assistance at First Point of Contact** NPT's Information, Advice and Assistance service is being reviewed corporately, led by Chief Executive's Directorate. The Gateway Manager is actively engaged in this review process and developing data collection and reporting mechanisms to inform the group. **Ensure Resilience of the Gateway** Improving the resilience of Gateway continued to be a priority. The appointment of a permanent manager has offered much needed consistency to the team. The Gateway Manager continues to work closely with the integrated HR Officer to effectively manage sickness within the team. **Agree Vision for Multi-Disciplinary Triage and Implement/ Ensure Robust Link between Gateway and Rapid Services**	**Under the pathway to care work being undertaken, demand into Gateway will be reviewed and assurances made that reliable and meaningful data is available to baseline the current position and monitor improvements. Developments are underway in collaboration with the IAA work-stream to monitor the filtering and flow of calls into and out of the service.**

	The Gateway Manager has continued to develop and recruit to the MDT. There are currently 2 part time Social Workers, a 3rd Sector Broker & a Community Occupational Therapist in place, and further work is planned to fully embed a Nurse and Rapid Response services to deal with same day/next day referrals.	
Performance and Business Systems	**Performance** Work has continued in the area of performance and business systems to improve access to and accuracy of performance information and to ensure the IT system in place is fit for purpose.

A review of the existing system and dashboards by Peopletoo commended a 'sound system' but recommended areas for improved data capture, including individual/team productivity reports and enhanced incoming demand monitoring.

The Adult Services Data Dashboard continues to be circulated monthly, and feedback has been considered, anomalies investigated and a concerted effort made to ensure accuracy and reliability. Business Support staff undertake monitoring exercises to ensure the information input is correct and timely, so as to best reflect performance. | **An ongoing review of the Community Resource Services System will ensure accurate and reliable data is available for performance monitoring and service improvement purposes. An IT priority plan will be developed with the Head of Adult Services to ensure appropriate developments are undertaken. The Quality Performance Framework will be reviewed and further developed to provide a robust and meaningful resource to practitioners, managers and support staff alike.**
The newly introduced Strategic Funding panel will be |

Systems
A proportion of the focus throughout the year sat with ensuring that Performance and Business processes and systems were able to meet the requirements of The Social Services and Wellbeing (Wales) Act 2014. Much progress has been made in this area, although there remains some additional work to finalise this and ensure full compliance.

The Quality Performance Framework (QPF), an online Adult Services Resource, was launched in May 2015, and remains a work in progress. The QPF, once further developed, has the capacity to work as a very useful tool, in containing policies and procedures, help forums and performance information.

There was a significant increase in the number of Deprivation of Liberty Safeguards (DOLS) through 2015/16 following a landmark Supreme Court ruling in Cheshire West. Prior to this, A DOLS system had been developed for data collection, which has been further developed/refined throughout the year. The system mirrors the Welsh Government reporting requirements, allows data and reports to be extracted, calculates

monitored to ensure that any improvements to processes and systems to better monitor the spending flow are introduced as necessary.

	timescales and allows for monitoring and notification of progress.	
Alternative Models of Provision	**Older Persons Day Services/Day Opportunities** On 24th November 2015 the Director of Social Services, Health and Housing led an all staff meeting to present the proposed remodelling of Day Services. Following Cabinet Approval on 26th November a 45 day staff and 90 day public consultation was launched on 3rd December. This was supported by a robust and widespread communications and engagement strategy. The background to this considered the over-provision of traditional services and paid support that had created a culture of reliance on services and lessened independence. It was developed in line with the Social Services and Well-being (Wales) Act 2014, which promotes the consideration of all available support, including family and community networks. The proposed remodelling sought to improve services by enhancing choice and control, and enabling the provision of a Direct Payment in order for an individual to purchase their own support or use it to access the Authority's Direct Services. The remodelling proposed a move from traditional, building based services to an integrated community service model, which would be supported by a team of peripatetic staff who would help to connect service users to their communities. The consultation	**Discuss crossover between LAC and CCTs and potential for amalgamation into one service.** **Meetings with staff, carers and service users on the outcome of Cabinet's decision.** **Progress work as per Cabinet decision.** **Identify who could be supported to leave on ERVR if model is approved.** **Agree timeline and coordinate assessment process with Social Work teams.** **Coordinate outcome of Cabinet decision with colleagues in Transport/Estates.**

ceased on 13th March 2016, and following this responses were collated to contribute to the final Options Paper to be presented to Cabinet for approval.

Community Meals

In March 2015, the Council's Community Meals Service transferred from the Environment Directorate to Social Services, Health and Housing. Through the year, the number of recipients declined dramatically, and a review of the the service deemed it financially unviable to maintain long term. Approval was granted by SCHHCB on 17th December 2016 to cease the operation of the service and develop alternative arrangements where existing customers could be signposted, and complete early termination of the Apetito contract. Following this, a task and finish group was established to orchestrate the movement of exiting recipients onto alternative arrangements, either with or without the support of Social Services at their discretion. Contact was made with every recipient, and confirmation of understanding, decision and support required was obtained.

Gelligron

Following SCHHCB agreement in February 2015 to decommission Gelligron Residential Unit, there was a delay in transferring some residents to alternative accommodation. The unit was closed in December 2015.

	Older Persons Respite Cabinet approved a remodel on 10th September 2015, to incorporate regular short break service reviews. **Domiciliary Care/Alternative Delivery Models** The Homecare Management Team has been enhanced throughout 2015/16 following the appointment of a new Registered Manager, Business and Finance Manager, Deputy Manager, Quality Assurance Manager and embedded HR Officer. The team have worked tirelessly to improve efficiencies in the service and tackle issues around capacity utilisation, staff compliance and rotas and contracted hours, with the support of Trade Unions. A Performance Framework was developed to track progress and identify areas of challenge and concern. On 24th February 2016, Cabinet approved Option 2 of the Alternative Service Delivery for Adults' Social Services, allowing for the development of an in-house business unit.	**The form, function and structure of the in-house business unit to be agreed and implemented, as well as a series of fiscal tests. Efficiency improvements will continue to be a priority. Developing close links with the Direct Payments team to enhance the capacity utilisation and responsiveness of the service through mobilisation of a pool of Personal Assistant , to reduce blockages through brokerage.**
Integration	**Community Resource Team (CRT)** The Intake Reablement Model went live in October 2015, and referrals through Reablement have increased as a result. The purpose of this model is to ensure as much preventative input at the start to promote independence, reducing the need for long term care, and ensuring the right sizing of any ongoing packages of care.	

	Community Networks The Afan Network, as well as being the site for the Outcomes pilot, have also acted as an early adopter of Anticipatory Care Planning, which aims to proactively manage vulnerable patients with complex care needs who are at risk of losing their independence. This can be achieved by avoiding unnecessary admission to hospital or long term care settings in order to achieve sustainable and more efficient community services. At last update, from a cohort of 34 patients, of whom 21 were risked as 'red', none have been admitted to care homes or had emergency admissions to hospital. Roll out across all GP practices in the area has been achieved for the Afan Network.	**The pathway to care work being undertaken will improve the coordination of cases and flow between teams, supported by the agreement of a robust entry criteria for each team. Consideration is being afforded to next roll out phase of Anticipatory Care Planning across NPT.**
Direct Payments	**Implement Direct Payments Action Plan** During 2015/16 a detailed action plan towards improving the uptake and provision of Direct Payments was implemented. The focus at the early stages was on promotion at the earliest opportunity, which highlighted the requirement for thorough knowledge and positive engagement via the Reablement Service. The focus of the original plan was shifted towards the end of the year to the creation of an in-house support service, and the development required to mobilise this. In	**Ongoing recruitment to and development of the Direct Payments Team.** **Launch of Direct Payments Website.** **Review of processes and identification of critical path.** **Ongoing PA recruitment.** **Development of IT Systems**

	November 2015, Paul Davies commenced with NPT, with his initial focus on supporting the development of the in-house service.	**and Performance Measures.**
	The main obstacles for the team were around reducing the timescales for setting up a Direct Payment and targeting the negative culture associated with it. A mandatory training programme 'Outcomes of Direct Payments' was developed and delivered by Gower College Swansea and Paul Davies, which aimed to enhance the knowledge and promotion skills of front-line staff (including health colleagues).	
	Alongside improving internal knowledge, it was recognised that public awareness needed heightening, and a Communications strategy was put in place to address this. This included a poster campaign, press release, positive case studies and targeted mailshots. A parallel campaign was launched to increase awareness and interest in the Personal Assistant (PA) role, with a view to building up a bank of work-ready PAs to expedite the matching process.	
	Undertake a Review to Ensure Tighter Financial Management of Direct Payments	
	Finance colleagues have been critical members of the project group and advancements have been made in acquiring a pre-paid card system which will allow for better financial management and enhance the time taken	**Progress with implementation of pre-paid card system.**

	to set up a Direct Payment.	
Commissioning	**Change of Practice Following Staff Restructure/Development of Market Management Strategies/Modernisation of Commissioning and Procurement** The management of change in relation to the Common Commissioning Unit (CCU) was completed, and staff launch took place on 20th July 2015. Vacant posts were appointed to throughout the year. Following the departure of Claire Marchant, Head of Community Care in October 2015, Angela Thomas, Head of Business Strategy & Public Protection took over responsibility for the CCU. The service has since been renamed Commissioning and Support Services. Following the departure of the Principal Officer for Commissioning, Peter Oakeshott has taken over direct management of the team on an interim basis.	**The structure of the team is to be reviewed. Closer links with operational teams are being established to ensure the commissioning process and arrangements are fit for purpose**.
Crosscutting Themes	**Transport** Transport was realigned under the Modernising Day Opportunities work-stream during the year. **Equalities** Equality Impact Assessment (EIA) training was provided to those staff with report writing responsibility. The	**Ongoing**

	Obtaining Safe and Legal Decisions training provided by the Chief Executives Office also reiterated the importance of the EIA screening process.	
	Prioritisation of Assessment and Review The prioritisation of assessment and review was a crucial theme under the Cultural Change training provided by Peopletoo and now forms part of the Pathway for Care process.	**Ongoing**
	HR/MOC/TU Human Resources and Trade Unions continue to be consulted on areas relating to the Programme. There are two HR Officers embedded within Adult Services; one based with the Social Work Teams, and one within Homecare.	**Ongoing**
	Communication and Engagement Key messages surrounding the programme continue to be communicated internally and externally in line with the Communication and Engagement Plan.	**Ongoing**
	Risk Management The risk register was routinely revised and updated to effectively monitor risk. Key risks are addressed with the Director at the monthly highlight meetings.	**Ongoing**

3 Forward Financial Plan

The total efficiency savings for 2015/16 have been achieved (see below). The main risk to this throughout the financial year 2015/16 sat with the project to right size existing packages of care (Pathways to Independence), due to a reduction in capacity and pace in the early part of the financial year. However, the savings gap was offset by lower than forecast demand. The Tactical Panel process under the Adult Social Care Modernisation project will drive forward work around right sizing, as well as embedding this as good practice across teams. It will also allow for better monitoring of the cash flow throughout the financial year 2016/17 and provide a practical, up to date picture relating to spend.

Project	SSHH Ref	15/16 FFP target (£k)	15/16 savings (£k)	Comments
Homecare Efficiency:				
Reduce sickness absence, increase productivity, reduce staff costs	516	338	551	Although 551k of savings were generated in homecare, they provided 20k less hours. If these were picked up externally there is an additional cost of £276k
Modernising Day Services				
Reduce staff costs and generate income	605	487	604	
Reduce transport costs	545	115	111	
Reduce underutilised capacity and reduce premises less: provision costs	553	100	100	
Reduce expenditure on meals on wheels & increase income	518	200	110	
PTI and Right Sizing Care Packages:				
PTI and high cost DP	551	1,167	1,089	Savings from LD, MH & DP placement budgets not necessarily all attributable to PTI and right sizing
SW Productivity:				
Review Social Work workforce to operate as efficiently as possible	543	208	501	
Total		**2,615**	**3,066**	

4 Key risks

The key risks for the programme are as follows:

- Ensuring delivery of challenging 2016/17 FFP targets.
- Commitment to the cultural change required to deliver the practice improvement, and changes to performance management and systems.
- Maintaining high standards of operational delivery throughout the change.
- Programme stability, capacity and pace required to deliver savings.

5 Key priorities for the next year

The key priorities over the next year are as follows:

- Delivery of all elements of the Programme by all contributory project groups.
- Ongoing support to cultural change required to deliver elements of the Programme, including skills transfer from external support to in-house staff.
- Ensuring all project leads and operational staff are aware of the expectations on them, financial targets and associated timescales.
- Ensure a robust communication strategy is employed to promote progress and good practice across the service.

6 Officer Contact

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care Health & Housing Cabinet Board

14 July 2016

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – ANGELA THOMAS

Matter for Monitoring

Wards Affected: ALL

Report Title

1. Quarterly Performance Management Data 2015-16 - Quarter 4 Performance (1st April 2015 - 31st March 2016)

Purpose of the Report

2. To report quarter 4 performance management data for the period 1st April 2015 to 31st March 2016 for Chief Executive's and Finance & Corporate Services Directorates and, the performance management data for the same period for services that are within the remit of the other four main Scrutiny Committees (CYPE, SCHH, E&H and ECR). 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

3. 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.

The service has shown marked improvement on the predicted 250 days target for this year. Customer satisfaction surveys reveal a very high level of satisfaction, 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.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 greatly exceeded the annual cumulative target of 50. The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months has deteriorated slightly on last year at 91%.

Background

4. 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.

Financial Impact

5. No financial impact

Equality Impact Assessment

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

Workforce Impacts

7. No workforce impact.

Legal Impacts

8. This Report is prepared under Section 15(3) of the Local Government (Wales) Measure 2009 and discharges the Council's duties under sections 2(1), 3(2), 8(7) and 13(1).

This progress report is prepared under:

1. 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".

2. 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

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

Consultation

10. No requirement to consult.

Recommendations

11. Members monitor performance contained within this report.

Reasons for Proposed Decision

12. Matter for monitoring. No decision required.

Implementation of Decision

13. No decision required.

Appendices

14. Appendix 1 - Quarterly Performance Management Data 2015-2016 - Quarter 4 Performance (1st April 2015 - 31st March 2016) - APPENDIX 1

Officer Contact

15. Angela Thomas, Head of Business Strategy and Public Protection, Neath Civic Centre 01639 684731

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

**Quarterly Performance Management Data 2015-2016 – Quarter 4
Performance (1st April 2015– 31st March 2016)**

Section 1: Key points.

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. We 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

The average time taken to deliver a Disabled Facilities Grant has improved from 252 to 228 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 has shown marked improvement on the predicted 250 days target for this year. Customer satisfaction surveys reveal a very high level of satisfaction, 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

At 92, 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 greatly exceeded the annual cumulative target of 50. This success was largely due to Homelessness Grant Transitional Funding (TF) made available by

the Welsh Government. The amount of TF grant allocation for 2016/17 is however significantly reduced on 2015/16 and so it should be noted that ongoing performance at this level is not guaranteed.

The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months has deteriorated slightly on last year at 91%. Although this is only a minor deterioration on 2014/15, it should be noted that the deterioration would is likely to have been significantly higher were it not for the Homelessness Grant Transitional Funding (TF) made available by the Welsh Government. The amount of TF grant allocation for 2016/17 is however significantly reduced on 2015/16 and so it should be noted that ongoing performance at this level is not guaranteed.

Section 2: Quarterly Performance Management Data and Performance key

2015-2016 – Quarter 4 Performance (1ˢᵗ April 2015 – 31ˢᵗ March 2016)

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

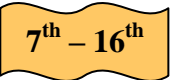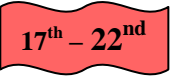**(NSI) National Strategic Indicators (NSIs**) - are used to measure the performance of local authorities at a national level and focus on key strategic priorities. Local authorities are under a legal duty to collect & report on these measures.

(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
v	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.
1st – 6th	2014/15 NPT performance in upper quartile (top six of 22 local authorities) in comparison with All Wales national published measures (NSI & PAM's).
7th – 16th	2014/15 NPT performance in mid quartiles (7th – 16th) in comparison with All Wales national published measures (NSI & PAM's).
17th – 22nd	2014/15 NPT performance in lower quartile (17th – 22nd) in comparison with All Wales national published measures (NSI & PAM's).

4. Social Care - Adults Services

No	PI Reference	PI Description	NPT Actual 2013/14	All Wales 2014/15	NPT Quarter 4 (full year) 2014/15	NPT Quarter 4 (full year) 2015/16	Direction of Improvement
1	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%	88.3% **Joint 1st**	100%	**100%**	☺
2	SCA/019 (NSI/PAM)	The percentage of adult protection referrals completed where the risk has been managed.	100%	95.6% **Joint 1st**	100%	**100%**	☺
3	SCA/020 *(SID)	The percentage of adult clients who are supported in the community during the year. *. –No longer a PAM from 1st April 2015	85.0%	85.2% **12th**	85.1%	**88.25%**	↑
4	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%	**85.90%**	↑
5	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%	**94.06%**	↑
6	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%	**81.1%**	↑
7	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	67.30 **2nd**	111.46	**109.7**	V

No	PI Reference	PI Description					Direction of Improvement
8	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	18.85. **19th**	21.71	**21.96**	V
9	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%	**39.4%**	V

4. Social Care – Adult Services – continued

No	PI Reference	PI Description	NPT Actual 2013/14	All Wales 2014/15	NPT Quarter 4 (full year) 2014/15	NPT Quarter 4 (full year) 2015/16	Direction of Improvement
	SCA/001 (NSI)	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over.	3.49	4.83 **11th**	3.21	**4.36**	↓
		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.					
11	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%	80.0% **12th**	79.3%	**72.70%**	↓
		A new social work model of practice was implemented in April 2015 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 Social Services and Wellbeing Act.					

5. Housing – Homelessness and Housing Advice

No	PI Reference	PI Description	NPT Actual 2013/14	All Wales 2014/15	NPT Quarter 4 (full year) 2014/15	NPT Quarter 4 (full year) 2015/16	Direction of Improvement
	HHA/013 (SID)	The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months.	95.2%	65.4% * See note 1	95.5%	91.0%	v
		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. **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.					
	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	92	—

6. Housing - Private Sector Renewal

No	PI Reference	PI Description	NPT Actual 2013/14	All Wales 2014/15	NPT Quarter 4 (full year) 2014/15	NPT Quarter 4 (full year) 2015/16	Direction of Improvement
	PSR/002 (NSI/PAM)	The average number of calendar days taken to deliver a Disabled Facilities Grant.	204	231 **14th**	252	**228**	↑
	PSR/009a (SID)	The average number of calendar days taken to deliver a Disabled Facilities Grant for: Children and young people	310		437	**354**	↑
	PSR/009b (SID)	The average number of calendar days taken to deliver a Disabled Facilities Grant for: Adults	197		233	**220**	↑

Section 3: Compliments and Complaints

Cumulative data

No	PI Description	Quarter 4 2014/15	Quarter 4 2015/16	Direction of Improvement
1	**Total Complaints - Stage 1**	**54**	**30**	↑
	a - Complaints - Stage 1 upheld	7	7	
	b - Complaints - Stage 1 not upheld	20	13	
	c - Complaints - Stage 1 partially upheld	12	4	
	d – Complaints – Stage 1 other (inc. withdrawn; passed to other agency; on-going)	15	6	
2	**Total Complaints - Stage 2**	**0**	**4**	↓
	a - Complaints - Stage 2 upheld	0	0	
	b - Complaints - Stage 2 not upheld	0	1	
	c- Complaints - Stage 2 partially upheld	0	2	
	d – Complaints – Stage 2 other	0	1	

No	PI Description	Quarter 4 2014/15	Quarter 4 2015/16	Direction of Improvement
3	**Total - Ombudsman investigations**	**0**	**0**	↔
	a - Complaints - Ombudsman investigations upheld	0	0	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	0	0	
4	**Number of Compliments**	**12**	**20**	↑

Narrative

Stage 1
2015/16 has seen a significant **DECREASE** in the number of complaints received when compared to 2014/15 from **54 to 30 (45%)**; there are a number of factors this can be attributed to, including the continual service developments and improvements. Members will be aware that the new WG complaints policy was introduced in August 2014, which resulted in new procedures being introduced by the Directorate; this was accompanied by extensive training for front-line staff and managers.

Stage 2 – 2015/16 has seen an **INCREASE** in the number of Stage 2 complaints received - **4;** Members should note that these were spread across the Services, with 1 in Adult Services, 2 were required for Housing Options and 1 within Environment & Trading Standards.

Feedback / Lessons Learned
Often there are a number of further actions or lessons to be learned from complaints, particularly where a complaint is complex. The Service will, where necessary, develop an action plan to address any on-going requirements or service developments. Members will note that the Directorate's Complaints Annual Report will provide further detail.

Compliments – the number of compliments has **INCREASED by 67%**; this can be attributed to improvements in service delivery as well as improved reporting from services receiving praise and thanks. It is acknowledged that activity still remains relatively low and the complaints team will continue to raise the profile for the need to celebrate and report such incidences.

Welsh Language
The Directorate received **NO** complaints in relation to the Welsh Language.

2016/2017 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)	Contact
15th Sept 2016	Quarterly Performance Monitoring (Q1)	Monitor		

Agenda Item 7

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

Meeting Date and Time	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact
20th Oct 2016				

Meeting Date and Time	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact
17th Nov 2016	Quarterly Performance Monitoring (Q2)	Monitor		

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