



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

*Immediately Following Scrutiny Committee on
THURSDAY, 13 JULY 2017*

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

1. To agree the Chairperson for this Meeting
2. To receive any declarations of interest from Members
3. To receive the Forward Work Programme 17/18 (*Pages 3 - 6*)
**To receive the Reports of the Director of Social Services,
Health and Housing**
4. Redesign of Management Arrangements (*Pages 7 - 24*)
5. CSSIW Performance Review of Neath Port Talbot County Borough
Council Social Services (*Pages 25 - 34*)
**To receive the Report of the Head of Children and Young
People Services**
6. Development of a Transition Team Across Children and Adult
Services (*Pages 35 - 46*)
7. Monitoring the Performance and Progress of the Western Bay
Regional Adoption Service (*Pages 47 - 90*)

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

8. Adult Services Quarterly Performance Management Data 2016/17 - Quarter 4 Performance (1 April 2016 - 31 March 2017)
(Pages 91 - 106)
9. Children and Young People Services - 4 Quarter (2016-17) Performance Report (Pages 107 - 136)

S.Phillips
Chief Executive

Civic Centre
Port Talbot

Thursday, 6 July 2017

Cabinet Board Members:

Councillors: A.R.Lockyer 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).*

Social Care, Health and Wellbeing Cabinet Committee

2017/2018 FORWARD WORK PLAN

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
7 Sept	Western Bay Youth Offending Service Annual Report includes the Youth Justice Plan	Decision	Annual	Caroline Dyer/NJ
	Western Bay Safeguarding Children Board Annual Report	Monitoring	Annual	Lisa Hedley/ Nick Jarman
	Western Bay Safeguarding Children Board Business Plan	Monitoring	Annual	Lisa Hedley/ Nick Jarman
	Western Bay Youth Offending Board Data Report (Quarter 2)	Monitoring	Quarterly	Caroline Dyer/Nick Jarman
	Quarter 1 Performance Report (17/18) (Adult and Children)	Monitoring	Quarterly	David Harding/ Shaun Davies
	Hillside Managers Report	Monitoring	6 Monthly	Nick Jarman
	Hillside (The Children Home Wales)	Monitoring	6 Monthly	Nick Jarman
	Community Resource Team 16/17 Annual Report	Monitoring	Topical	Andrew Jarrett

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
5 Oct	Improving Outcomes/ Improving Lives Annual Report 2017	Monitoring	Annual	Nick Jarman
	Participation and Engagement Report	Information	Topical	Andrew Jarrett
	Hillside Inspection Report – Hillside Secure Children’s Home	Monitoring	Annual	Nick Jarman

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
2nd NOV	Business Plan (Directorate)	Decision	Annual	N.Jarman
	Complaints and Representations Annual Report 2016 – 17	Monitoring	Annual	N.Jarman

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE & WELLBEING CABINET BOARD

13 July 2017

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

Matter for Decision

Wards Affected: All

Redesign of Management Arrangements

Purpose of the Report

To ask Members to support in principle the proposed redesign of management arrangements within the Social Services, Health and Housing Directorate and to seek support to take these proposals forward.

Background

For the past 15 months the Head of Children and Young People's Services, in addition to covering his substantive position has also been covering the vacant Head of Adult Services position. During this time it has become evident that there are significant differences in the way in which social care services are delivered to Children and Young People and Adults in Neath Port Talbot. The two services operate in very different ways, e.g. for Children and Young People's Services there are clear standards around timescales, quality performance and management conversely for Adults, the service has never been mandated in this way. The Welsh Government, whilst recognising the close ties between Adult Social Care and Health, wishes to maintain a strong Social Services identity. The Social Services & Wellbeing (Wales) Act 2014 reinforces this approach as it describes the need to plan for 'services to people'. There are many areas of service provision

where it will be necessary for children and adult social workers to work together to meet the needs of the local population, furthermore there are areas of 'common' ground that need to be brought together to ensure a more consistent approach to the delivery of social care services across Children and Young People and Adult Services.

Proposal

There currently exists an opportunity in Neath Port Talbot to revise the way in which Social Services are provided which would ensure a more coherent approach to management and service delivery. It is proposed to create a Directorate for People where the planning and strategy for Children and Young People and Adults comes together in the best interests of the people of Neath Port Talbot. This will serve to remove historic boundaries and address the different cultures that currently exist. In order to achieve this it is proposed that there is a redesign of the current Senior Management Team.

The Head of Children and Young People's Services to be redesignated Head of Social Work Services and take a Directorate wide approach to ensuring social work services in Neath Port Talbot are at the cutting edge of best practice and organised to meet the needs of people within the County Borough.

The Head of Commissioning and Support Services to be redesignated Head of Commissioning, Support and Direct Services and take responsibility for the planning and commissioning of services for people in Neath Port Talbot from cradle to grave.

The Head of Adult Services post to remain vacant for the next 18 months whilst the service redesign is implemented.

There is no intention to create generic social work teams as the importance of specialisms in social work has long been proven. Children and Young People and Adult Social Work Teams will continue to act independently in their day to day practice. This proposal sets out a vision to bring together the following common functions which are currently delivered separately.

As these proposals are around staffing matters it falls under the remit of the Personnel Committee which will consider this item on 24 July 2017. (Please see Structure Chart attached as Appendix 1)

Rationale for Proposed Changes

1. Referring into Social Services

At present the Social Services Health & Housing Directorate has a Single Point of Contact for Children and Young People's Services and the Team around the Family Service. Any member of the public who believes that a child or family needs support (from a low level to immediate safeguarding concerns) can ring one number and obtain expert advice and if necessary make a referral. In Adult Services there is a similar service called the Gateway Team, this service is integrated with Health to provide a single point of access to Adult and Health services in the community. At present the two teams operate in very different ways, in Children and Young People's Services there are clear standards set around response times, management oversight, decision making and referral pathways, for the Gateway Services this level of information is not available. The two services use the same computer system however they have been set up in very different ways hence the lack of any reliable management information from work completed in the Gateway Team. This is a clear result of separate planning processes by the two social work services within the Directorate.

Working together to create a Single Point of Contact for People across the Directorate (including community health) creates the opportunity to standardise best practice from across the two services in the best interests of the people in NPT. Anyone wishing to make a referral will be able to dial one number that will provide access to the whole service. Workers with expertise around children's welfare, adult social care, mental health, learning disability, community support- including health and the voluntary sector, work together to ensure that referrers get the right advice and services in a timely manner. This will be especially beneficial where there are families who need support caring for their children but where the adults themselves have support needs or where referral highlight concerns for an adult and there are children living in the same household.

2. Transition from Children to Adult services

Despite great efforts over the years to ensure that there is seamless planning for young people who need to move from Children and Young

People Services to Adult Services there remain difficulties. Children and Young People Services and Adult Services are structured very differently and whilst a child/young person who is vulnerable will receive a service from one of the general social work teams in Children and Young People Services it is not always easy to see where they fit into an adult services structure. This is an issue for young people turning 18 years who do not have a diagnosed mental illness (and so may not be able to access the adult mental health service) and do not have a physical or learning disability. These young people, who will usually have had significant trauma in their lives, may have a personality disorder, attachment issues, traits of autism or emotional challenges which will affect their behaviour and make it unlikely that they will be able to cope in society as an independent adult. These young people are invariably a high cost to Children and Young People Services and without the right approach will be a high cost for Adult Services. Their longer term outcomes may be poor.

The proposal is to create a Transition Team in the Directorate. The team will bring together social workers and support workers from Children and Young People Services, Adult Mental Health, and Adult Complex Disabilities to work with the small cohort of children who have complex needs and will need transition. Workers in the team will take a collaborative approach and pick cases up at 14/15 and then continue to hold the case until the young person is fully transitioned and up to 25 years of age. This will mean that young people will not have to change social worker just because they reach 18 and will be able to play a part in a long term plan which will take them from childhood well into their young adulthood. Importantly it allows social workers with expertise of children and adults to work closely together to make the best plans and give young people the best opportunity to be as independent as possible, consistent with the Council's policy to promote independence.

3. Safeguarding

Safeguarding for children and adults is currently delivered very differently. Whilst a child has a right to be safeguarded an adult who has capacity can decide to place themselves in situations that may put them at risk. Whilst the approaches may vary the strategic intention is very much aligned around the need to protect vulnerable people as far as possible. Whilst Adult Services safeguarding legislation in Wales is now more robust as a result of the Social Services and Wellbeing Act 2014

this robustness has been embedded within Children's Services for much longer.

Historically Children's Safeguarding placed higher levels of responsibility upon Councils and their partners. The 2014 Act has largely raised Adults Safeguarding to equivalent status and onus of responsibility.

It is proposed to create a Strategic Safeguarding function across the Directorate. A Principal Officer for Safeguarding will be established to oversee and align the approaches to safeguarding involving children and adults. This will ensure that best practice across the Directorate and clear consistent messages are provided in relation to the approach of the Council.

4. Quality Assurance

One of the important pillars of any organisation that excels is a robust and comprehensive Quality Assurance Framework that is embedded in its day to day working. In Children and Young People's Services a significant amount of work has been undertaken to ensure that the Service has a clear understanding of the quality of its work. This has involved creating IT solutions to capture intelligence from the social work files as well as the creation of a clear framework of learning and accountability. The experience of setting up a framework has been difficult but the rewards are invaluable.

It is proposed that this approach is now replicated across the Directorate and that common standards and systems are put in place. This will undoubtedly mean a change of approach and a cultural shift for some parts of the Directorate. It is proposed that one Principal Officer takes responsibility for leading the strategic approach to Quality Assurance across the Directorate.

5. Business Support, Performance Management, Information Technology

Currently there are two separate business support services supporting Children and Young People's Services and Adult Services. In line with the proposal to merge Single Point of Contact, Transition, Safeguarding and Quality Assurance arrangements, it is proposed to realign business support services and performance management teams under one Principal Officer. This will ensure equitable distribution of resources across the Directorate and deliver much needed economies of scale.

The Children and Young People's Services and Adult Services teams are both supported by an 'in house' computer system. For Children and Young People's Services the system is well developed to report robust, reliable management information. For Adults Services there is a significant developmental agenda to ensure processes and practices are embedded to deliver quality performance information. In 2019 the Social Services health & Housing Directorate will be required to implement an All Wales computer solution named The Wales Community Care Information System. It is imperative that the in house computer system is enhanced for Adults Services before migration to the All Wales solution can be achieved. It is therefore proposed to merge performance management teams to ensure that best practice is extended across the Directorate.

6. *Directorate Support Office*

The Directorate Support Office provides support and guidance to the Senior Management Team and wider Directorate. The team is responsible for a range of functions including Statutory Complaints, Freedom of Information requests, Equalities, Access to Records and Welfare Rights.

In order to move to a People's Directorate it will be necessary to strengthen governance arrangements and ensure there is consistency of monitoring and reporting across the Directorate.

It is proposed to create a Directorate Governance - Policy Unit. The Unit will research and advise the Senior Management Team on all matters of policy and governance to ensure the Directorate maintains compliance with all statutory and Council requirements.

7. *Residual Housing Services (Housing Adaptations & Renewals, Homelessness & Housing Options and Supporting People, Housing Strategy)*

There is a need to ensure the Directorate explores all opportunities for housing services for Children and Young People and Adult Services in Neath Port Talbot. Currently responsibility for housing services sits with three separate officers within the Directorate. Due to the resignation of the Housing Strategy Officer and the pending flexible retirement of the Principal Officer for Homelessness and Housing Options an opportunity

exists to merge these services under one Principal Officer and forge greater integration with Children and Young People and Adult Services.

It is proposed to realign responsibility for Housing Adaptations and Renewals, Homelessness and Housing Options under one Principal Officer, Housing and Homelessness Services.

This proposal is consistent with the report on 'Future Directions' approved by the Social Services & Health Cabinet Board on 3rd July 2017.

8. *Common Commissioning Unit*

The Common Commissioning Unit was established in 2015. A recent review undertaken by Alder Consultants has highlighted that the Unit will require strengthening if it is to deliver forward financial savings. A further report will be presented to the Social Care & Well Being Scrutiny Committee on these proposals. The Supporting People and Housing Strategy functions have a clear correlation to commissioning and are the preventative arm for social care and housing. It is proposed to realign these functions under the Principal Officer Commissioning to ensure both resources and expertise are shared.

9. *Direct Services & Direct Payments*

In order to ensure compliance with the requirements of the Social Services and Well-being (Wales) Act 2014, it is proposed that the Directorate develops an asset based approach to Direct Services in conjunction with promoting direct payments which enables people to meet their social care needs via community based provision and diverts the demand for high cost services.

It is proposed to create a Principal Officer, Direct Services and Direct Payments, who will manage our Direct Services and our Direct Payments Team.

This proposal also is consistent with the report approved by the Social Services & Health Cabinet Board on 3rd July 2017.

Financial Impact

The proposed changes will be funded from the existing Social Services Budget.

Equality Impact Assessment

An Equality Impact Assessment has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. An overview of the Assessment has been included in this report in summary form only and it is essential that Members read the Equality Impact Assessment, which is attached to the report at Appendix 2 for the purposes of the meeting.

Workforce Impact

There will be additional responsibilities for the two Heads of Service. In order to mitigate this it is proposed to strengthen management arrangements at third tier.

Risk Management

There are no risk management issues associated with this report

Consultation

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

Recommendation

It is recommended that Members support in principle the proposed changes to the Social Services, Health and Housing Directorate Senior Management Team and that these proposals be submitted to Personnel Committee on 24 July 2017 for approval.

Reason for Proposed Decision

Extensive opportunities exist to raise the quality of all Social Services by better spreading of best practice across the Social Services & Housing Directorate.

Similarly through amalgamation of common functions within the Directorate (eg. Safeguarding, transition) both economies of scale are achievable as well as improvements in efficiency and responsiveness.

The proposed changes will better enable the Directorate to meet the financial challenges facing the Council 2018/19 onwards.

Implementation of Decision:

That the proposed decision is for implementation after the 3 day call in period.

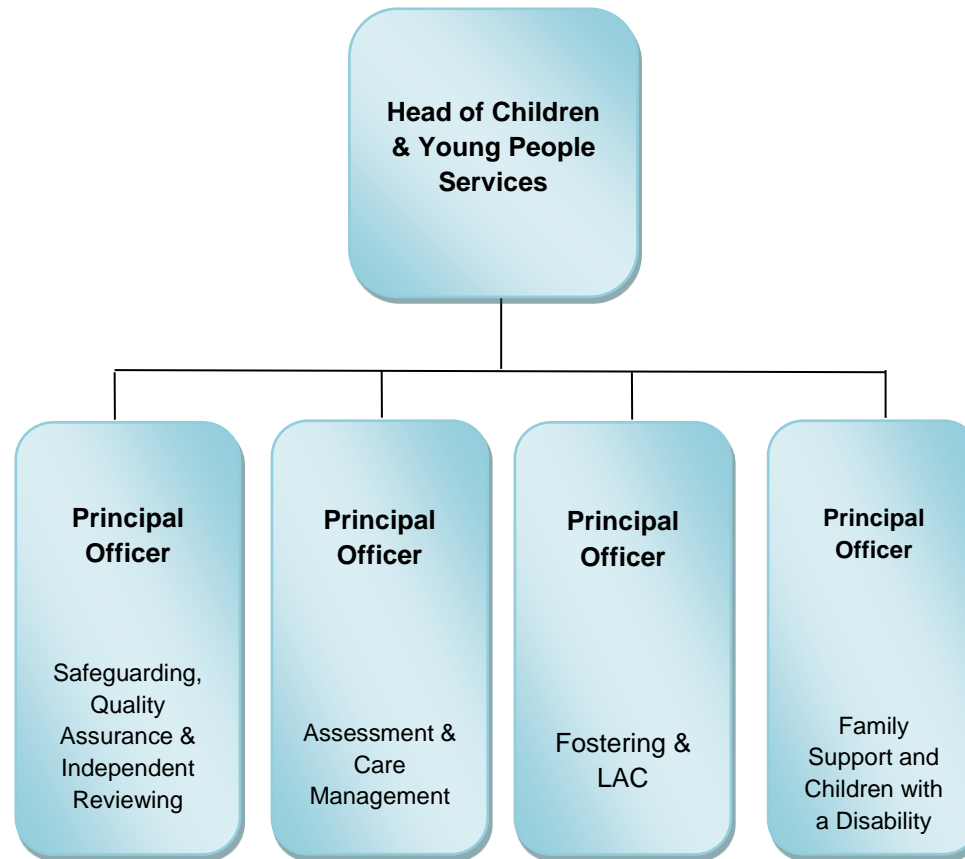
Officer Contact

Nick Jarman, Director of Social Services, Health and Housing

Email: n.jarman@npt.gov.uk

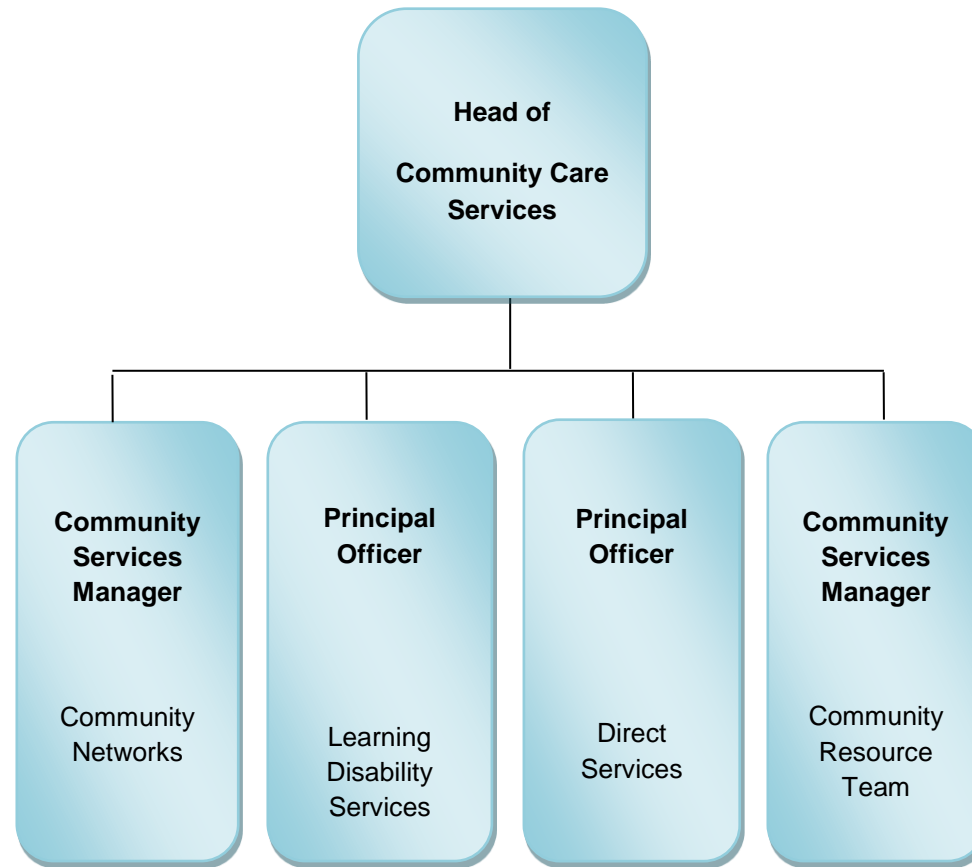
Tel. 01639 763279

Children's Services



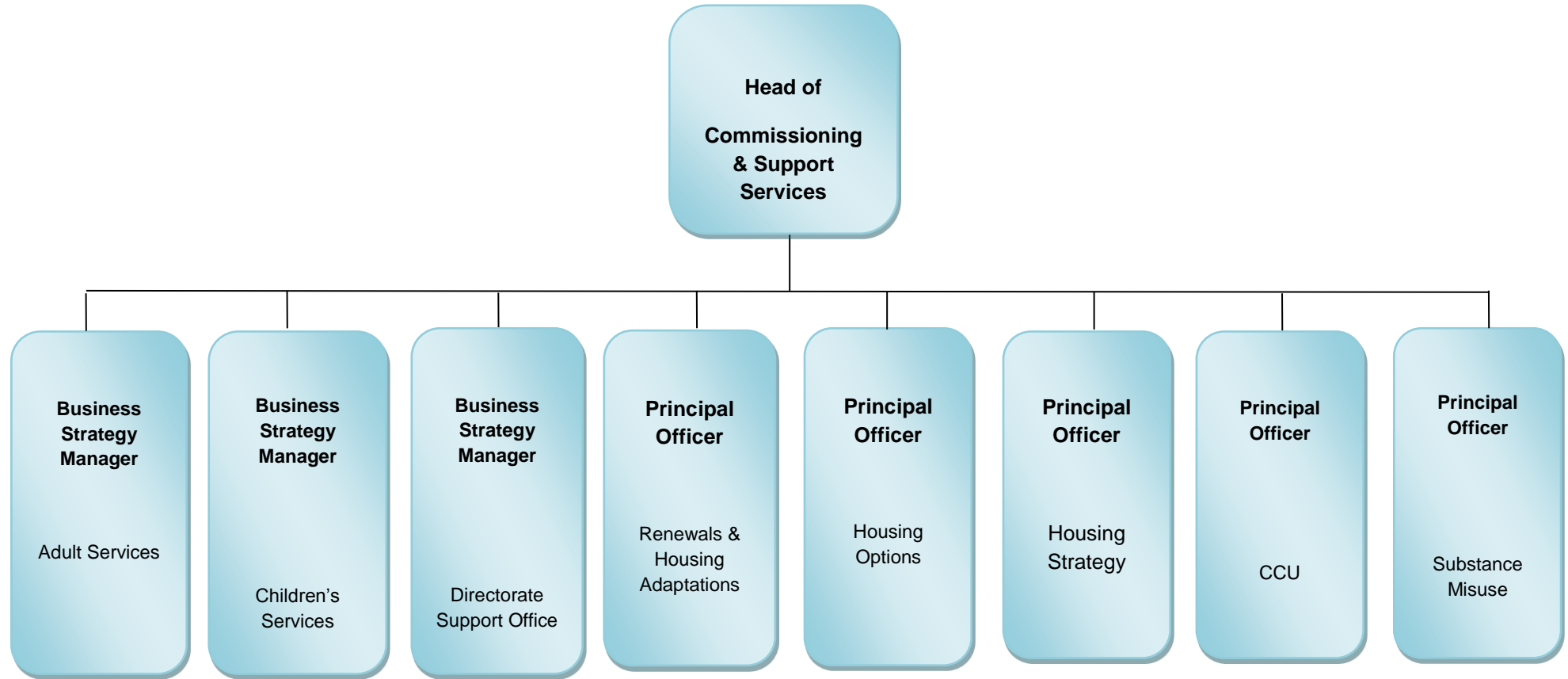
Current Management Structure

Community Care Services



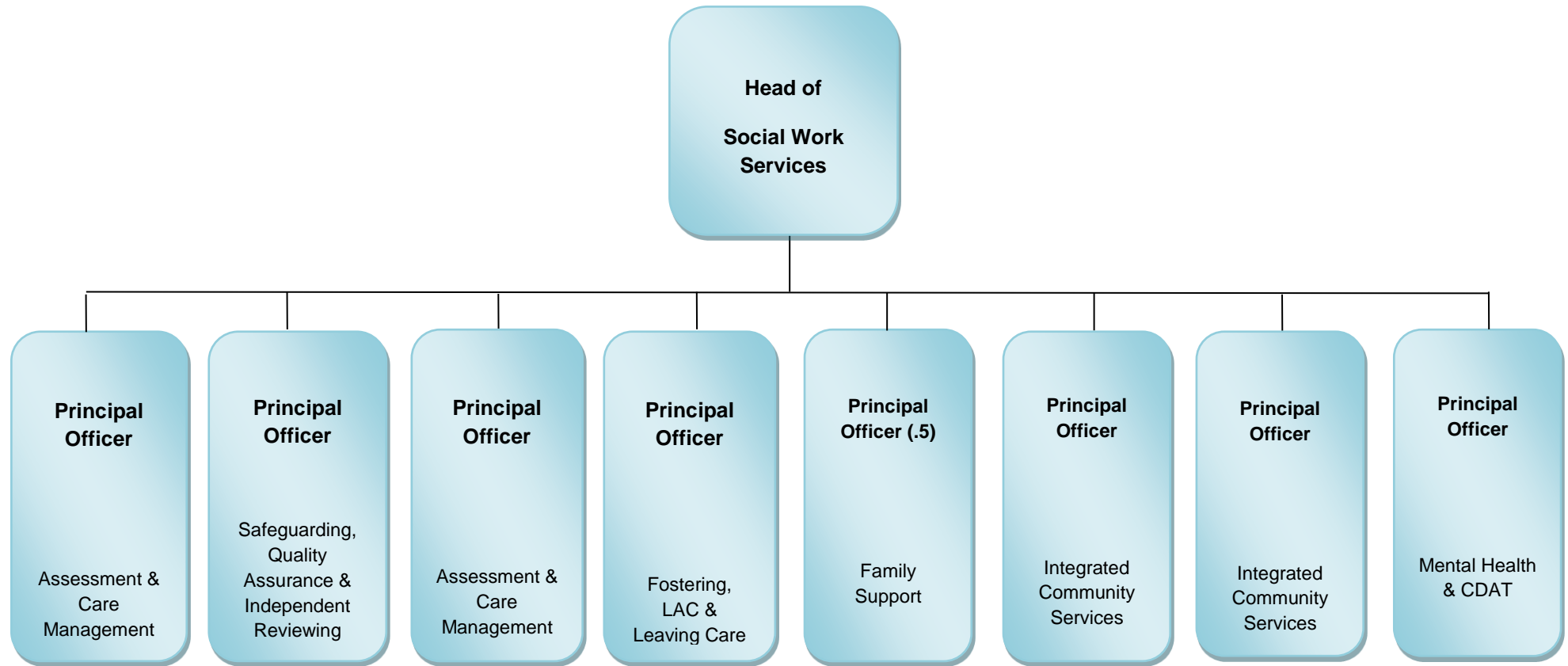
Current Management Structure

Commissioning & Support Services



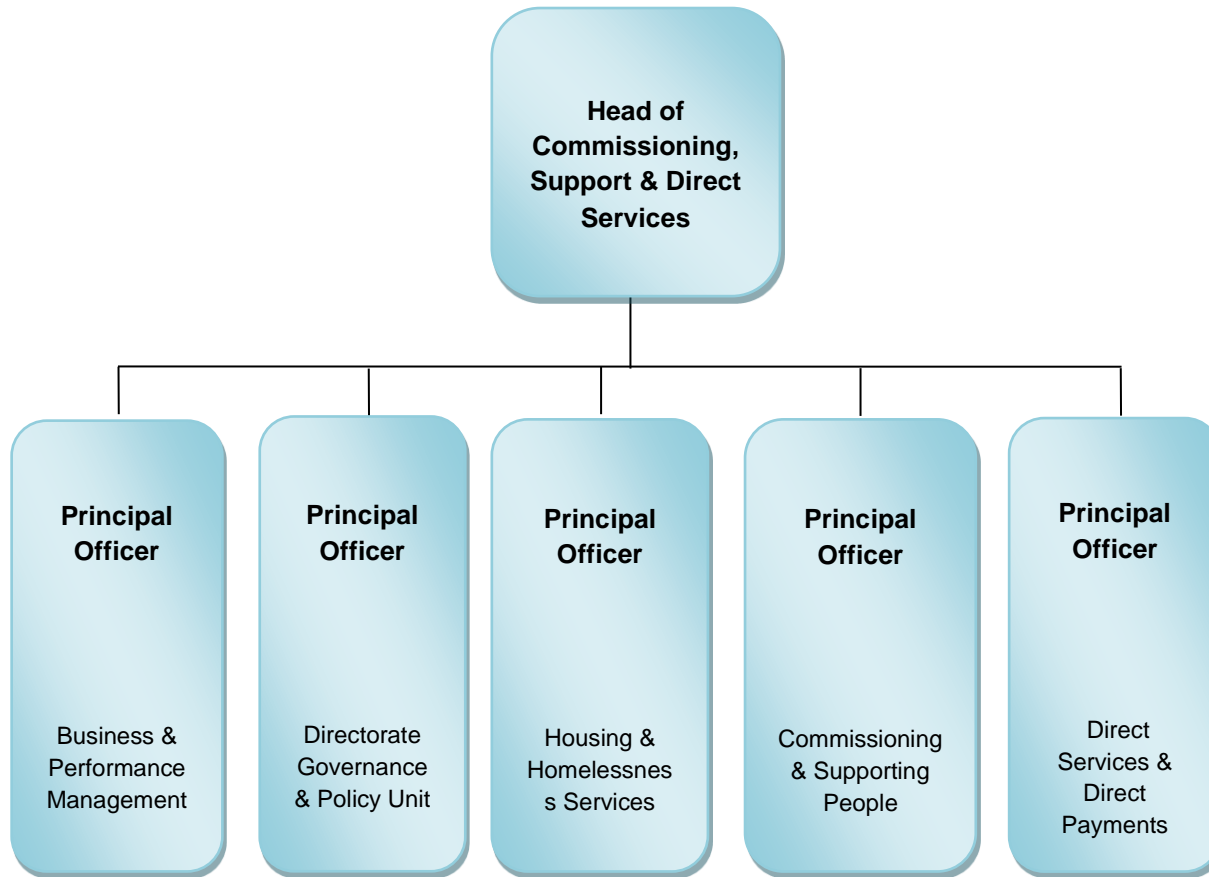
Proposed Structure

Social Work Services



Proposed Structure

Commissioning, Support and Direct Services



Equality Impact Assessment Screening Form

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

Section 1

What service area and directorate are you from?

Service Area: Adults, Children and Young People, commissioning, Support and Direct Services

Directorate: Social Services, Health and Housing

Q1(a) What are you screening for relevance?

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

(b) Please name and describe below

Redesign of Management arrangements for the Social Services, Health and Housing Directorate.

Currently, the Head of Children Services manages both the Children and Adult service areas of the directorate. The redesign of the directorate will enable a permanent change to this approach and offer a cost saving to the organisation by removing a Head of Service (Adults) position from the structure.

The proposed redesign of the SSHH Directorate's Senior Management Team affects management reporting lines and has limited impact on direct front line services offered at present, and as an internal staffing matter looks to align professional Social Work and non-professional Social Work activities under the appropriate service areas and Heads of Service within the directorate.

Q2(a) What does Q1a relate to?

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<input type="checkbox"/> (H)	<input type="checkbox"/> (M)	X (L)

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

Because they need to	Because they want to	Because it is automatically provided to everyone in NPT	On an internal basis i.e. Staff
X (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (M)	<input type="checkbox"/> (L)

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

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

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

High visibility to general public

(H)

Medium visibility to general public

(M)

Low visibility to general public

(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 to reputation

(H)

Medium risk to reputation

(M)

Low risk to reputation

(L)

Q5 How did you score?

Please tick the relevant box

MOSTLY H and/or M → **HIGH PRIORITY** → **EIA to be completed**
Please go to Section 2

MOSTLY L → **LOW PRIORITY / NOT RELEVANT** → **Do not complete EIA**
Please go to Q6 followed by Section 2

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

A Screening Assessment has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. After completing the assessment it has been determined that this service/function does not require an Equality Impact Assessment as the impacts of the proposed changes to the Senior Management Structure of the Social Services, Health and Housing Directorate affect internal reporting lines only.

The proposed changes affect management reporting lines at senior level and have limited impacts on direct front line services offered, therefore the above assessments and scoring was identified as low risk to the public/customers of the authority because this group is likely to be affected by the initiative in a small way. Current services offered within the directorate will remain unchanged as a result of the adoption of the redesign proposal and offers a cost saving at Head of Service level by the reduction of an executive level post within the directorate.

Section 2

Screener- This to be completed by the person responsible for completing this screening
Name: Kevin Mort
Location: HR Officer, Neath Civic Centre, Neath
Telephone Number: 01639 686705
Date: 28/06/17
Approval by Head of Service
Name:
Position:
Date:

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

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SPECIAL SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD

13 July 2017

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

SECTION B – MATTER FOR INFORMATION

CSSIW PERFORMANCE REVIEW OF NEATH PORT TALBOT COUNTY BOROUGH COUNCIL SOCIAL SERVICES

Purpose of Report

To inform Members of the assessment by the Care and Social Services Inspectorate Wales (CSSIW) of the performance of this Council's Social Services functions for 2016-17 (The 'annual letter').

Background

CSSIW assess the performance of all Councils' Social Services functions dynamically throughout the year, using the following evidence:-

- Service – specific inspections
- Thematic inspections
- Examination of key performance data
- Site visits
- Observations
- Engagement
- External feedback (e.g. complaints, notifications etc.)

There is now a twice yearly Performance Review meeting. This replaced the previous quarterly engagement meetings.

The former is now much more thorough and formal and requires the attendance of Cabinet Members and Scrutiny Chairs, in addition to Senior directorate managers.

Analysis

Without being immodest, this is a pleasing report. However, there is never any room for complacency.

Members may wish to note a number of key points:-

- Acknowledgement clearly of our progress upon and compliance with the Social Services and Wellbeing Act
- Endorsement of our effective approach to Early Intervention & Prevention
- Integrated working with Health
- Reduction (significantly) of Delayed Transfers of Care
- Remodelling (modernisation) of services
- Attempts made together with TU colleagues to improve the performance of our in-house Homecare Service
- Transfer of day opportunities and community meals to community or social enterprise operating models
- Some of the resistance encountered to Direct Payments (which we are required to promote; and which CSSIW say they intend to monitor this year)
- It is particularly noteworthy what CSSIW say about Safeguarding on the third page of the letter

I would like to draw Members' attention to one specific issue:
Budget reductions versus safety/quality of services.

Over the last four years the Social Services Directorate has made expenditure reductions exceeding £28m and achieved underspends exceeding £5m.

A number of Members have asked me whether these savings have compromised (or will compromise) safety/quality of services.

The CSSIW letter is helpful here. Because you would reasonably expect them to raise such concerns formally in this letter, if CSSIW had such concerns. Further, by extension CSSIW's position confirms that volumes and adequacy of services have not been reduced, as the Council has had to make these savings.

Financial Impact

None

Equality Impact Assessment

None required

Workforce Impacts

None

Risk Management

None

Consultation

None Required

Recommendation

Members are asked to note the CSSIW annual letter.

Officer Contact

Nick Jarman, Director of Social Services, Health and Housing

Email: n.jarman@npt.gov.uk

Tel: 01639 763279

To: Nick Jarman
Director of Social Services

June 2017

Dear Director

CSSIW Performance Review of Neath Port Talbot County Borough Council Social Services

This letter is informed by CSSIW's inspection, performance review and engagement activity during 2016/17. At the Performance Review meeting on 5 March 2017 we provided feedback on our inspection, engagement and performance review activity over the past 12 months.

Progress on key areas for improvements and developments in the last year

Senior management stability has been maintained within children's services but the post of Head of Adult services remains vacant. The Head of Children's Services continues to oversee both services along with the Head of Commissioning and Support Services and this is acknowledged by the authority to be an area of risk. . Recent appointments to a number of senior management posts within adult services have supported the planned changes to deliver a more robust outcome focused service.

The local authority has made good progress in response to the Social Services and Well-being (Wales) Act (SSWBA) having placed significant importance and investment on ensuring new ways of working are understood by staff and partner agencies.

Early Intervention and Preventative services in children's services are well developed. There is now a need to develop and progress early intervention within adult services. Good integrated work with the Health Board is evident within operational teams and through the local authority's front door service (The Gateway). Integration with Health and the third sector has been a priority over the past two years and this has resulted in effective joint working with positive outcomes for adults using services. Partnership working with the Health Board at both a senior level and

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

in the community has progressed throughout the year, this is reflected in the Delayed Transfers of Care in Neath Port Talbot which continue to remain relatively low.

Services have been reviewed and remodelled to meet local need and in response to the SSWBA. For example, the remodelling of Learning and Disability services has been completed and the in-house home care service has developed its rapid response team in line with the commissioning strategy. This has resulted in reducing both care home admissions and delayed transfer of care.

The local authority continues to make changes to its home care provision to ensure that an efficient, productive and financially viable service continues to be provided. The local authority, staff and Trade Unions have worked hard together to improve the efficiency of the in-house service, particularly in changing shift patterns and reducing sickness levels. Discussions are continuing with staff and trade unions on re-modelling the service however proposed changes have met with opposition from unions and local Assembly Members on the promotion of Direct Payments and changes to working practices of the in-house service. This is an area that will be monitored by CSSIW in 2017-18.

The transfer of day care services to a community based model has proved successful with people now accessing services within their locality and developing links with local community coordinators. The local authority has actively promoted the use of Social Enterprise with its community meals service successfully transferring to a social enterprise within the community.

Children's services continue to develop under the experienced management team where there has been a high level of stability. Early intervention and prevention services are embedded, continuing to put individuals at the centre of their care and support. To ensure an outcome focussed approach to practice is consistently applied, a recent multi-agency conference was facilitated by the local authority. The conference, involving partner agencies, looked at outcome focused practice and how working together benefits children, families and carers. CSSIW will monitor how the key messages will be used to improve working practices between the local authority and other agencies.

CSSIW undertook a national inspection of Children's Services in 2016/17. While the authority was not part of this review it did contribute through submitting self-assessment data. In addition the authority has audited its Information Advice and Assistance functions within its children's service to implement recommendations from the review to improve practice.

The authority continues to promote the Welsh language and an action plan is in place that supports "More Than Just Words" strategic framework. Training is available for all staff and information available to people bilingually.

Feedback on annual engagement themes

During 2016/17 we carried out a range of engagement activities across all local authorities in Wales. This engagement activity focused on two main themes, Adult Safeguarding and Carers.

The work with carers encompassed meetings with the relevant officers, carers and third sector. Our review of safeguarding focused on meetings with senior staff and those operational managers, staff and partners who lead on this area of work.

- Safeguarding

Safeguarding arrangements have been strengthened following a review by the local authority. Re-structuring of the safeguarding team resulted in a number of temporary posts being made permanent, this has resulted in stability within the team and clear lines of accountability. The decision undertaken in November 2016 to create a designated lead with responsibility for adult and children's safeguarding has led to greater consistency, improved joint working and a combining of safeguarding functions. This will be monitored by CSSIW as the arrangements are embedded in practice.

The authority's Corporate Safeguarding Policy provides a framework for the service setting out its responsibilities in relation to safeguarding adults at risk. In addition, safeguarding training on Child Sexual Exploitation (CSE) has been delivered to staff and partner agencies to promote awareness and improve practice. This has included delivering CSE awareness training to all taxi services commissioned to provide home to school services.

- Carers

In line with the local authority's Carers' Commissioning Strategy, a carers' assessment form has been developed for adults and children's services. Joint training between these divisions has improved understanding in roles and responsibilities for completion of assessments. This has resulted in an improved service for those requesting an assessment and an increase in the number of assessments undertaken.

The carer's service jointly funded with the health board has relocated to the integrated hub. This has provided an opportunity to improve joint working, care management teams showing a commitment to continued improvement in their working relationships with health partners. The appointment of an outreach worker, to engage with carers that are hard to reach by visiting Job Centres and other facilities, and a health liaison worker, to provide links to hospital and GP practices has improved access to services. This has improved awareness of carers and identified people who had not viewed themselves as carers resulting in the number of assessments being doubled.

The young carers' service has been reviewed and there is a clear plan to raise awareness of young carers throughout the local authority especially within schools and youth services. In addition, the use of social media, including Twitter and Facebook, is being used to promote the awareness of the service to young people. This should improve identification of those young carers who do not come into contact with social services. The local authority should monitor progress with this.

Progress on recommendations arising from CSSIW inspections

The local authority was not involved in any inspection activity or site visits for CSSIW thematic reports undertaken during the year, although as with all other local authorities, did contribute to the data collection underpinning each of these. The authority has reviewed their services against recommendations from all these inspections as a “lessons learnt” development opportunity to improve practice.

Inspection, Engagement & Performance Review Plan

In 2017-18 in addition to areas identified for follow up above, CSSIW themes for inspection, engagement and performance review are:

- Support provided for people with mental health needs with a focus on Community Mental Health Team’s
- Placement decisions for children looked after

CSSIW will provide six weeks notice if the authority is scheduled for an inspection during 2017-18.

CSSIW will also continue to consider what actions have been taken by the local authority in relation to recommendations contained in its national thematic reviews including Deprivation of Liberty Safeguards, services for people with learning disability, domiciliary care and Public Law Outline.

CSSIW work with partner inspectorates

You will note that this letter has been copied to colleagues in WAO, Estyn and HIW. CSSIW works closely with partner inspectorates to consider the wider corporate perspective in which social services operate as well as the local context for social services performance.

As this is the first year we have written to you in this format we will not be publishing this letter, but will do so in subsequent years.

Yours sincerely



Sarah Glynn-Jones

Regional Director

Copy sent to

Chief Executive of Neath Port Talbot County Borough Council
Healthcare Inspectorate Wales
Estyn
Wales Audit Office

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH AND WELLBEING *CABINET BOARD*

13th July 2017

REPORT OF THE HEAD OF CHILDREN & YOUNG PEOPLE SERVICES – A. JARRETT

MATTER FOR DECISION

WARDS AFFECTED: ALL

DEVELOPMENT OF A PILOT TRANSITION TEAM BETWEEN CHILDREN AND ADULT SERVICES

1. Purpose of the Report

The purpose of this report is to seek Members approval to establish a pilot transition team between children and adult services with the aim of jointly working with those young people with very complex needs and high cost packages of care.

2. Background

A transition steering group has been established to consider some of the ways to improving planning for young people with complex needs who move between children and adult services.

There is a Transition Protocol in place and the transition for young people with significant physical and learning disabilities is a well-established process with mechanisms set up to transfer young people from the Children with disability team to the relevant adult service team. For a number of these young people they will continue to have a need to be supported throughout their lives in order for their care needs to be met.

However there is another cohort of young people who have additional support needs who are not necessarily known to the children with disability team and these young people's needs can sometimes be more complex to plan for. This group can include

those young people with high functioning ASD/Asperger's and those with emotional or mental health difficulties who are known to the children's community teams or the Leaving Care Team. While these young people do not have a diagnosed learning or physical disability or mental health difficulty because of their vulnerability and presenting needs require support into adulthood. Often they are young people who are/have been Looked After and can be split broadly into 2 categories which closely overlap:

- Those with emotional behavioural difficulties, or those engaged with substance misuse
- Those with emerging mental health difficulties who do not have a diagnosis

This group of young people can have significant impact in terms of resource and often have high cost packages of care as their care needs as children are most often met in a fostering or residential placement or a supported living arrangement. What this means for adult services is that when the young people become 18 years old, adult services inherits a package of care that can be significant, and can continue well into adulthood. This places a strain on adult services both in terms of resource and capacity as well as the young person potentially receiving a service that does not promote their independence,

In order to ensure that there is a more effective transfer it is important that there is an improved mechanism for ensuring that this data held by children's services is available to adult services and shared in a cohesive way which allows for forward planning and commissioning. This will ensure that there are appropriate plans in place well in advance of the young people becoming 18. It is also essential that for those young people moving between children and adult services that the process can be fluid so that there is not a specific cut off point on a specific date, but rather there is a genuine transition between the 2 services.

The following improvements were considered as being important in improving transition arrangements:

- Better use of the information held in order to effectively plan for the numbers of young people who will need support when they reach 18 and to improve commissioning arrangements.
- Earlier engagement from partner agencies (for example identifying Continuing Health Care needs at an earlier stage)
- Improved planning for young people who have emotional/mental health difficulties
- Improved step down services to avoid the reliance on statutory services
- Removing the pressure on everything 'changing' at a magical age and seeing transition as a continuum
- Developing an expertise in supporting young people to move from Children's to adult services
- Developing a multi-agency strategic approach to planning in which partner agencies are focusing on meeting the needs of young adults rather than focussing on the need for young people to fit a criteria.

Proposals

The concept of having a Transition Team which acts as a bridge in young people moving between children and adult services is not new, however there are vast variations in how a transition team functions and its role and purpose.

In exploring the ways to improve the journey for our young people from children's to adult services we believe that having one team which spans the range of expertise between children and adults services is essential.

The target group would be those young people who have high needs who do not necessarily fit within the complex needs of physical/learning disabilities. The cohort of young people would be those who are in high cost residential placements or foster placements where they will require additional support when they reach adulthood and those with emotional/behavioural difficulties who often do not fit the criteria for CAMHS, but have emerging mental health difficulties (but not diagnosed mental illness).

The proposed structure of the pilot team would be as follows

- 1 Team manager
- 4 SW's (grade 9) - proposal is that 2 SW's would be from CYPS, 1 from CMHT, 1 from Adult services
- Potential to include a PSW

Staff would be recruited from within existing teams and existing structures.

Caseloads would need to reflect the often more complex nature of the young people.

The team would not replace the current transition arrangements at this moment – the role of the existing transition workers needs to remain in place as they have a different role

The team will need to develop strong links with the commissioning unit and the commissioning and contract monitoring officers in order to ensure that there is the opportunity to shape the local market as well as ensure co

3. Financial Impact

There are no financial implications for the pilot scheme as it will be developed from within the existing service.

4. Equality Impact Assessment

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

The proposals to develop a pilot transition team will not have a negative impact on the current service provision,. The pilot team will be working within statutory requirements and will be subject to the same performance monitoring that currently exists so there will be no change

in performance expectations but it is hoped that the pilot will see improved outcomes.

(Please see Appendix 4 for EIA screening form)

5. Workforce Impacts

The proposals will require staff to be seconded from within existing teams within both children and adult services. The staff will be maintaining a caseload of people that they work with therefore there will be no impact on the teams that they come from. There will be a requirement for staff to be issued with contracts in line with the secondment arrangement.

6. Legal Impacts

There are no legal impacts associated with this report.

7. Risk Management

The risk associated with failing to implement the proposed pilot is that there is no change to the current way of working and therefore there is not an opportunity to explore whether improvements can be made to young peoples outcomes, and to the resource management of services leading to a continued demand for high cost care provision.

8. Consultation

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

9. Recommendation

It is recommended that Members approve the implementation of a pilot transition team for the period of 5 months commencing in September 2017 with a review being undertaken and the outcomes reported back to Members..

10. Reason for Proposed Decision

The reason for the proposed decision is to consider a new way of working which spans both children and adult services to ensure that those young people who required ongoing support into their early adulthood receive well planned and well managed support. The objective is to better commission resources and better manage outcomes to ensure that wherever possible we are working towards young people living independently and where they do require ongoing support that it is proportionate to their needs.

11. Implementation of Decision

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

12. Appendices

Equality Impact Assessment

13. List of Background Papers

None

14. Officer Contact

Delyth Berni, Principal Officer Children & Young people services,
Neath Port Talbot County Borough Council

Tel No: 01639 763319E-mail: d.berni@npt.gov.uk

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Equality Impact Assessment Screening Form

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

Section 1

What service area and directorate are you from?

Service Area: Looked After Children

Directorate: Children and Young People Services

Q1(a) What are you screening for relevance?

Service/
Function

Policy/
Procedure

Project

Strategy

Plan

Proposal

(b) Please name and describe below

DEVELOPMENT OF A TRANSITION TEAM ACROSS CHILDREN AND ADULT SERVICES

The proposal is to set up a pilot team which will work jointly across children's services and adult services to ensure that there is effective planning, commissioning and service delivery for those young people who will require additional support beyond the age of 18. The target cohort of young people will be those who are in high cost placements or require packages of care to support them into adulthood. The aim of the team will be to ensure that there is sufficient planning in the services that are required so that no young person has a 'gap' in the services that they receive just because they reach the age of 18. The team will have a key role to play in ensuring that there is an effective commissioning of resources to meet the needs of young adults in a seamless and more cost effective way.

The team will be established from within the existing workforce and will draw together staff from across the leaving care team, children's community teams/disability team and the community resource and mental health services.

The aim will be to establish the team by the end of September 2017. The pilot will be reviewed at 6 months.

Equality Impact Assessment Screening Form

Q2(a) What does Q1a relate to?

Direct front line service delivery

Indirect front line service delivery

Indirect back room service delivery

(H)

✓(M)

(L)

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

Because they need to

Because they want to

Because it is automatically provided to everyone in NPT

On an internal basis i.e. Staff

✓ (H)

(M)

(M)

(L)

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

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

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

High visibility to general public

Medium visibility to general public

Low visibility to general public

(H)

(M)

✓ (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 to reputation

Medium risk to reputation

Low risk to reputation

(H)

(M)

✓ (L)

**Q5 How did you score?
Please tick the relevant box**

MOSTLY H and/or M → **HIGH PRIORITY** → **EIA to be completed**
Please go to Section 2

MOSTLY L → **LOW PRIORITY / NOT RELEVANT** → ✓ **Do not complete EIA**
Please go to Q6 followed by Section 2

Equality Impact Assessment Screening Form

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

There will be no negative impact to the service delivery to young people, their families/carers or to stakeholders. The pilot team will continue to work within the existing service expectations and within the legislative Governance and guidance and will still adhere to statutory expectations of Service delivery.

The pilot aims to create an improved service delivery and in addition to support the arrangements for commissioning which will result in the provision of a more outcome focussed provision for young adults and one which provides a sustainable and high quality resource

Section 2

Screener- This to be completed by the person responsible for completing this screening
Name: Delyth Berni, Principal Officer
Location: Neath Civic Centre
Telephone Number: 01639 763319
Date: 04-july-2017
Approval by Head of Service
Name:
Position:
Date:

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

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

13th July 2017

REPORT OF THE HEAD OF CHILDREN & YOUNG PEOPLE SERVICES – A. JARRETT

MATTER FOR INFORMATION

WARDS AFFECTED: ALL

MONITORING THE PERFORMANCE AND PROGRESS OF THE WESTERN BAY REGIONAL ADOPTION SERVICE

1. Purpose of the Report

The purpose of this report is to advise elected members of the Child and Family Services Scrutiny Panel of key performance management information and activity within the Regional Adoption Service for the period 1st April 2016 – 31st March 2017. Where appropriate, comparison data with other regions, the National benchmarks and Welsh averages has also been included. The data provides elected members with the opportunity to monitor performance and discuss any issues that relates to the information provided.

2. Executive Summary

The regional adoption service provides a range of services and interventions across the five key domains to those affected by adoption. Those being:

- Assessing and supporting prospective adopters
- Assessing non-agency (parent/care, formerly step parent adoptions)
- Birth record counselling and intermediary services (BRC &IS)
- Adoption support (assessments and support services to anyone affected by adoption)

- Twin tracking and family finding, which involves working with birth families of children in or following care proceedings and once a Placement Order has been granted by court in searching for an adoptive placement

The purpose of this report is to provide an overview of the overall role and function of the service in addition to an update on the current performance, achievements and future aspirations and challenges. The report is accompanied by the annual performance report for 2016/2017. This is the second annual report to Scrutiny under the new Regional Service.

3. Background

The Western Bay Adoption Service is integrated into the National Adoption Service (NAS) as one of the five identified regional collaborative. The National Service is underpinned by the Adoption and Children Act 2002 (Joint Adoption Arrangements) (Wales) Directions 2015.

The broad aims of the joint adoption arrangements across Wales as specified in the Directions include:

- Consistent and high quality service
- Keeping delay to a minimum
- Widest choice possible of placement
- Eliminating waiting lists for training and assessments
- Improving the matching process
- Streamlining adoption services improved liaison between adoption social workers
- Keeping breakdowns to a minimum by providing adequate adoption support
- Collaborative working between local authorities, voluntary agencies, health and education services

The Management and oversight arrangements of the National Service consist of:

Governance Board

Includes representatives from each agency:

- Spokesperson and Deputy Spokesperson from WLGA for Health & Social Services
- Mayor or executive leader by the Lead Authority
- Independent Chairperson of the Advisory Group
- Representative on behalf of the voluntary agencies
- Elected member representation for each region

The functions of the Governance Board include: strategic direction, approval of annual work programme, ensuring the views of stake holders are represented and the monitoring & oversight of performance, complaints, engagement with voluntary agencies, service user representatives, budget & financial, Welsh language and reporting to the Welsh Ministers.

The nominated elected member representative for Western Bay, and the current Chair of the Board is Cllr Peter Richards.

Advisory Group

Includes the following representatives from:

- each collaborative Head of Children's Service
- the Association of the Directors of Social Services Cymru
- the Association of Directors of Education in Wales
- the WLGA
- 3 from voluntary organisations
- Legal adviser from the lead local authority
- Health professional for Looked After Children
- Medical advisor to an adoption panel
- CAMHS
- Service User
- Social Research Centre

The functions of the Advisory Group include:

- Provision of professional advice and Support to the Governance Board
- Supporting the effective operation of the service
- Notifying the Welsh Minister of any issues

The City of Cardiff Council has been given the role of Lead Authority for the National Adoption Services and as host authority will work with key partners to run an all-Wales adoption website, develop a centre of excellence for adoption services and employ a Director of Operations for Wales.

Director of Operations and Central Team:

The National Adoption Service has appointed Suzanne Griffiths as Director of Operations, along with a Business and Performance Manager, Policy and Practice Officer and Administrative Assistant.

The functions of the Director of Operations and Central Team include:

- Production of an annual work programme to include priorities and targets
- Financial plans and budget responsibilities
- Monitoring and analysis of performance data
- Determine actions to address issues arising
- Improvements and developments of the service
- Submission of a 6 monthly and annual progress and financial report
- Analysis of reports from regional collaboratives
- Establish and maintain website
- Co-ordination of pre-approval training and adoption support services

In addition to the development of the National Service and the Central Team, a Wales Adoption Register has been developed which is hosted by the Central Team operating on the principle of keeping Welsh children in Wales.

Current Position

Western Bay Adoption Service (WBAS) became fully operational in April 2015. Prior to this adoption services were delivered locally via the three local authorities.

The regional adoption service provides a range of services and interventions across the five key domains to those affected by adoption. Those being:

- Assessing and supporting prospective adopters
- Assessing non-agency (parent/care, formerly step parent adoptions)

- Birth Record Counselling and Intermediary Services (BRC &IS)
- Adoption support (assessments and support services to anyone affected by adoption)
- Twin tracking and Family Finding (TT&FF), which involves working with birth families of children in or following care proceedings and once a Placement Order has been granted by court in searching for an adoptive placement

Performance and Activity

The attached annual performance report outlines the performance within the regional adoption service for 2016/17.

Key achievements for the year include:

- We continue to place more children within WBAS than with Inter Agencies (IA) this has been despite some challenges encountered i.e. children having complex needs, sibling groups/older children and a sustained picture of adopters wishing to have the more straightforward and younger children. WBAS placed 39 children within the region and 32 with IAs
- The length of time taken from 'becoming looked after' (LAC) to placement for adoption has reduced from 19.5 months with the average time now being 15.3 months. This however has not met the national bench mark of 13 months and further work is needed within the local authorities (LA) to address this
- The average time it takes for children who wait longer than six months from Should Be Placed Decision (SBPD) to placement for adoption has increased but only very slightly from 9.25 to 10 months. However there have been considerable successes with a number of children placed in very short timescales. The lowest being 104 days (3.5 months). This is attributed to the close working between Recruitment & Assessment (R&A) and Family Finding (FF) functions to identify early the needs of children and adopters

so that where suitable the link can be progressed without delay

- There has been greater collaboration between Family Finding (FF) and Adoption Support (AS) to put together packages of support for more complex children or where placements need additional support
- Enquiry rates are consistent despite a focus on harder to place and more complex children as part of the recruitment message which has been devised jointly by the managers of R&A and TT&FF. This focusses on prioritizing adopters who are interested in taking older children, those in sibling groups and those with complex needs. Whilst this has seen some success the reality is that many adopters are still presenting themselves as wanting younger children which is in line with national research
- The average time taken to approve adopters from the inquiry stage to Agency Decision Maker (ADM) decision has decreased compared to last year from 10.1 months to 9.7 months
- There has been, as a result of a number of WBAS and LA strategies a small increase in the number of children presented to panel where there is evidence of Life Story Material (LSM). This is particularly noticeable in the last quarter where the jump in performance goes from 1 in Q3 to 11 in Q4
- Performance in the number of Birth Parents referred and offered a service has been sustained
- There continues to be evidence that there are more direct interventions from the adoption support service than previously thus reducing the need for higher cost commissioned services
- Successful placement of a number of sibling groups
- The Children's Guide has been launched and has been received positively in the three LA's. It has also been placed

on the WBAS website so adopters can access directly if they choose

- There has been a review and revised guidance for the Child Adoption Report-Annex B (CAR-B) to improve quality of information. This has been backed up by training offered by WBAS and mentoring by the TT seniors for workers / managers who have requested additional support
- Development and implementation of the Transition/Moving on proposal to assist in improving the preparation of children for adoption and in the provision of LSM. This was showcased in a workshop at the recent NAS Conference in March

The challenges/developments that the service will need to undertake in the coming year include:

- To further increase the number of WBAS placements. The service plans to address this through a number of initiatives such as a local 'profiling' event, a year of targeted recruitment specialising on identified children and developing further the website and recruitment and information materials on offer
- Where possible to further reduce the time from LAC, SBPD and Placement Order (PO) to placement for adoption. This will be through a joint focus by WBAS and the LA's, currently a number of strategies are in place from the TT&FF function to ensure that the service does not impact adversely on this measure
- The number of adoption orders granted (AOG) has dipped significantly from 94 the previous year to 69 this year. Whilst there are currently 36 adoption applications before the court, it is recognised that a focus is now needed to address where if any the delays in the various stages of progressing an application
- Introduce in the TT&FF function local performance indicators and more robust monitoring of activity to ensure delays are kept to a minimum

- There needs to be a robust and whole region approach to the improvement of LSM in relation to quality and timeliness. The current NAS measure is by 2nd review however, WBAS with the support of the senior management in the LAs has agreed that this measure should be the longest time and the best practice aim is on placement
- There is a desire to improve Birth Parent take up of the service on offer to them and this will be addressed through a revision to the facilities on Oracle (the service IT system) as it is evident that the FF and AS functions have been under reporting significantly in this area. This will be addressed through guidance and training events in Q1- 2017/18
- There is need to improve the time taken to approve adopters. The assessment itself is not problematic but areas outside of the service control need to be accommodated so that measures are taken by the service to avoid incurring unnecessary delays
- Inclusion of the adoption support network in the pre-approval training will be re-introduced in the coming year. It is envisaged at this point that additional training events will be run for family and friends, alongside the pre-approval training. This will further equip adopters and their support network to meet the needs of more complex children and harder to place children
- Expanding adoption support is a key focus for the coming year. Utilising the fostering training as part of the post adoption support provision is planned
- Partnership working with neighbouring regions to develop services to meet the needs of children and particularly birth parents
- Greater use of the IT system by all functions in WBAS, this is a particular challenge in TT&FF and will be the main focus for the coming year. Improvements across all three functions will equip management to accurately collate and report on performance and underperformance

- The continuing development of policies and procedures is a key priority for the coming year
- Addressing the significant backlog of non-agency assessments through a number of strategies

The service plan reflects the key priorities for the coming year with the focus being on:

- Ensuring that all children in the region for whom adoption is the agreed plan are found adoptive homes that meet their needs. This includes reducing the time any child waits for an adoptive placement but also that children who are part of a sibling group can be placed together
- Improving the number of children who have LSM provided at placement
- Increasing the numbers of children placed within the region
- Increasing the range of adoptive parents available to meet the needs of children in the region who have an adoption plan. This includes ensuring that prospective and approved adopters receive good quality, timely assessment and support services when they need them
- Implementing the National Framework for Adoption Support which aims to provide an improved range of information, advice and support services available universally or following assessment according to need for children, their adoptive parents, birth parents and for other adults and children affected by adoption
- Achieving an overall improvement in the performance of the adoption service across Wales

4. Financial Impact

There are no specific financial implications arising directly out of this report

5. Equality Impact Assessment

This report is concerned with performance information rather than policy or decision making therefore an equality impact assessment is not applicable.

6. Workforce Impacts

After consideration there are no workforce impacts associated with this report.

7. Legal Impacts

After consideration there are no legal impacts associated with this report.

8. Risk Management

After consideration there are no risk management impacts associated with this report.

9. Consultation

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

10. Recommendation

That Members note the information contained in the report.

11. Reason for Proposed Decision

Not applicable – report is for information

12. Implementation of Decision

Not applicable – report is for information

13. Appendices

Western Bay Adoption Service PI report 2016/17

14. List of Background Papers

None

15. Officer Contact

Val Jones

Regional Manager

Western Bay Adoption Service

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ANNUAL REPORT AND PERFORMANCE MEASURES

For Period 1 April 2016 to 31 March 2017

Annual Report on PI data for WBAS 2016/17

Introduction

This report reflects the region's second full year's performance as a collaborative service.

It is fair to say that some areas of performance in which we were doing well last year have seen a dip in performance this year. The report highlights those areas where we need to focus attention and improve along with those where we have demonstrated improvement and provides analysis to demonstrate the reasons and challenges.

There is still a great deal of work to be developed and progressed within the service as a whole, including the ongoing development of adoption support services.

This report demonstrates the Western Bay Adoption Service (WBAS) performance activity against the key national PI measures. It provides data for the region as a whole, along with comparative data across the three partner agencies, comparative data against the national benchmarks and averages along with comparative data across the regions.

Section 1 – Progress update

During the past year the primary focus has been on developing the Adoption Support service while at the same time aiming to maintain performance in the recruitment of adopters and the placement of children.

Areas of development within Adoption Support include:

- Co-creation/engagement with stakeholders, Adopters, Voluntary Adoption Agencies (VAAs) and statutory partners in the development and design and delivery of support services.
- A robust training programme for staff

- Continual improvements in the IT system to deliver on day to day operational work and to assist in data capture and measuring performance
- The introduction of the transfer protocol across functions

In addition to working locally within the service, Western Bay Adoption Service (WBAS) has been an active participant in some of the national developments:

- A Wales wide adoption allowance policy which aims to ensure equity for applicants across Wales.
- The national Family Finding Model providing a baseline of practice applied to all children's cases.
- An Inter-country Adoption policy, enabling a clear structure and uniformity in Wales.
- Co- working between WBAS and other regional services to enable the sharing of ideas and materials to improve practice.
 - development of an assessment framework for adoption support- South East Wales Adoption Service (SEWAS)
 - development of an inter-regional transfer process with for adoption support cases- Valley, Vale and Cardiff (VVC)
 - assisting VVC and SEWAS to create their own caseload weighting systems

The assessment of Adopters has remained a key focus in the last year and the service achieved a little above the intended target. There has been an increased focus on:

- Equipping adopters to understand the need for and role of their support network which dovetails with the developments of the Social Services and Well Being Act
- Service user consultation and engagement.
- Introduction of a family support meeting as part of the assessment
- Involvement of adoption support workers and adopters in the pre and post approval training and support events resulting in positive feedback from adoption panel and applicants
- Development of a continuous improvement agenda, to ensure adopters are equipped for the task of adopting
- Reducing overall the time taken to approve adopters

The number of children being placed this year has reduced from 93 last year to 71 this year. Whilst this is recognised as being an area to improve, some achievements have been encouraging in that we have placed more complex children including sibling groups, two sibling groups of three, some children with complex health and development issues and those who have been harder to identify adopters for where the measure indicates these children have taken a considerable time to place.

The key achievements:-

- We continue to place more children within the region than with Inter-Agencies (IAs) and this has been despite some challenges encountered whereby some children having complex needs, sibling groups and a sustained picture of adopters wishing to have the more straightforward and younger children. We placed 39 children within WB and 32 outside.
- The length of time taken from 'becoming looked after' (LAC) to placement for adoption has reduced from 19.5 months with the average time now being 15.3 months. This however has not met the national bench mark of 13 months and further work is needed within the Local Authorities (LAs) to address this.
- The average time it takes for children who wait longer than six months from Should Be Placed Decision (SBPD) to placement for adoption has increased but only very slightly from 9.25 to 10 months. However there have been considerable successes with a number of children placed in very short timescales. The lowest being 104 days (3.5 months). This is attributed to the close working between Recruitment and Assessment (R&A) and Family Finding (FF) teams to identify early the needs of children and adopters so that where suitable the link can be progressed without delay.
- There has been greater collaboration between FF and Adoption Support (AS) to put together packages of support for more complex children or where placements need additional support.
- Enquiry rates are consistent despite a focus on harder to place and more complex children as part of the recruitment message which has been devised jointly by the managers of R&A and Twin Tracking & Family Finding (TT&FF). This focusses on prioritizing adopters who are interested in taking older children, those in sibling groups and those with complex needs. Whilst this has seen some success the reality is that many adopters are still presenting themselves as wanting younger children which is in line with national research.
- The average time taken to approve adopters from the inquiry stage to Agency Decision Making (ADM) decision has decreased compared to last year from 10.1 months to 9.7 months.
- There has been, as a result of a number of WBAS and LA strategies a small increase in the number of children presented to panel where

there is evidence of Life Story Materials (LSM). This is particularly noticeable in Q4 where the jump in performance goes from 1 in the previous quarter to 11 in Q4.

- Performance in the number of Birth parents referred and offered a service has been sustained.
- There continues to be evidence that there are more direct interventions from the adoption support service than previously thus reducing the need for higher cost commissioned services.
- Successful placement of a number of sibling groups.
- The Children's Guide has been launched and appears to have been received positively in the three LA's. It has also been placed on the WB website so adopters can access directly if they choose.
- There has been a review and revised guidance for the Child Adoption Report – Annex B (CAR B) to improve quality of information. This has been backed up by training offered by WBAS and mentoring by the TT seniors for workers / managers who have requested additional support.
- Development and implementation of the Transition/Moving on proposal to assist in improving the preparation of children for adoption and in the provision of life journey material. This was showcased in a workshop at the recent National Adoption Service (NAS) Conference in March.

Challenges:-

A number of challenges have been identified for the coming year and these include –

- To further increase the number of placements within the region. The service plans to do this through a number of initiatives such as a local profiling event, a year of targeted recruitment specialising on identified children and developing further the website and recruitment and information materials on offer
- Where possible to further reduce the time from LAC, SBPD and Placement Order (PO) to placement for adoption. This will be through a joint focus by WBAS and the LA's, currently a number of strategies are in place from the TT&FF function to ensure that the service does not impact adversely on this measure



Western Bay

ADOPTION SERVICE

GWASANAETH MABWYSIADU

Bae'r Gorllewin

- The number of Adoption Orders Granted (AOG) has dipped significantly from 94 the previous year to 69 this year. Whilst there are currently 36 adoption applications before the court, it is recognised that a focus is now needed to address where if any the delays in the various stages of progressing an application
- Introduce in the TT&FF function local performance indicators and more robust monitoring of activity to ensure delays are kept to a minimum
- There needs to be a robust and whole region approach to the improvement of Life Story Materials (LSM) in relation to quality and timeliness. The current NAS measure is by 2nd review however, WBAS with the support of the senior management in the LAs has agreed that this measure should be the longest time and the best practice aim is on placement
- There is a desire to improve Birth Parent take up of the service on offer to them and this will be addressed through a revision to the facilities on Oracle, (the service IT system) as it is evident that the FF and AS have been under reporting significantly in this area. This will be addressed through guidance and training events in Q1 – 2017-18.
- There is need to improve the time taken to approve adopters. The assessment itself is not problematic but areas outside of the service control need to be accommodated so that measures are taken by the service to avoid incurring unnecessary delays
- Inclusion of the adoption support network in the pre-approval training will be re-introduced in the coming year. It is envisaged at this point that additional training events will be run for family and friends, alongside the pre-approval training. This will further equip adopters and their support network to meet the needs of more complex children and harder to place children
- Expanding adoption support is a key focus for the coming year. Utilising the fostering training as part of the post adoption support provision is planned
- Partnership working with neighbouring regions to develop services to meet the needs of children and particularly birth parents
- Greater use of IT system by all functions in WBAS this is a particular challenge in TT&FF and will be the main focus for the coming year. Improvements across all three functions will equip management to accurately collate and report on performance and underperformance.

- The continuing development of policies and procedures is a key priority for the coming year
- Addressing the significant backlog of non-agency assessments through a number of strategies

Section 2 - Performance

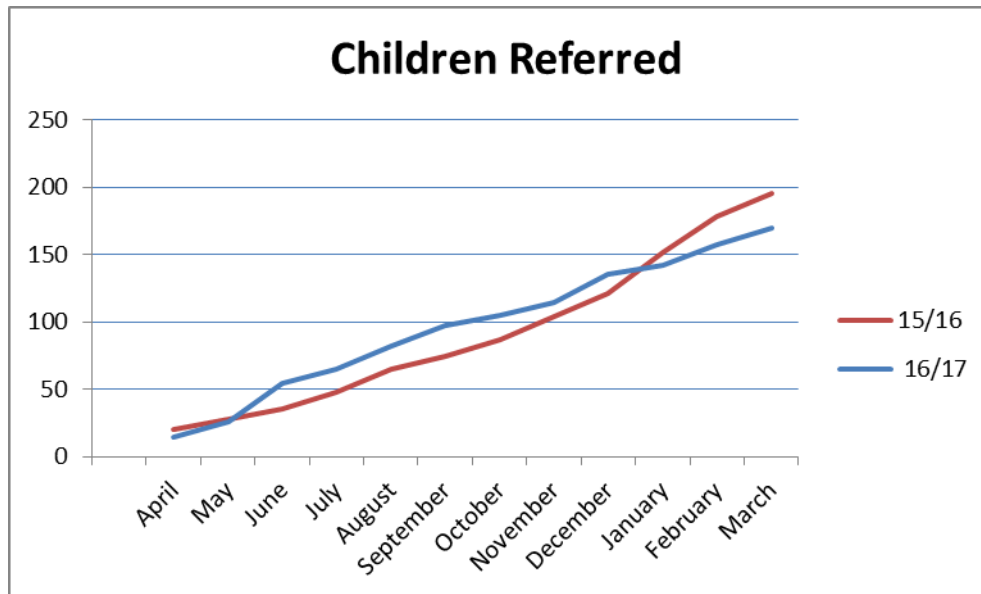
The purpose of this section is to highlight some of the key performance areas for WBAS for the year 2016/17. The report is based on data that has been supplied to the NAS on a quarterly basis throughout the year and provides some comparison data with national performance and performance across regions.

1. Children Referred 2016/17 - 170

During the first six months of the year the number of referrals for children had initially risen with 97 children having been referred in the first two quarters compared to 74 in the same period the previous year. However, the overall picture demonstrates that there has been a drop in referrals, with Swansea seeing a significant decrease over the year, Neath Port Talbot (NPT) remaining fairly stable and Bridgend (BCBC) showing an increase.

The current data represents an overall decrease of 13% when comparing with 2015/16 where there were 195 children referred and 170 this year. However, when comparing with the number of referrals that were withdrawn last year (57) to this year (11) it is evident that there has been a refinement in the cases being referred from the local authorities as more are being converted through the SPB process and into POs.

Children Referred TOTAL	BCBC	NPT	SWAN	
2016/17	72	43	55	170
2015/16	58	45	92	195
2014/15	68	56	79	203



The figures for other regions in Wales are Mid and West Wales Adoption Service (MWW) 81, North Wales Adoption Service (NWAS) 58, South East Wales Adoption Service (SEWAS) 204, Valley, Vale and Cardiff (VVC) 278.

2. Should Be Placed Decision (SBPD)

The number of children that progressed to have a 'should be placed decision' in Western Bay totalled 112 compared to other regions across Wales, WBAS had the second highest number of SBPD with VVC having the highest at 117, MWW 49, NWAS 4, SEWAS 86.

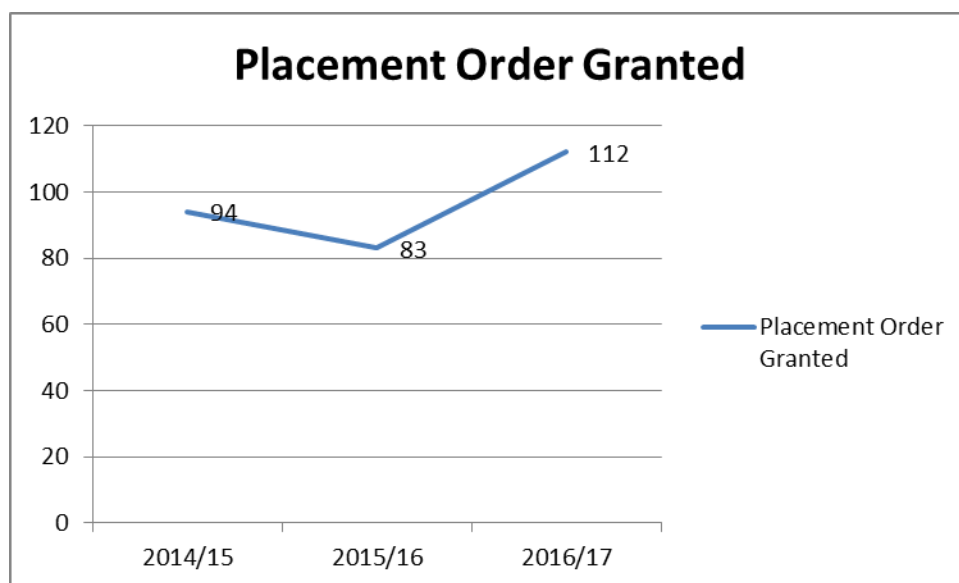
3. Placement Orders Granted = 112

WBAS regional data

There has been an increase in POs this year with 112 being granted compared to 83 last year showing a 35% increase. This reflects the spike in referrals at end of Q4, 2015/16 with 32 of our POs developing from these referrals namely from Swansea. Overall, the more appropriate referrals that have been received have led to a higher conversion rate of children culminating in placement orders. This has reversed the trend we were seeing last year where we saw a decrease in POs made, which at the time was also the national trend.

Year	Q1	Q2	Q3	Q4	TOTAL
2016/17	30	31	24	27	112
2015/16	22	18	17	26	83

POG	BCBC	NPT	SWAN	TOTAL
2016/17	36	23	53	112
2015/16	31	26	26	83
2014/15	25	36	33	94



In comparison to the other regions across Wales, WBAS had the highest number of placement orders granted at 112, MWW 31, NWAS 43, SEWAS 76, VVC 96. This increase will impact on workload in the coming year.

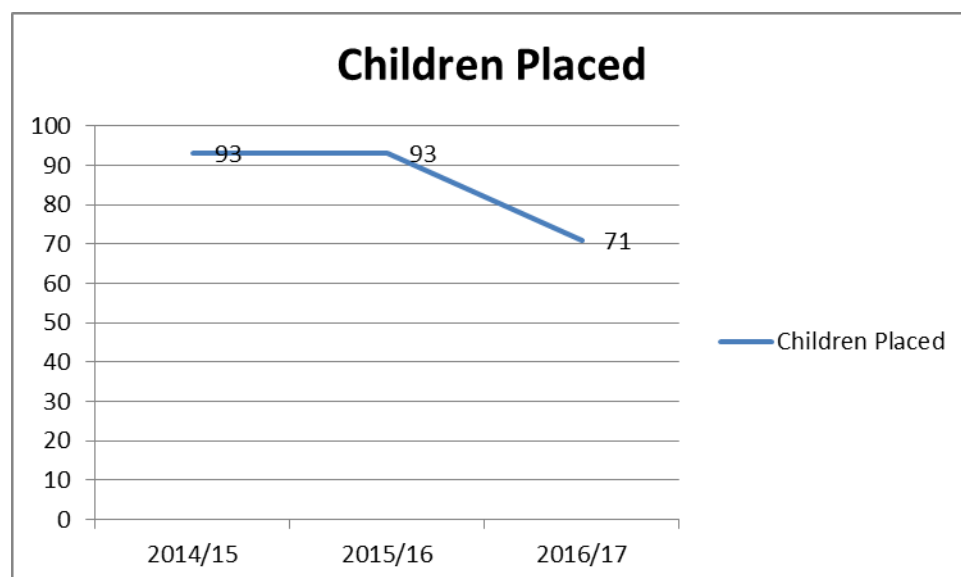
4. Children Placed = 71

Statistics have evidenced that in the year there has been a 21% reduction in the number of children being placed for adoption by WBAS. Those being placed are a combination of children that represent harder to place and more straight forward children. An action plan has been devised to interrogate why there is a reduction in children being placed so that remedial and proactive

measures can be developed and implemented in Q1 2017/18 the plan includes revising the information recently shared with TT&FF staff on the need to impress timeliness. Management and to some extent seniors will embark on a process of monitoring cases by case. This will include diarising key dates and expected activities that ensure every effort is made to ensure children are placed in a timely manner.

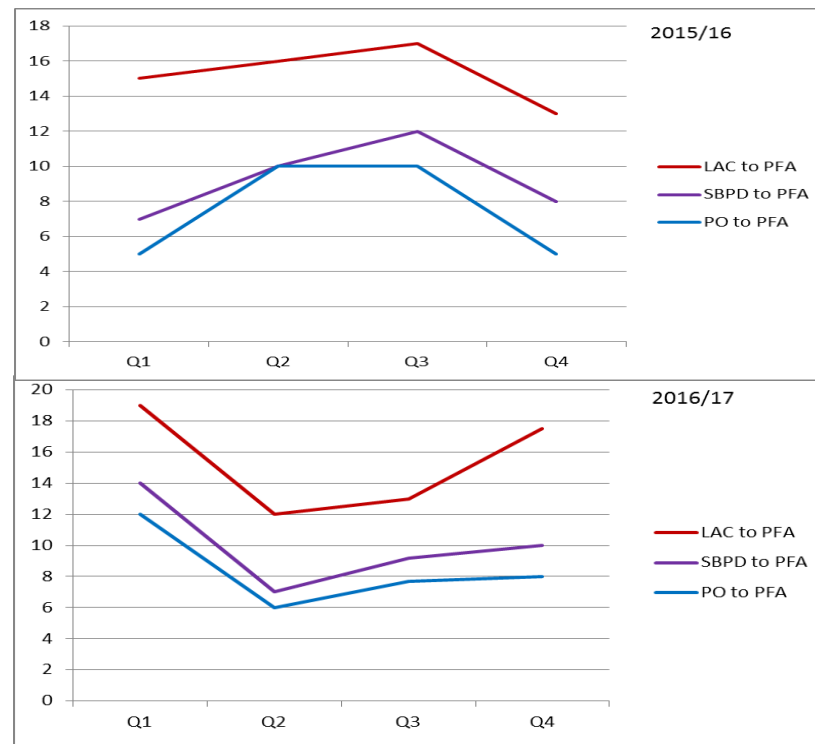
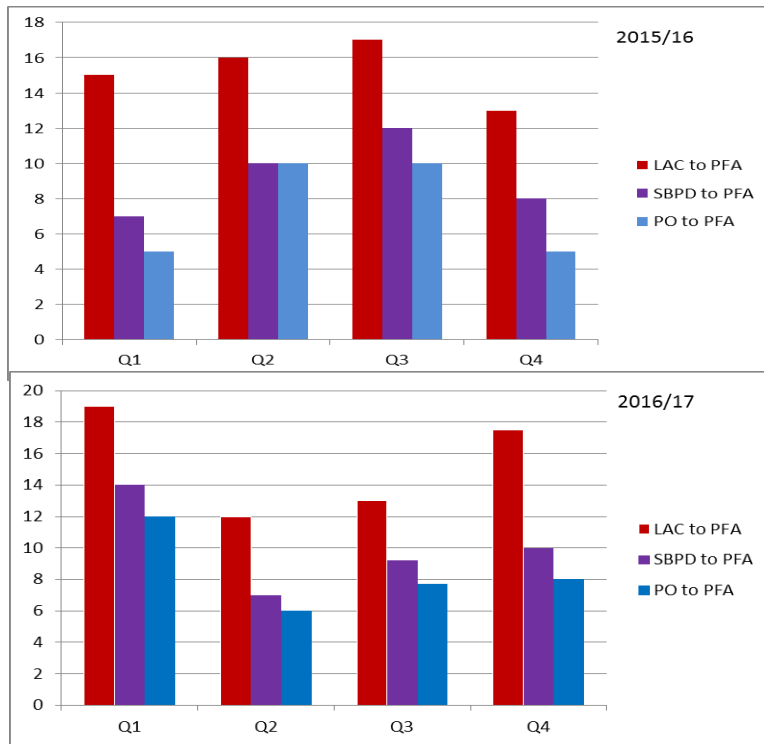
Year	Q1	Q2	Q3	Q4	TOTAL
2016/17	13	17	23	18	71
2015/16	20	25	21	27	93

Children Placed	BCBC	NPT	SWAN	TOTAL
2016/17	24	17	30	71
2015/16	24	40	29	93
2014/15	28	28	37	93



Performance in other regions across Wales is as follows, MWW 23, N WAS 44, SEWAS 84, VVC 81.

5. Average Time (in months) Taken for Children to be Placed.



Average Time in Months (days)

	15/16					16/17				
	Q1	Q2	Q3	Q4	Year Total	Q1	Q2	Q3	Q4	Year Total
LAC to PFA	15 (455)	16 (484)	17 (507)	13 (482)	19.5 (482)	19 (590)	12 (374)	13 (396)	17.5 (572)	15.3 (351)
SBPD to PFA	7 (232)	10 (309)	12 (372)	8 (291)	9.25 (302)	14 (417)	7 (222)	9.2 (281)	10 (312)	10 (283)
PO to PFA	5 (154)	10 (294)	10 (308)	5 (157)	7.5 (228)	12.4 (373)	6 (17)	7.7 (235)	8 (240)	8.4 (255)

LAC to Placed For Adoption (PFA) – 15.3 months.

2016/17 has shown a decrease in the average time taken from LAC to PFA, this now being 15.3 months compared to 19.5 months the previous year. The national bench mark is 13 months or less and while within WBAS the average time for the year did not meet the bench mark, Q1 and Q4 showed there were outliers where a small number of children in each quarter took much longer to place therefore impacting on the average length of time for the year. For example in Q4 there were 5 children who increased the average time, these were two separate sibling groups of 2 and 3 children. The sibling group of 2 taking 817 days (27 months) each from becoming LAC to being placed and a sibling group of 3 who took 678 days (22 months) each from becoming LAC to being placed. Although this has impacted on our figures it is still a good news story that these children have now been placed.

Compared to other regions Western Bay are the second lowest with SEWAS 14 months, NWAS 18 months, MWW 17.8, VVC 17.3 months with the national average being 15.4 months.

SBPD to PFA – 10 months.

2016/17 has shown a slight increase in average time taken from SBPD to PFA, this now being 10 months as opposed to 9.25 in the previous year. This measure has been interrogated and it is clear that whilst there is a slight drop in performance, there are more complex children being placed which has necessitated increased social work activity. For example, this may include additional staff resources and extended time scales when children are placed

outside of WB. Of the children placed, 7 in particular have adversely impacted on performance due to their complex needs.

In exploring the performance over the year, while the average has increased there have been a number of children who were placed in much shorter time frames the lowest being 3.5 months, 104 days.

Moving forward, as with the other areas of FF, the measures in place to ensure delays are reduced will impact positively on this measure.

Compared to other regions WBAS are higher than the national average and the third lowest compared to other regions, MWW 9.1 months, NWAS 11.8 months, SEWAS 9.7 months , VVC 10.8 months with the national average being 9.6 months.

PO to PFA – 8.4 months.

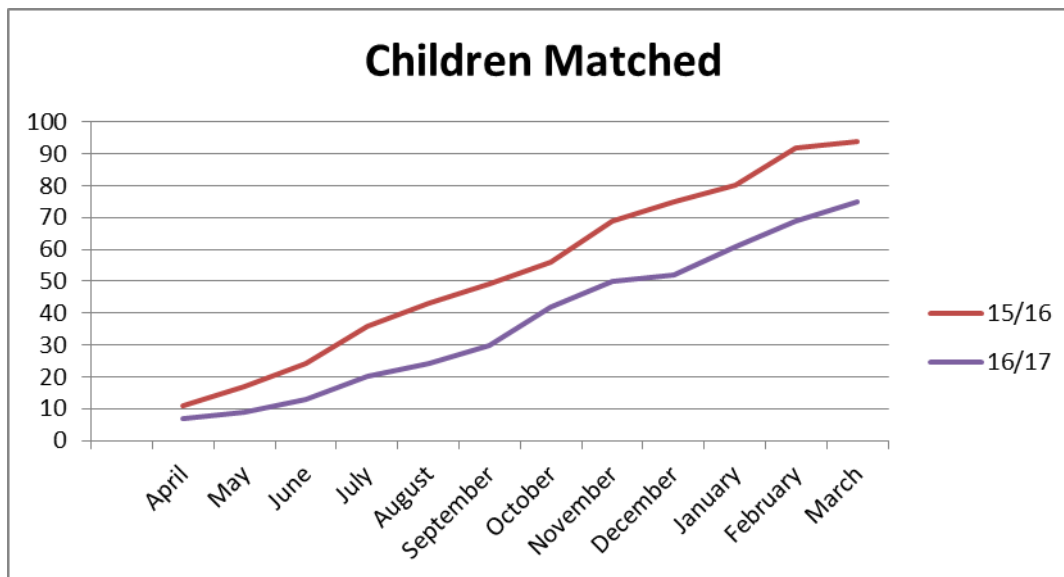
As detailed in the table above there has been a dip in performance compared to the previous year with the average increasing from 7.5 months to 8.4 months. Of the 71 children placed, 42 were placed in 6 months or less with the shortest time being 3.5 months.

Compared to other regions WBAS are just over the national average and the second lowest compared to other regions, MWW 4.5 months, NWAS 10.5 months, SEWAS 9.7 months , VVC 9 months with the national average being 8 months.

6. Children Matched = 75

Compared to the previous year there has been a significant drop in the number of children matched but this is in line with the activity level of placing children which stands at 71. The introduction of monthly monitoring and local Performance Indicators (PI) timescales at key stages will assist in improving this measure and will be available to be measured and monitored via the Head of Service (HOS) reporting. However, this is a fluid picture and needs to be considered in the context of the number and types of children needing placements and the availability of adopters both within region and wider who can meet the needs of children waiting.

Matched	BCBC	NPT	SWAN	TOTAL
2016/17	26	17	32	75
2015/16	25	39	30	94
2014/15	28	27	36	91



Performance in other regions is, MWW 22, NWS 34, SEWAS 76, VVC 85.

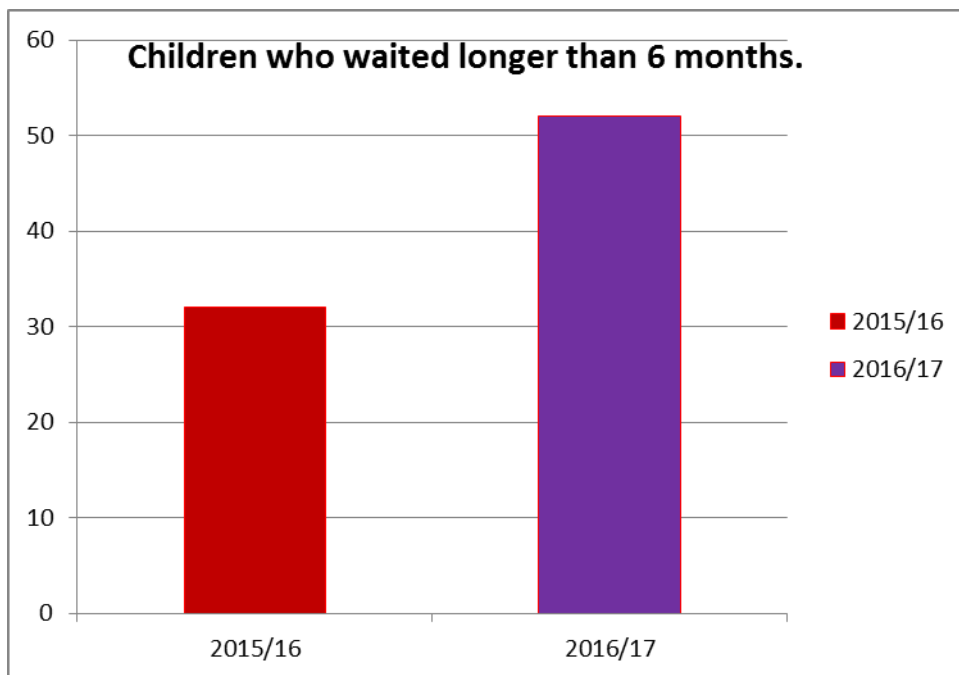
7. Number of children matched who have waited longer than 6 months to progress from SBPD to agency decision to approved match.

Year	Q1	Q2	Q3	Q4	TOTAL
2016/17	7 (54%)	12 (71%)	12 (55%)	21 (91%)	52 (67%)
2015/16	12 (50%)	8 (32%)	8 (31%)	4 (21%)	32 (34%)

Performance in this area is significantly lower than last year with 20 more children waiting longer than six months compared to last year's performance. As can be seen by the table above Q4 has seen an increase, however there has been good news stories with the following harder to place children being matched during this quarter. Sibling group of 2 with significant needs, sibling

group of 3, one child with significant needs, sibling group of 2 (age 4 & 3) and a sibling group of 2 (age 6). Overall there has been an increase in time children wait with 67% of children this year waiting longer than 6 months to be matched compared with 34% last year.

WBAS is not performing as well as some of the other regions and has not met the national benchmark of 40%. MWW 8 (49%), NWAS 16 (48%), SEWAS 63 (80%), VVC 44 (55%).



A number of factors have played a part in this drop in performance this includes:

- An increase in complex and harder to place children
- Adopters to meet the needs of those children are not readily available both within the region and wider afield resulting in delays

Whilst strategies in WBAS have been very successful, for example, identifying potential adopter's earlier and working with adoption support to explore what packages of support are needed to enable a placement to proceed, more systematic work is needed on harder to place children.

8. Adoption Orders Granted (AOG) = 69

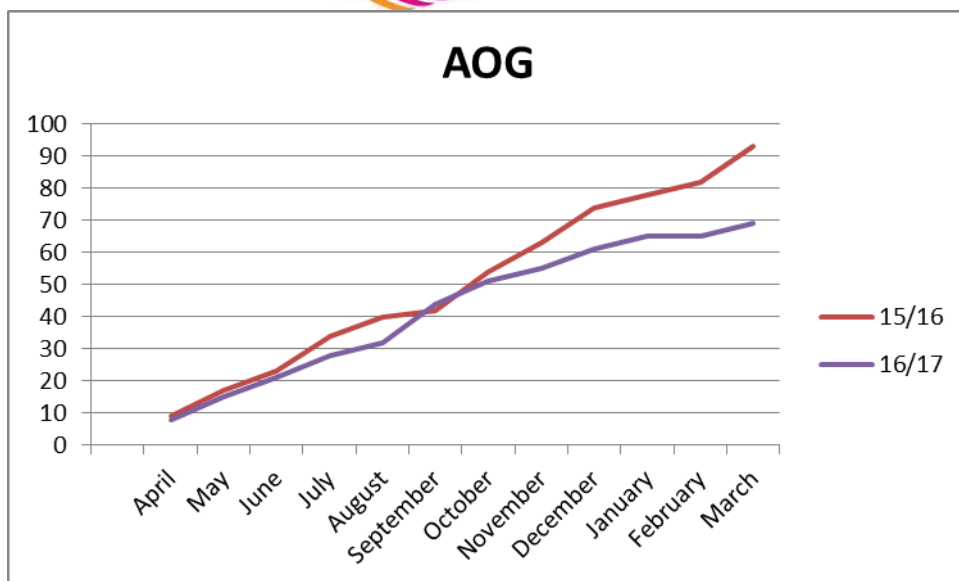
Whilst there is no one single significant reason, it is evident that there are multiple reasons and some these are then cumulative. They include;

- Timeliness in the provision of the annex A
- Completion by the worker(s) of the necessary documents needed for the application
- Identified or emerging adoption support needs reducing the number of applications being lodged
- Court delays

Activities to address some of the delays include:

- Introduction by the TT&FF manager of local performance indicators for staff at key stages
- The introduction of placement stability meetings where there are children placed and where there are emerging issues, needs or potential for delay
- Development of action plans and potentially a need for adoption support packages to put in place

AOG's	BCBC	NPT	SWAN	TOTAL
2016/17	12	27	28	69
2015/16	24	36	34	94
2014/15	21	34	40	95



There are currently 36 applications submitted to court and are at various stages of the process.

In comparison to the other regions across Wales, WBAS is the second highest achieving with MWW 24, NWAS 58, SEWAS 81, VVC 59.

9. Children Waiting = 102

The number of children waiting is rising, within WBAS of the 102 children waiting 80 (78%) of those had a SBPD decision and a PO but have not yet been matched, 3 (3%) Children had SBPD, PO and matched.

Year	Q1	Q2	Q3	Q4	End of year
2016/17	97	100	100	102	102
2015/16	105	111	74	92	92
2014/15	101	94	100	92	92

The data for other regions is below.

MWW - Of the 33 children waiting 22 (66%) of those had a SBPD decision and a PO but have not yet been matched, 1 (4.5%) Child had SBPD, PO and matched.

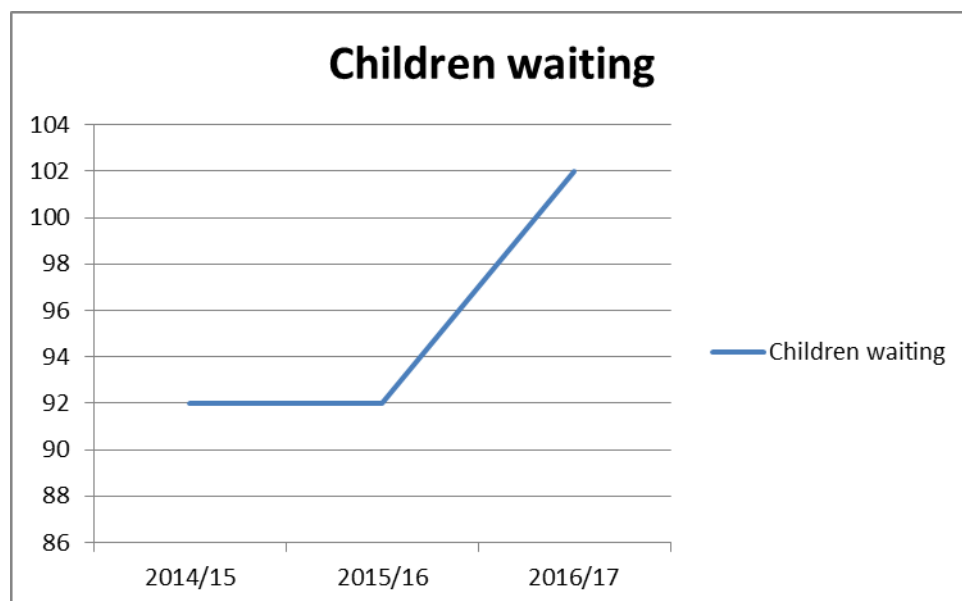
NWAS - Of the 44 children waiting 39 (88%) of those had a SBPD decision and a PO but have not yet been matched, 4 (10%) Children had SBPD, PO and matched.

SEWAS - Of the 61 children waiting 47 (77%) of those had a SBPD decision and a PO but have not yet been matched, 3 (6%) Children had SBPD, PO and matched.

VVC - Of the 103 children waiting 95 (92%) of those had a SBPD decision and a PO but have not yet been matched, 0 (0%) Children had SBPD, PO and matched.

By adding the local PIs to key stages where delays can occur it is anticipated that this is likely to improve performance in the coming year. This will need to be a whole service and regional effort. Steps are already taking shape to include monthly monitoring of key stages which will alert much sooner where there could be an avoidable potential for delay so remedial action can be taken.

Children waiting	TOTAL
2016/17	102
2015/16	92
2014/15	92



10. Number of Inter-Agency Placements = 32

Of the 71 children placed with approved adopters in the period less than half of the children were placed in IA placements, this is lower than the previous year but we are still placing more children within the region than outside. This has again had a positive impact on the overall budget set aside for placements in WBAS.

A consistent number of children are being placed within the region despite more children being classed as harder to place. This is as a result of:

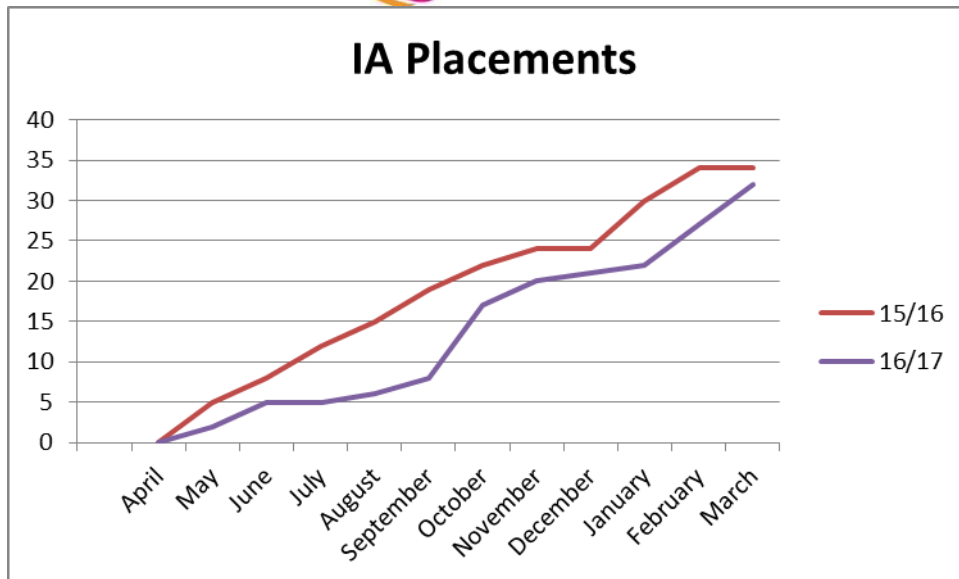
- linking meetings within the service enabling proactive links to be identified and progressed within the region, some of these have been achieved in a very short timescales
- Use of Link Maker and networking nationally a good strategy for identifying potential links outside of the region.

The challenge is:

- Availability across Wales continues to be one aspect impacting on the numbers of children being placed. A more proactive approach to those adopters outside of the region is needed to improve performance in the coming year and some of the strategies and local monthly monitoring will assist in improving early access to limited adopters nationally.

The regional/local picture is outlined in the table and graph below.

IAs	BCBC	NPT	SWAN	TOTAL
2016/17	11	6	15	32(45%)
2015/16	8	20	7	35(38%)
2014/15	24	20	15	59 (63%)



11. Number of WBAS Placements = 39

We continue to place more children within the region than externally, however compared to performance last year there have been less children placed within the region overall.

The arrangements/processes in place that contribute to achieving these are:

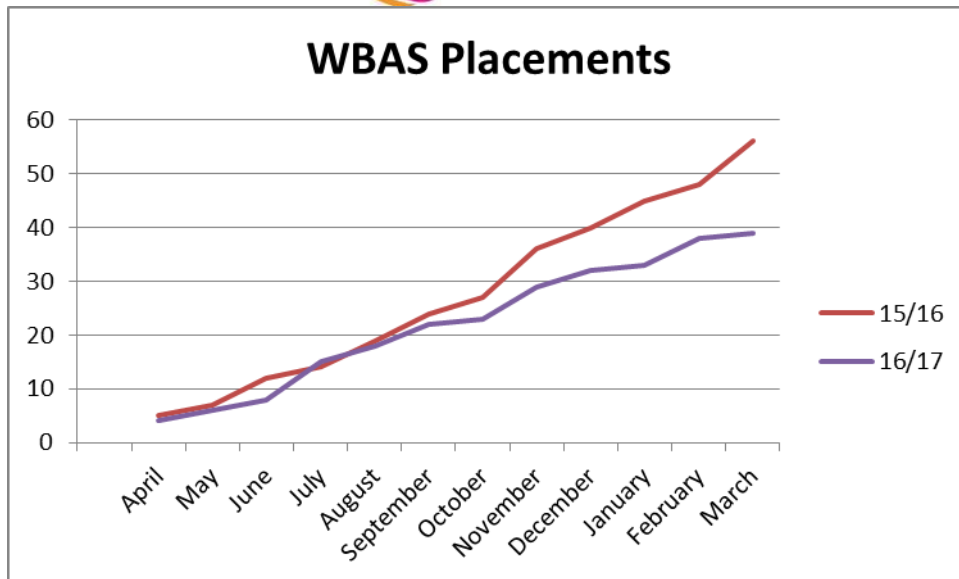
- Continued close liaison between FF and R&A through the monthly linking meetings remains a strong and effective activity in WBAS to identify children and adopters locally
- Links made locally have the potential to be achieved in a very timely manner given that early information is available and access to adoption support is within the service
- Further work within FF is planned to increase use of this forum to link and progress links in a timely manner
- Adapting marketing and recruitment activity to prioritise adopter enquiries who can meet the needs of children waiting
- Development of robust assessment, marketing and information materials
- Training and use of adoption support has resulted in a number of adopters taking more complex children
- Use of the Welsh Register and Link Maker to assist adopters to see in detail a range of children, usually with complex needs who are waiting for placements

Further work in the coming year between FF and the three LA's is planned to help social workers be more receptive to the currently approved adopters. In addition, there will be a regional exchange event and if successful will be expanded to provide a (restricted) online version and a repeat exchange event which will help adopters to see the range and needs of the children currently waiting for placements.

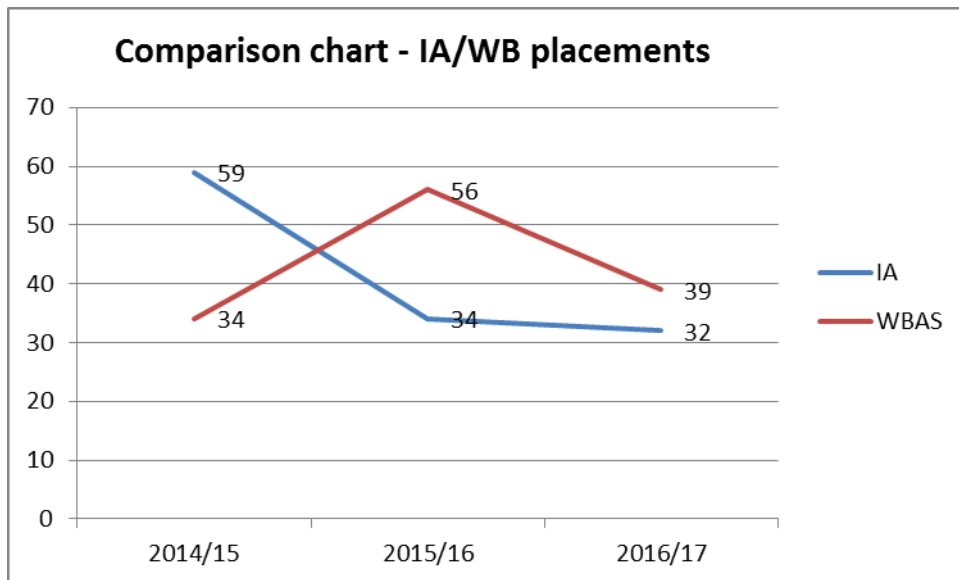
There also needs to be further interrogation within the FF function to ensure there are no procedural delays and that practice becomes more robust to ensure children where possible and appropriate are placed locally or are placed in a timely way if outside of the region.

The regional/local picture is outlined in the table and graph below.

WBAS	BCBC	NPT	SWAN	TOTAL
2016/17	13	11	15	39 (55%)
2015/16	14	18	22	56 (62%)
2014/15	7	9	18	34 (36.5%)



The comparison chart below continues to demonstrate that the reversal in the trend for IA placements and WBAS placements over a three year period though recognising this this gap has narrowed.



12. Number of Adopter Approvals = 56

Year	Q1	Q2	Q3	Q4	TOTAL
2016/17	15	10	9	22	56
2015/16	18	16	15	4	53
2014/15	6	12	19	8	45

Performance has continued to increase year on year. Regular monitoring has been in place to

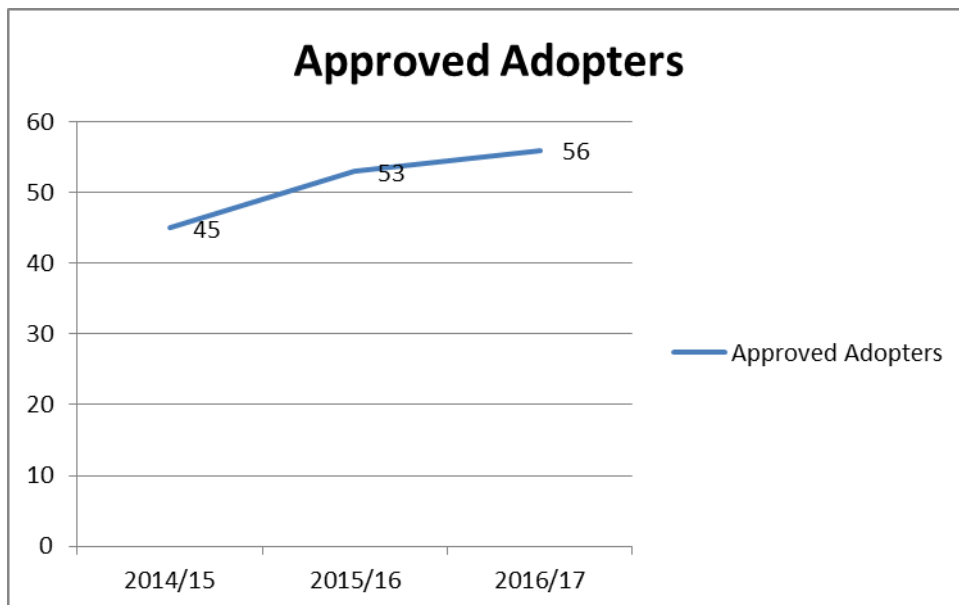
- Utilise lean and agile strategies
- Make good use of team meetings and focus events to ensure every effort has been used to increase the number of adopters, improve the range adopters will consider and equip adopters with greater awareness around the need for adoption support networks
- Monitor the number of placements generated
- Take remedial action to ensure targets are met

In the previous year 53 adopters were approved generating 65 placements. In this year 56 adopters were approved generating 63 placements, just 8 short of the number of children placed compared with 27 placements short on the previous year.

As can be seen from the data there was a downward trend in Q2 & Q3 however in Q4 exceptionally impressive achievements were made taking the number of approved adopters from 9 the previous quarter to 22.

Whilst every effort is made to increase the number of adopters, the range of placements they wish to be considered for and the timeliness, this activity is also heavily reliant on a robust, timely and proactive family finding process.

Year	Total
2016/17	56
2015/16	53
2014/15	45



WBAS is the second highest achieving region in this respect with MWW 22, NWAS 33, SEWAS 59 and VVC 47.

13. Average Time to Approve Adopters = 9.7 Months

Year	Q1	Q2	Q3	Q4	AVERAGE
2016/17	9.7 Months (294 days)	10.7 Months (324 days)	9.5 Months (286 days)	9 Months (270 days)	9.7 Months (293 days)
2015/16	10.2 Months (294 days)	10.6 Months (320 days)	10.8 Months (326 days)	8.8 Months (264 Days)	10.1 Months (313 days)
2014/15	10.2 Months (232 days)	8.6 Months (305 days)	12.3 Months (255 days)	8.8 Months (310 days)	9.8 Months (275 days)

Despite pressures within the service, the increase in approvals has been seen as a real success. In addition, the team have reduced the time taken to approve adopters from 10.1 months to 9.7 months overall, the lowest whole year figure since WBAS co-located. Encouragingly, in Q4, timescales were just 9 months despite the numbers being assessed being more than double the previous month. Looking at how WBAS has performed compared to other regions it is the second highest performing region with MWW 11.5 months (346.5 days), NWAS 8.5 months (255 days), SEWAS 13.1 months (393 days), VVC 12 months (362 days). With the national average being 10.8 months (326 days) it is encouraging to note that WB were below the national average time taken to approve. Western Bay's performance however, did not meet the required benchmark of 8 months.

WBAS continues to measure both the date of enquiry and the date the assessment commences which has, as hypothesised last year, led to activity to reduce internal delays. We are confident now that delays are down to worker absence or external factors outside of WBAS control. However, this will continue to be monitored on a monthly and quarterly basis.

14. Numbers of Initial Adopter Enquires - 175

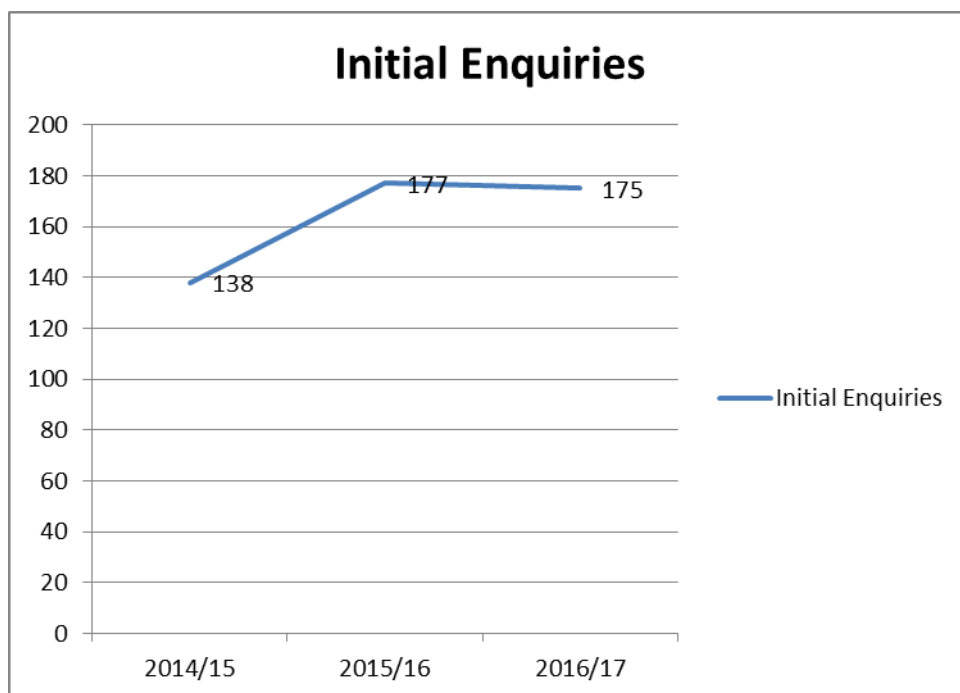
Year	Q1	Q2	Q3	Q4	TOTAL
2016/17	45	46	37	47	175
2015/16	41	59	34	42	177
2014/15	44	35	26	33	138

There has not been a significant increase in the number of enquiries in 2016/17 despite NAS running an extensive campaign which WBAS were actively involved in. It is fair to say that despite this campaign and our own efforts, which included improving the website (which most adopters site as their main search mechanism next to word of mouth), holding events locally and actively participating in national adoption week, the number of enquiries were fairly consistent, dropping slightly by just 2.

It also noteworthy to point out that WBAS maintained its recruitment of adopters throughout the year where it is apparent other agencies were indicating to enquirers that they were not in a position to undertake assessments. WBAS have maintained quality screening and have actively used the 'script' for NAS which prioritises enquiries for harder to place children, sibling groups, and older

children. Even with these efforts we are aware that nationally as well as locally those wishing to adopt still wish to be considered for younger and less complex children. From our close working relationship within the service it is evident to see that there remains a need to approve adopters for young children alongside those deemed to be the harder to place.

Year	Total
2016/17	175
2015/16	177
2014/15	138



Comparing WBAS performance to other regions it had the highest number of enquiries, with MWW 82, NWS 168, SEWAS 159 and VVC 150.

15. Life Journey Material

Table 1.	Q1	Q2	Q3	Q4	Total
No. of children presented to panel for matching	11	18	19	22	70
No. of children where evidence of LJM materials/direct work undertaken.	5	1	1	11	18

Table 2.	Q1	Q2	Q3	Q4	Total
No. children who had a 2nd adoption review in the quarter.	27	12	14	29	82
No. children placed for adoption in the quarter where life journey material has been provided to adopters by the time of the 2nd adoption review.	11 (41%)	7 (58%)	1 (7%)	6 (21%)	25 (31%)

The national target for this performance measure is 75% of children who receive life journey material by the 2nd adoption review. Performance in the region did not meet this required target for the year, the average being 31%. While the first 6 months of the year was showing some improved performance it is still lower than the average for the previous year which was 55%. A variety of measures/actions have been undertaken across the region in partnership with the 3 local authorities to influence improvements to performance related to life story work. These include the following

- Within two Authorities life story work project groups have been established
- Standards for life journey work have been developed and shared with WBAS and the three LAs
- Training has/is being delivered to all practitioners who are involved in undertaking life journey work with children
- 'Champions' have been identified within each Local Authority to act as links with WBAS for Life journey work and Fostering

- Measures are being put in place to capture the number and quality of materials at matching panel and aim as good practice for these to be provided by time of placement
- The need to ensure life journey materials and evidence of preparing children age appropriately for adoption is being fed back to the LAs to ensure where materials are not available this is being addressed
- Development of an audit tool which is being considered within the Principal Officer group for use across the region.
- Independent Reviewing Officers (IRO) in each LA have been advised they are to cover this matter in adoption reviews and to ensure it is being undertaken and captured as part of the process

Comparative table.	MWW	NWAS	SEWAS	VVC	WBAS
No. children who had a 2nd adoption review in the year.	19	32	58	79	82
No. children placed for adoption in the in the year where life journey material has been provided to adopters by the time of the 2nd adoption review.	15 (81.5%)	8 (38%)	25 (58%)	47 (62%)	25 (31%)

WBAS performs the lowest in terms of provision of life story material by the second review and it is envisaged that a multi-faceted approach will not only improve this measure but the experiences of the children and adopters for whom this is a tangible need.

Adoption Support

16. Number of Birth Parents referred and who were offered a service.

2015/16	Q1	Q2	Q3	Q4	Total
Referred.	38	17	51	35	141
Offered a service.	38	17	51	35	141

2016/17	Q1	Q2	Q3	Q4	Total
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Referred.	63	80	68	63	274
Offered a service.	63	80	67	56	266

Comparative table	MWW	NWAS	SEWAS	VVC	WBAS
Referred.	59	18	251	387	274
Offered a service.	59 (100%)	18 (100%)	251 (100%)	386 (99%)	266 (97%)

There were a number of birth parents whose whereabouts were not known at the time the service received the referral and this impacted on the figures shown. Our performance in relation to those birth parents who take up a service is very low with only 23 taking up a service in the year this being 8.6% and significantly below the national bench mark of 50%. It has become evident that in both the FF and AS functions there has potentially been some under reporting in this area, to address this the IT system has been revised to ensure that the first contact from a birth parent is recorded both pre and post order. This has recently been refined further to differentiate between the number of birth mothers and birth fathers who take up the service.

In the coming year a number of strategies are proposed to further improve performance in this area and these include:

- Providing training in to staff on how to log birth parent take up of a service
- Improving the letter sent to birth parents to ensure the wording is more inviting
- Active engagement by the FF function to try and log their efforts to engage birth parents.

17. Number and Percentage of children placed for adoption that has had an assessment for adoption support, the plan has been discussed by adopters.

2015/16	Q1	Q2	Q3	Q4	Total
No. who have had an assessment.	20	23	21	26	90
Plan has been discussed.	20 (100%)	23 (100%)	21 (100%)	26 (100%)	90

2016/17	Q1	Q2	Q3	Q4	Total
No. who have had an assessment.	13	15	23	18	69
Plan has been discussed.	13 (100%)	15 (100%)	23 (100%)	18 (100%)	69 (100%)

For this measure, 100% of children placed have an adoption support plan in place at the time of matching panel, in preparation for the placement for adoption. In every case, the support plan is shared with adopters and they are consulted on the content

17. Adoption Support Referrals.

This is new PI data that has been added to the NAS PI framework from 1st April 2016.

	Q1	Q2	Q3	Q4
Number of other birth parents who took up a service in quarter	8	5	4	4
Number of requests for an assessment for post adoption support from birth siblings in quarter	3	4	0	1
Number of requests for an assessment for post adoption support from other adults (relatives/former guardians) affected by the adoption of a particular child in quarter	5	9	8	0

The figures above for three of the adoption support measures demonstrate that the service has improved its method of categorising the type of referral for post adoption support. However, it is believed that in AS function, there has been some under reporting in this area. For example, in working with birth parents around letterbox, we have recorded this as one referral against, usually the birth mother whereas we are aware that birth fathers or siblings for example are also contained in that work but not counted.

In the coming year the AS function will be working more closely with FF and neighbouring regional services to improve the amount of services and information for birth parents. This will include:

- providing training in to staff on how to log birth parent take up of a service
- Improving the information for birth parents to ensure the wording is more inviting

- Working with colleagues in two neighbouring regions to explore the feasibility and viability of birth parent support groups.

In terms of the information we have captured to date it appears to be a consistent picture in terms of birth parents contacting the service for support and in all cases this was around dormant letterbox cases, where help was needed to come to terms with loss and to engage in letterbox. In the coming year the service needs to work towards developing this further as part of the adoption support team, offering a more proactive approach rather than reacting to self-referrals.

Where letterbox is set up within the FF function, their intention to be more proactive may improve the take up of services more generally by birth parents around adoption support. In addition, the new manner in which letterbox is now managed, namely an identified worker per case will enable the team to be more proactive. They will be able to following up on dormant cases or inactive new cases where the FF has not been able to engage families, to try and re-instate letterbox between siblings, this will have the impact of encouraging more take up across a range of services for birth families.

Comparative Chart	MWW	NWAS	SEWAS	VVC	WBAS
Number of other birth parents who took up a service in quarter	12	7	67	39	21
Number of requests for an assessment for post adoption support from birth siblings in quarter	0	4	21	2	8
Number of requests for an assessment for post adoption support from other adults (relatives/former guardians) affected by the adoption of a particular child in quarter	13	2	3	2	22

18. Birth Records and Intermediary Services Referrals.

Again this is new PI data that has been added to the NAS PI framework from 1st April 2016.

	Q1	Q2	Q3	Q4
Number of requests for access to birth records in quarter (BRC)	12	5	17	11
Number of requests for Intermediary Services (IS) in quarter	2	6	5	5

There has been considerable work undertaken on reviewing how Birth Record Counselling (BRC) and Intermediary Services (IS) cases have been managed. Improved processing and monitoring of cases has enabled the manager of AS to fully gauge the quantity of work coming into the service. There has been a small drop in Q 4 of those applying for BRC from 17 to 11. However, over the year there have been a total of 45 requests for this service. This is considerably higher than last year and, now that these numbers are being recorded more robustly, it is possible to plan work and mobilise resources more effectively reducing the time people wait for a service.

In relation to IS this is a consistent picture throughout the year, with the same number of referrals in Q4 as in the previous quarter. There were a total of 18 referrals for IS over the year and as above, it is now possible to plan more robustly how we deploy services to meet demand.

	MWW	NWAS	SEWAS	VVC	WBAS
Number of requests for access to birth records in quarter	39	48	64	59	45
Number of requests for Intermediary Services (IS) in quarter	24	24	20	20	23

Date of report 8th May 2017
Revised 18th May 2017

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Wellbeing Cabinet Board

13th July 2017

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. Thomas

Matter for Monitoring

Wards Affected: ALL

Report Title

Quarterly Performance Management Data 2016/17 - Quarter 4 Performance (1st April 2016 – 31st March 2017).

Purpose of the Report

To report performance management data for Quarter 4 (1st April 2016 to 31st March 2017) for Social Services, Health & Housing Directorate. This will enable the Social Care, Health and Wellbeing Cabinet Board Members to discharge their functions in relation to performance management.

Background

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

No financial impact.

Equality Impact Assessment

This report is not subject to an Equality Impact Assessment.

Workforce Impacts

No workforce impact.

Legal Impacts

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:

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".

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

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

Consultation

No requirement to consult.

Recommendations

Members monitor performance contained within this report.

Reasons for Proposed Decision

Matter for monitoring. No decision required.

Implementation of Decision

No decision required.

Appendices

Appendix 1 - Quarterly Performance Management Data - Quarter 4 Performance (1st April 2016 – 31st March 2017).

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Quarterly Performance Management Data 2016/2017 – Quarter 4 Performance (1st April 2016– 31st March 2017)

Report Contents:

Section 1: Key Points

Section 2: Quarterly Performance Management Data and Performance Key

Section 3: Compliments & Complaints

Section 1: Key Points

Adult Services:

In line with the Social Services and Wellbeing Act (2014), Adult Services in partnership with the Health Board are working with people to promote their independence and reduce the reliance on statutory health and social care services, through ensuring people utilise the resources available to them in the community and are re-abled to reach their full potential, for example before a placement in a care home is considered. This is demonstrated by the reduction in the number of older people who the Local authority support in care homes per 1,000 of the population for example. We are also working closely with carers to ensure they are supported, which is demonstrated by the number of carers that have been offered an assessment in their own right. The reduction in the supported community indicator is as a result of a change in the way we calculate the rate. Supported in the community now measures only those with a care and support plan.

Homelessness:

This ongoing reduction for HOS/001 is assumed to be reflective of the increased success in saving existing tenancies measured below by HOS/002 reducing the need to secure as many new tenancies. If such increased preventative success continues, therefore, the ongoing relevance of HOS/001 reviewed, with a view to its deletion.

There are currently two prevention measures which have totally different calculations and so produce widely varying results. Therefore, as HOS/002 is more reflective of the alternative National Indicator of homelessness prevention cited in Section 10 of the Well-being of Future Generations Act (Wales) 2015, the ongoing relevance of HHA/013 is to be reviewed, with a view to its deletion.

Section 2: Quarterly Performance Management Data and Performance key

2016/2017 – Quarter 4 Performance (1st April 2016 – 31st March 2017)

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







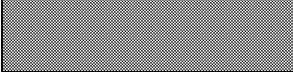
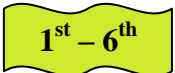
(NSI) National Strategic Indicators (Former NSI's) - are used to measure the performance of local authorities at a national level and focus on key strategic priorities. Local authorities are under a legal duty to collect & report on these measures. The Welsh Government recently published a written statement confirming the revocation of the Local Government (Performance Indicators) (Wales) Order 2012. As such, 2015/16 was the final year of collection of the former National Strategic Indicators (NSIs) by Welsh Government. In order to ensure minimal disruption for local authorities, many of whom will have included these indicators in their improvement plans for the current financial year, the WLGA's (Welsh Local Government Association) coordinating committee agreed that local authorities should collect them alongside the PAM's for 2016/17.




(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.

(SSWBA) Social Services Well-being Act 2014 - sets out a performance measurement framework for local authorities in relation to their social services functions.

(L) Local Performance Indicator set by the Council.

	Performance Key
	Maximum Performance
	Performance has improved
	Performance has been maintained
	Performance is within 5% of previous years performance
	Performance has declined by 5% or more on previous years 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
	2015/16 NPT performance in upper quartile (top six of 22 local authorities) in comparison with All Wales national published measures (Former NSI's & PAM's)

1. Social Care - Adults Services (Former NSI's & PAM's)								
No.	PI Reference	PI Description	NPT Actual 2014/15	NPT Actual 2015/16	All Wales 2015/16	NPT Quarter 4 2015/16	NPT Quarter 4 2016/17	Direction of Improvement
1	SCA/021 (PAM)	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	3.21	4.36	4.87  12th	4.36	3.88 (49 of 12,639)	-
<p><i>Pre 6th April 2016 this indicator included all clients aged 18yrs+. From 2016/17 Welsh Government guidance (received February 2017) stated that this indicator should include clients aged 75yrs+ only. As a result of this change, caution should be taken when making like for like comparisons with previous years data.</i></p>								
2	SCA/002a (Former 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	111.46	109.7	64.12 (see note)	109.7	90.5 (2,575 of 28,446)	-
<p><i>The reduction in this indicator is as a result of a change in the way we calculate the rate. Supported in the community now measures only those with a care and support plan. As a result of this change, caution should be taken when making like for like comparisons with previous years data. However, a reduction in this indicator should be seen as a positive and is in line with the principles of the Directorate and the new Social Services and Well-being Act. A continued effort is being made towards supporting our citizens to remain independent within their communities through services such as Local Area Co-ordination, Assistive Technology & the CRT Intake Reablement model. Such services minimise the need for commissioned care and support.</i></p>								
3	SCA/002b (Former 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	21.71	21.96	18.02  20th	21.96	17.51 (498 of 28,446)	↑
4	SCA/007 (Former 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	79.3%	72.7%	83.0%  20th	72.70%	73.4% (1,238 of 1,687)	↑

5	SCA/018a (PAM)	The percentage of carers of adult service users who were offered an assessment or review of their needs in their own right during the year	100%	100%	91.4% 	100%	100% (428 of 428)		
6	SCA/019 (Former NSI/PAM)	The percentage of adult protection referrals completed where the risk has been managed	100%	100%	97% 	100%	100% (334 of 334)		
2016-17 <u>NEW</u> PERFORMANCE INDICATORS									
No.	PI Reference	PI Description	NPT Actual 2014/15	NPT Actual 2015/16	All Wales 2015/16	NPT Quarter 4 2015/16	NPT Quarter 4 2016/17	Direction of Improvement	
7	1	No. of adults who received advice or assistance from the information, advice and assistance service during the year	N/a New					2,342	—
8	2	No. of assessments of need for care and support undertaken during the year;						1,548	—
9	2 (i)	<i>Of which, the number of assessments that led to a care and support plan</i>						1,206	—
10	3	No. of assessments of need for support for carers undertaken during the year:						355	—
11	3 (i)	<i>Of which; the number of assessments that led to a support plan</i>						16	—
12	4	No. of carer assessments that were refused by carers during the year						73	—
13	5	No. of assessments of need for care and support for adults undertaken during the year whilst in the secure estate;						0	—
14	5 (i)	<i>Of which, the number of assessments that led to a care and support plan</i>						0	—
15	6	No. of requests for re-assessment of need for care and support and need for		0	—				

		support made by an adult during the year a) in the secure estate b) all other adults and carers		0	—
16	6 (i)	Of which, the number of re-assessments undertaken on a) <i>adults in the secure estate</i>		0	—
		b) <i>all other adults and carers</i>		0	—
17	6 (ii)	Of which, the number of re-assessments that led to a care and support plan or a support plan on:		0	—
		a) <i>adults in the secure estate</i> b) <i>all other adults and carers</i>		0	—
18	7	No. of care and support plans and support plans that were reviewed during the year		2,004	—
19	7 (i)	Of which, the number of plans that were reviewed within timescale		1,050	
20	8	No. of requests for review of care and support plans and support plans for carers before agreed timescales made by an adult during the year	N/a New	9	—
21	8 (i)	Of which, the number of reviews undertaken		9	—
22	9	No. of adults who received a service provided through a social enterprise, co-operative, user led or third sector organisation during the year		0	—
23	10	No. of adults who received care and support who were in employment during the year		16	—

24	11	No. of adults with a care and support plan who received adult social care during the year e.g. Homecare, Day Care, Respite, Reablement, Adaptations, Direct Payments, Adult Care Homes, Telecare etc.	N/a New	2,567	–
25	12	No. of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year		46	–
26	13	No. of adults who paid a flat rate charge for care and support or support for carers during the year		2,033	–
27	14	No of adults who were charged for care and support or support for carers during the year		2,262	–
2016-17 <u>NEW</u> SSWBA PERFORMANCE MEASURES					
28	18	The percentage of adult protection enquiries completed within 7 days	N/a New	<i>Collection process under review</i>	–
29	19	The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 and over		3.88 (49 of 12,639)	–
30	20a	The percentage of adults who completed a period of Reablement and have a reduced package of care and support 6 months later		<i>Awaiting further guidance from WG</i>	–

31	20b	The percentage of adults who completed a period of Reablement and have no package of support 6 months later		<i>Awaiting further guidance from WG</i>	—
32	21	The average length of time in calendar days adults (aged 65 and over) are supported in residential care homes		819 (477 of 390,757)	—
33	22	Average age of adults entering residential care homes		83 (184 of 15,290)	—
34	23	The percentage of adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months		<i>Systems being developed</i>	—

NB* Items 7-34 inclusive are the suite of new Performance indicators and Measures introduced by Welsh Government for 2016-17. There is no comparative data at present.

2. Homelessness

No.	PI Reference	PI Description	NPT Actual 2014/15	NPT Actual 2015/16	All Wales 2015/16	NPT Quarter 4 2015/16	NPT Quarter 4 2016/17	Direction of Improvement
35	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	92	N/A	92	86	↓
<p><i>This ongoing reduction is assumed to be an inevitable reflection of the increased success in saving existing tenancies measured below by HOS/002 which reduces the need to secure as many new tenancies. This will be further investigated and the ongoing relevance of the measure reviewed if necessary.</i></p>								
36	HOS/002 (Local)	The percentage of households for which homelessness was successfully prevented	N/A	52.2%	64.5%	53%	62% (55 of 89)	↑
37	HOS/003 (Local)	The percentage of households for which homelessness was successfully relieved	N/A	45.7%	45.1%	46%	56% (40 of 71)	↑
38	HOS/004 (Local)	The percentage of those households for which a final duty was successfully discharged	N/A	54.5%	78.7%	55%	69% (54 of 78)	↑
39	HOS/005 (Local)	The overall percentage of successful outcomes for assisted households	N/A	45.8%	42.6%	25%	63% (149 of 238)	↑
40	HHA/013 (Local)	The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months	N/A	95.5%	N/A	91%	94% (1,891 of 2,008)	↑

Section 3: Compliments and Complaints – Social Services, Health & Housing - ADULT & BUSINESS STRATEGY SERVICES ONLY

2016/2017 – Quarter 4 (1st April 2016 – 31st March 2017) – Cumulative data

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

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No.	PI Description	Quarter 4 2015/16 (Full Year)	Quarter 4 2016/17 (Full Year)	Direction of Improvement
1	<u>Total Complaints - Stage 1</u>	30	37	↓
	a - Complaints - Stage 1 upheld	7	14	
	b - Complaints - Stage 1 <u>not</u> upheld	13	10	
	c - Complaints - Stage 1 partially upheld	4	2	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	11	

No.	PI Description	Quarter 4 2015/16 (Full Year)	Quarter 4 2016/17 (Full Year)	Direction of Improvement
2	<u>Total Complaints - Stage 2</u>	4	2	↑
	a - Complaints - Stage 2 upheld	0	1	
	b - Complaints - Stage 2 <u>not</u> upheld	2	0	
	c- Complaints - Stage 2 partially upheld / other	2	1	
Page 105	<u>Total - Ombudsman investigations</u>	0	0	↔
	a - Complaints - Ombudsman investigations upheld	0	0	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	0	0	
4	Number of Compliments	20	25	↑

Narrative

Stage 1 –There has been an increase in the number of complaints received during the year 2016/17 (when compared to 2015/16) from 30 to 37 (23%); the Complaints Team continually monitor for trends. This period includes a time of unprecedented change within Adult Services and although activity has increased this has been managed effectively to ensure complaints remain relatively low.

Stage 2 – There were 2 stage complaints in 2016/17; there continues to be a stronger emphasis on a speedier resolution at 'local' and 'stage 1' levels.

Compliments – The number of compliments has significantly increased; this can be attributed to services acknowledging the need to report such incidences. The complaints team will continue to promote the recording and monitor for trends.

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SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. THOMAS

13th July 2017

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

CHILDREN AND YOUNG PEOPLE SERVICES – 4TH QUARTER (2016-17) PERFORMANCE REPORT

Purpose of Report

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS), for the 4th Quarter Period (April 2016 – March 2017); the Monthly Key Priority Indicator Information (April 2017) and Complaints Data (April 2016 – March 2017).

Executive Summary

A new set of statutory Welsh Government Indicators for CYPS were introduced for 2016-17 and are contained in this report. Comparison data for these Performance Indicators will become available over time. In addition, this report contains the CYPS Key Performance Indicators, which were previously agreed by Members at the Children, Young People and Education (CYPE) Committee on 28th July 2016. Performance against the revised range of Key Priority Indicators continues to demonstrate consistent performance within the Service.

Background

1. Following agreement by Members at CYPE on 28th July 2016, the Quarterly Performance Monitoring Report has been revised, enabling Members to monitor and challenge more specific areas of performance within CYPS. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

Financial Impact

2. Not applicable.

Equality Impact Assessment

3. None Required

Workforce Impacts

4. Not applicable

Legal Impacts

5. This progress report is prepared under:
 - i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
 - ii) 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

6. Not applicable

Consultation

7. No requirement to consult

Recommendations

8. Members monitor performance contained within this report

Reasons for Proposed Decision

9. Matter for monitoring. No decision required

Implementation of Decision

10. Not Applicable

List of Appendices

11.

Section 1 - Performance Management Information within Children and Young People Services for the Period (April 2016– March 2017).

Section 2 – Monthly Key Priority Performance Indicator Information (position as at 30th April 2017)

Section 3 – Complaints and Compliments Data (April 2016 – March 2017)

Section 4 – Overview of Quarter 4 Quality Assurance Audits (January 2017 - March 2017)

List of Background Papers

None

Officer Contact

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Section 1: Quarterly Performance Management Data and Performance Key

2016-2017 – Quarter 4 Performance (1st April 2016 – 31st March 2017)

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

(NSI) National Strategic Indicators - are used to measure the performance of local authorities at a national level and focus on key strategic priorities. The Welsh Government recently published a written statement confirming the revocation of the Local Government (Performance Indicators) (Wales) Order 2012. As such, 2015-16 will be the final year of collection of the former National Strategic Indicators (NSIs) by Welsh Government. In order to ensure minimal disruption for local authorities, many of whom will have included these indicators in their improvement plans for the current financial year, the WLGA's (Welsh Local Government Association) coordinating committee agreed that local authorities should collect them alongside the PAMs for 2016-17.

(PAM) Public Accountability Measures - consist of a small set of “outcome focused” 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.

All Wales The data shown in this column is the figure calculated using the base data supplied by all authorities for 2015/2016 i.e. an overall performance indicator value for Wales.

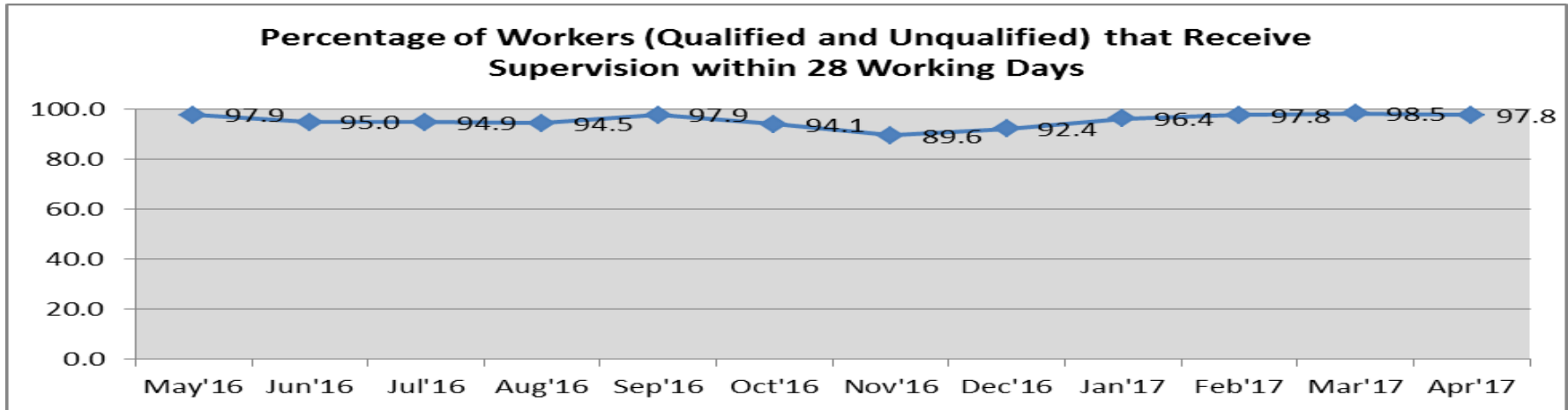
	Performance Key
😊	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
v	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison 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.

Social Care – Children’s Services							
No	PI Reference	PI Description	2014/15 Actual	2015/16 Actual	All Wales 2015/16	2016/17 (End of Year)	Direction of Improvement
1	PI 24	The percentage of assessments completed for children within 42 days from point of referral	n/a - new	n/a - new		97.6% (1197 out of 1226)	n/a - new
2	PI 25	The percentage of children supported to live with their family	n/a - new	n/a - new		Populated by Welsh Govt.	n/a - new
Page 112	PI 26	The percentage of Looked After Children returned home from care during the year	n/a - new	n/a - new		Populated by Welsh Govt.	n/a - new
	PI 27	The percentage of re-registrations of children on the local authority Child Protection Register	n/a - new	n/a - new		7.8% (18 out of 230)	n/a - new
5	PI 28	The average length of time (in days) for all children who were on the Child Protection Register during the year	n/a - new	n/a - new		233.1 days	n/a - new
6	PI 29a	The percentage of children receiving the core subject indicators at key stage 2 (includes CP, LAC + CRCS)	n/a - new	n/a - new		59.2% (29 out of 49)	n/a - new
	PI 29b	The percentage of children receiving the core subject indicators at key stage 4 (includes CP, LAC + CRCS)	n/a - new	n/a - new		17.5% (10 out of 57)	n/a - new
7	PI 30	The percentage of children seen by a dentist within 3 months of becoming looked after	n/a - new	n/a - new		8.8% (3 out of 34)	n/a - new
8	PI 31	The percentage of Looked After Children at 31 st March registered with a GP within 10 working days of the start of their placement	97.2%	99.3%		99.5% (183 out of 184)	↑

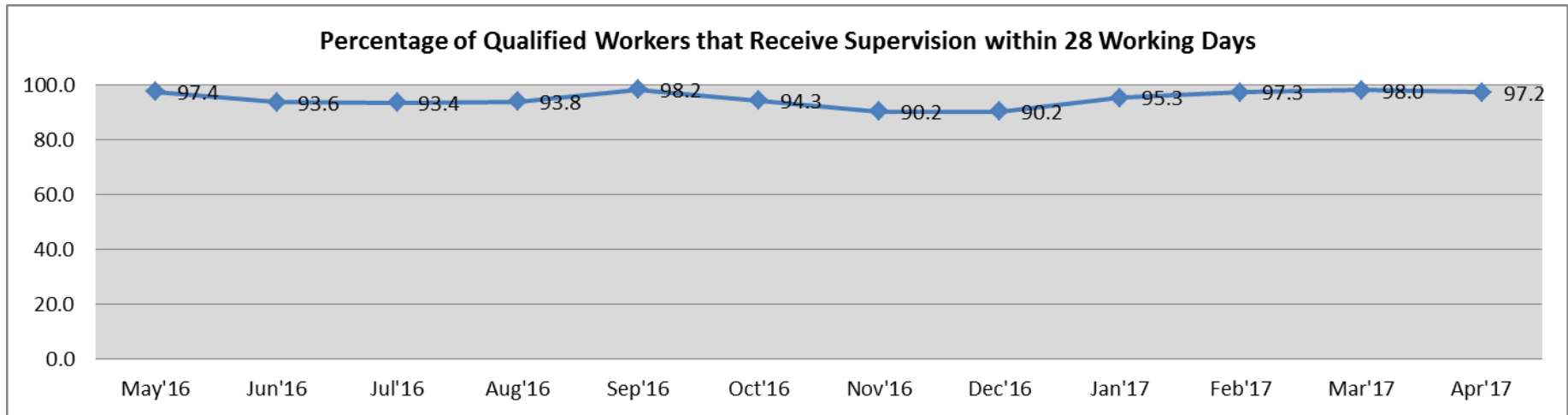
No	PI Reference	PI Description	2014/15 Actual	2015/16 Actual	All Wales 2015/16	2016/17 (End of Year)	Direction of Improvement
9	PI 32 (NSI)	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	10.7%	9.4%	11.9%	10.2% (22 out of 215)	v
10	PI 33 (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	7.1%	8.8%	9.8%	Populated by Welsh Govt.	
11	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 12 months after leaving care	n/a - new	n/a - new		63.0%	n/a - new
Page 193	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 24 months after leaving care	n/a - new	n/a - new		44.8%	n/a - new
	PI 35	The percentage of care leavers who have experienced homelessness during the year	n/a - new	n/a - new		1.1%	n/a - new

Section 2 - Key Priority Performance Indicators April 2017

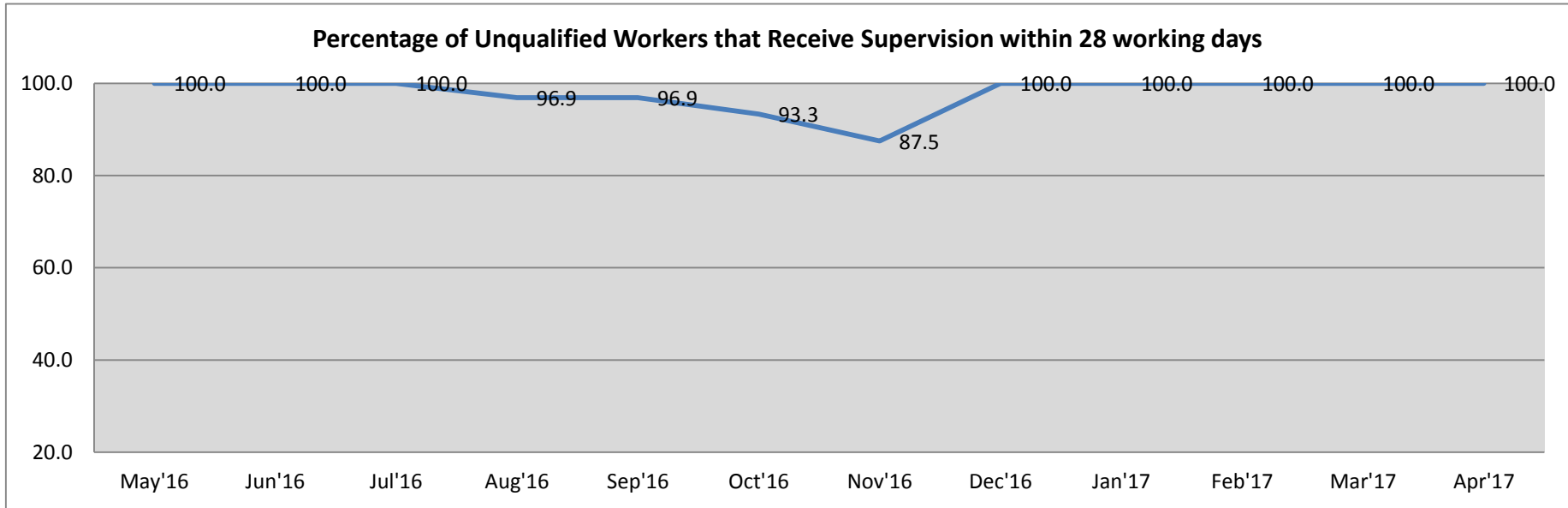
- Priority Indicator 1 – Staff Supervision Rates



	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Qualified and Unqualified Workers that receive Supervision within 28 working days	97.9	95.0	94.9	94.5	97.9	94.1	89.6	92.4	96.4	97.8	98.5	97.8
Number of workers due Supervision	143	139	136	145	143	135	144	145	140	139	134	135
Of which, were undertaken in 28 working days	140	132	129	137	140	127	129	134	135	136	132	132



	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Qualified Workers that receive Supervision within 28 working days	97.4	93.6	93.4	93.8	98.2	94.3	90.2	90.2	95.3	97.3	98	97.2
Number of workers due Supervision	116	110	106	113	111	105	112	112	107	110	98	107
Of which, were undertaken in 28 working days	113	103	99	106	109	99	101	101	102	107	101	104



	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Mar 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Unqualified Workers that receive Supervision within 28 working days	100	100	100	96.9	96.9	93.3	87.5	100	100	100	100	100
Number of workers due Supervision	27	29	30	32	32	30	32	33	33	29	31	28
Of which, were undertaken in 28 working days	27	29	30	31	31	28	28	33	33	29	31	28

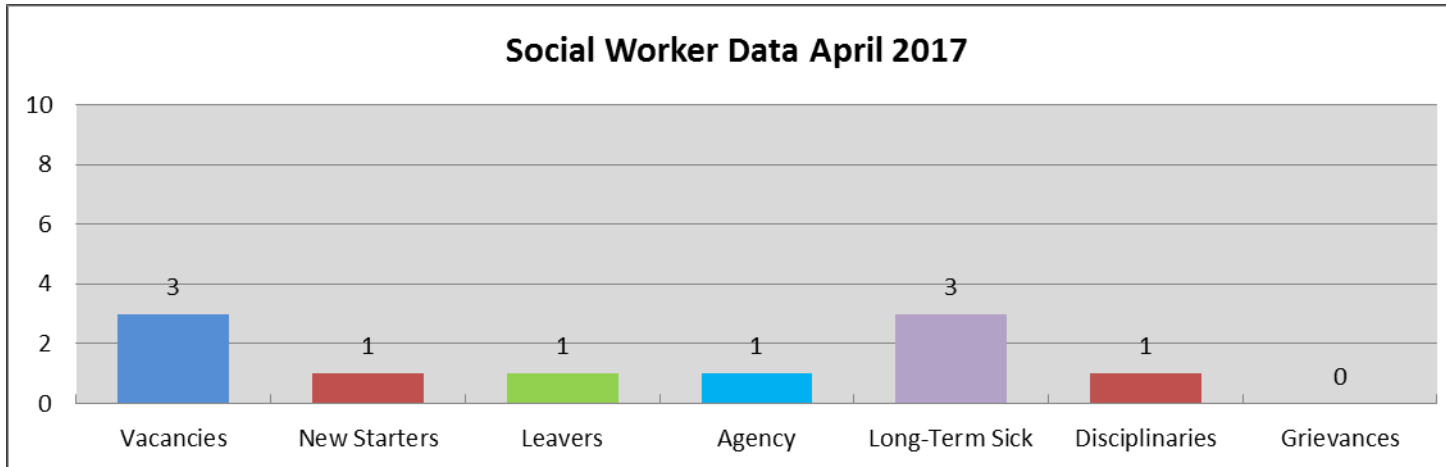
- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

As at 30th April 2017	Workers, including Deputy Team Managers					
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Lowest Worker Caseload	Average Caseload per Worker
Cwrt Sart	432.0	11.7	113	17	6	9.7
Disability Team	522.5	14.1	208	22	3	14.7
LAC Team	394.0	10.6	159	19	6	14.9
Llangatwg	444.0	12.0	143	18	7	11.9
Sandfields	360.0	9.7	111	16	8	11.4
Route 16	271.0	7.3	53	10	3	7.2
Dyffryn	358.0	9.7	111	18	1	11.5
Intake	462.5	12.5	85	19	6	6.8
Totals	3,244.00	87.7	983			
Average Caseload - CYPS				17.4	5.0	11.2

Please Note:

1. The above figures include cases held by Deputy Team Managers and Part-Time Workers.
2. The 'Available Hours' do not include staff absences e.g. Sickness, Maternity, Placement, unless cover is being provided.

- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service**

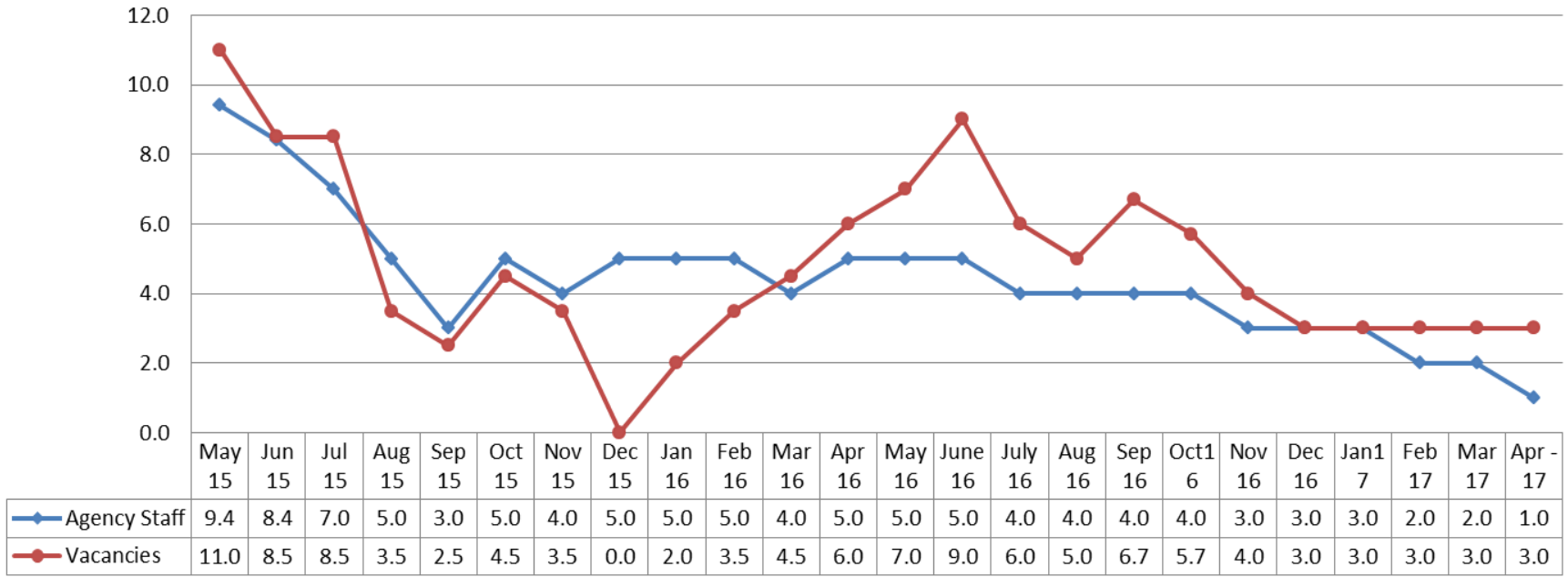


	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies	1		2					3
New Starters					1			1
Leavers	1							1
Agency					1			1
Long-Term Sick			2	1				3
Disciplinary				1				1
Grievances								0

Agency Worker: - Conference and Review Service covering maternity leave/sickness

Summary of Agency Staff and Vacancies across the Service

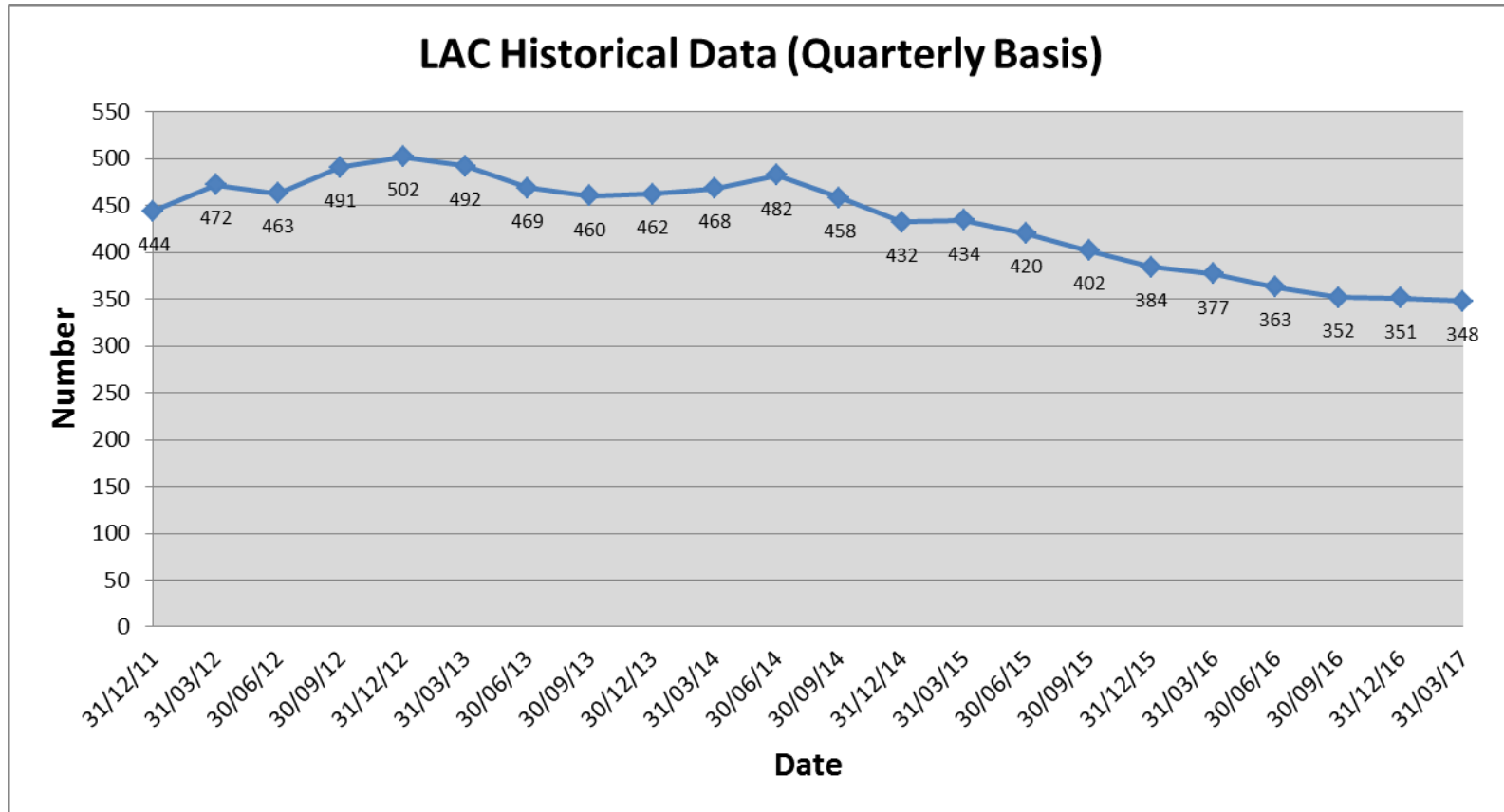
**Summary of Agency Staff and Vacancies Across the Service
(May 2015 - April 2017)**



- **Priority Indicator 4 – Thematic reports on the findings of Case file Audits**

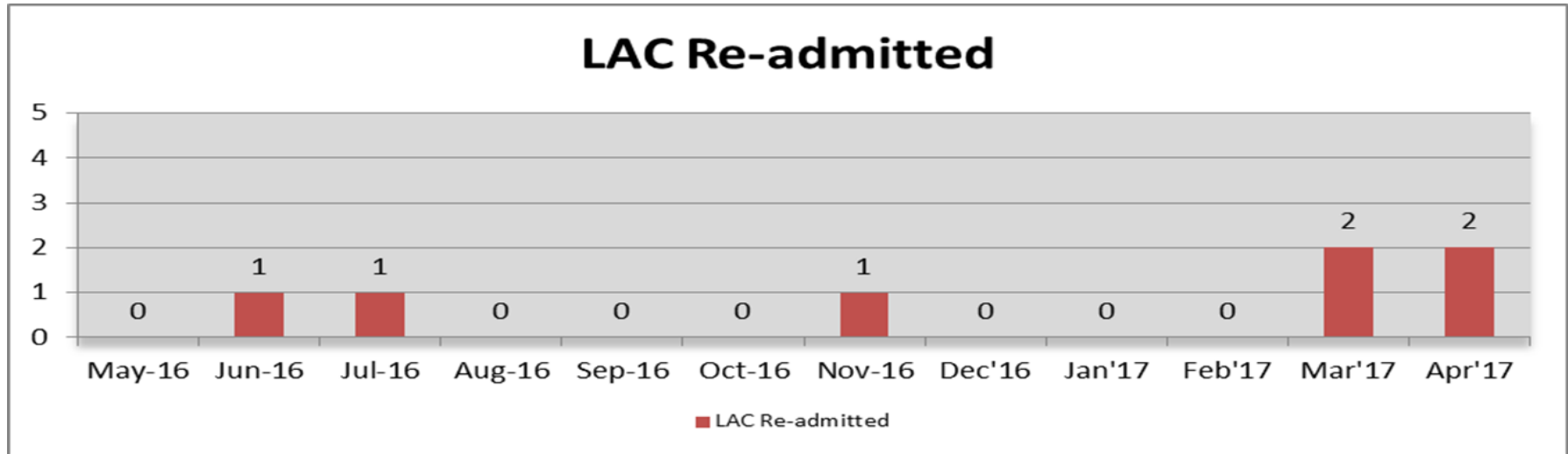
There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children and Young People Services. The report included in **Section 4** provides an overview to quality assurance audits and findings that have been undertaken during the Quarter 4 period January 2017 – March 2017.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**



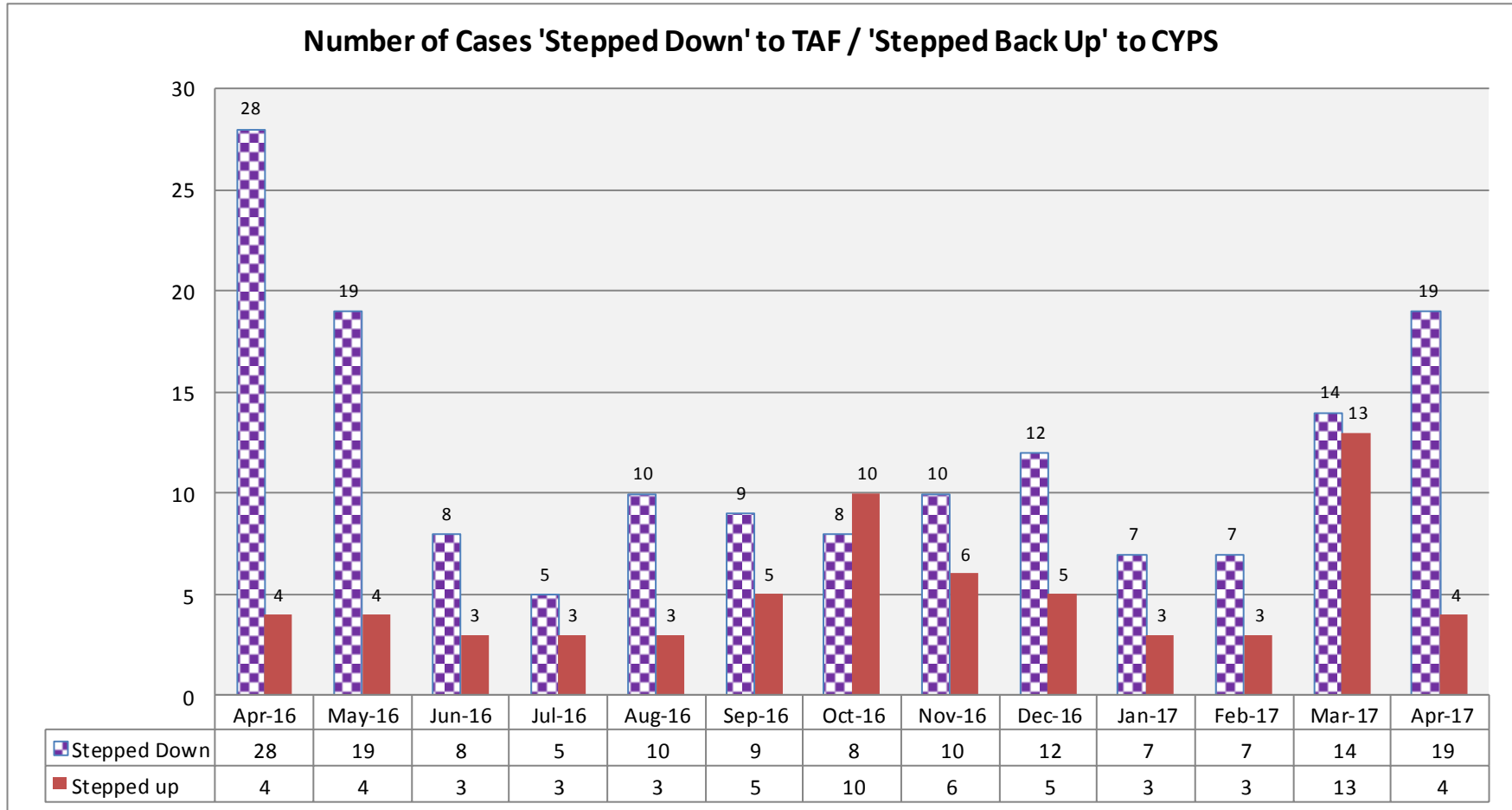
Number of LAC as at 30/04/17 = 354

- **Priority Indicator 6 – The Number of children who have been discharged from care and subsequently re-admitted within a 12 month period**

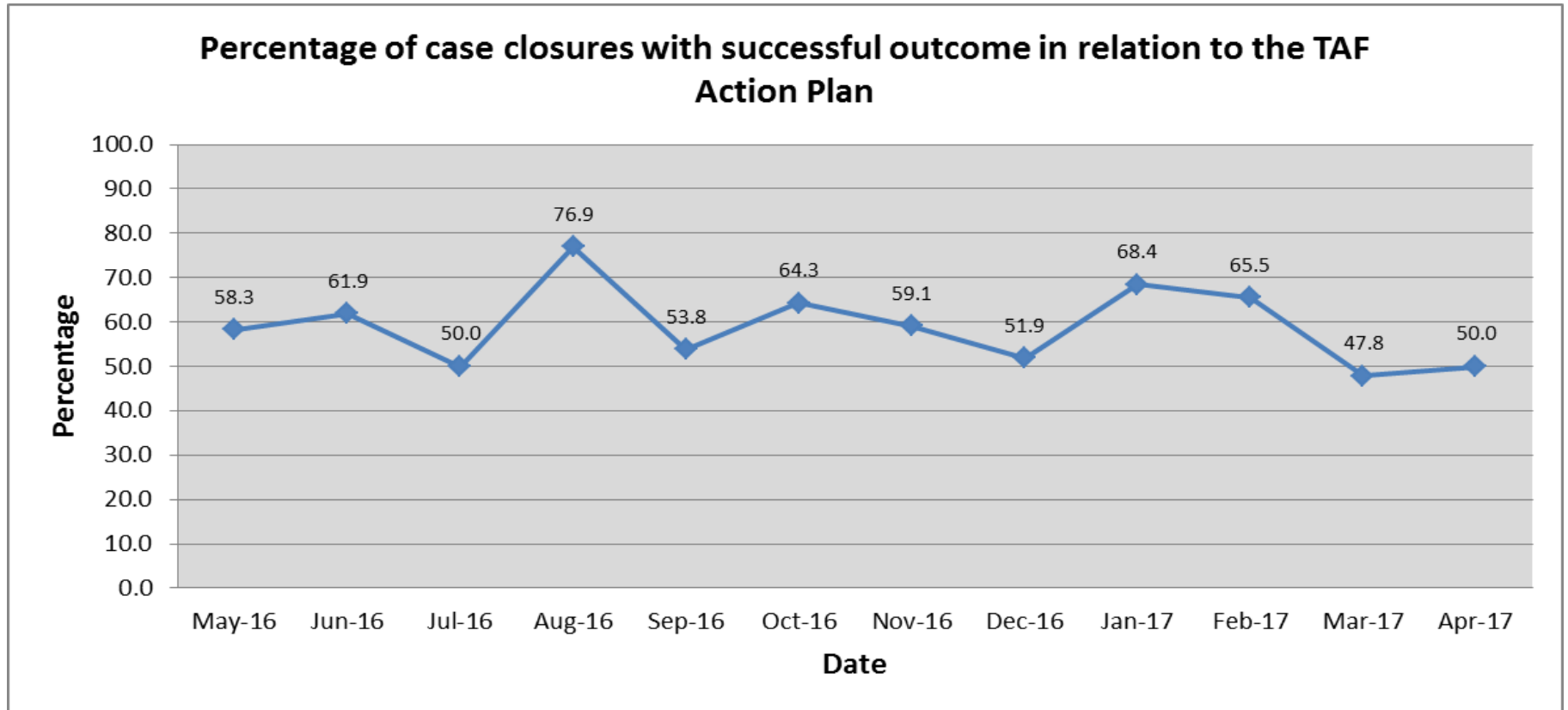


Date	Number Re-admitted
May 2016	0
June 2016	1
July 2016	1
August 2016	0
September 2016	0
October 2016	0
November 2016	1
December 2016	0
January 2017	0
February 2017	0
March 2017	2
April 2017	2

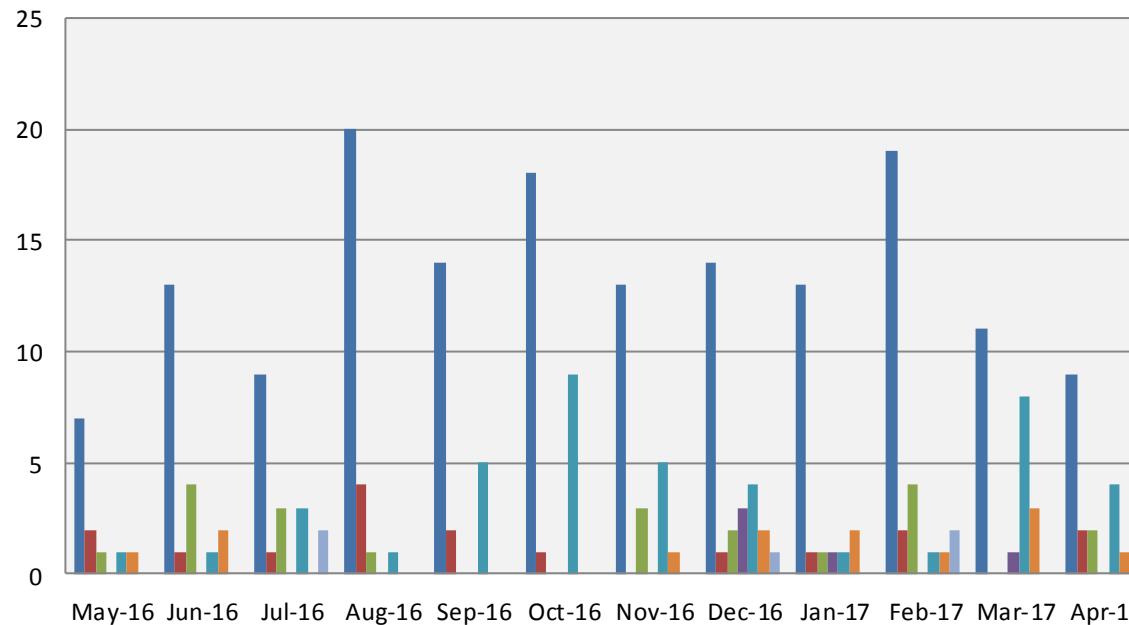
- **Priority Indicator 7 – The Number of Cases ‘Stepped Down / Stepped Up’ between Team Around the Family (TAF) and CYPS**



- **Priority Indicator 8 – The percentage of Team Around the Family cases that were closed due to the Achievement of a successful outcome in relation to the plan: –**



TAF Case Closures by Reason May 2016 - April 2017



	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
■ Successful outcome in relation to the TAF Action Plan	7	13	9	20	14	18	13	14	13	19	11	9
■ Family opt-out	2	1	1	4	2	1	0	1	1	2	0	2
■ Non-engagement	1	4	3	1	0	0	3	2	1	4	0	2
■ Family moved out of area	0	0	0	0	0	0	0	3	1	0	1	0
■ Escalated to a statutory service	1	1	3	1	5	9	5	4	1	1	8	4
■ Stepped down to single agency intervention	1	2	0	0	0	0	1	2	2	1	3	1
■ Other reason	0	0	2	0	0	0	0	1	0	2	0	0

Section 3: Compliments and Complaints – Social Services, Health & Housing - Children’s Services ONLY
2016-2017 – Quarter 4 (1st April 2016 – 31st March 2017) – Cumulative data

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

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	PI Description	Full Year 2015/16	Full Year 2016/17	Direction of Improvement
1	<u>Total Complaints - Stage 1</u>	27	19	↑
	a - Complaints - Stage 1 upheld	5	7	
	b - Complaints - Stage 1 <u>not</u> upheld	13	4	
	c - Complaints - Stage 1 partially upheld	3	2	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	6	

No	PI Description	Full Year 2015/16	Full Year 2016/17	Direction of Improvement
2	<u>Total Complaints - Stage 2</u>	1	2	↔
	a - Complaints - Stage 2 upheld	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	0	1	
	c- Complaints - Stage 2 partially upheld / other	1	1	
Page 127	<u>Total - Ombudsman investigations</u>	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	
4	Number of Compliments	25	23	↑

Section 4 – Quality Assurance Audit Overview Report (January 2017 – March 2017)

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 4, what is working well, what we will improve and by what methods.

An audit sub group meets weekly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children’s Services Managers Group prior to audits being completed. Audit days take place once a month in the Quays IT room with team managers collectively auditing and analysing themes arising.

At the end of each audit day attendees are asked to fill out a basic feedback form which rates aspects of the day itself and the audit tool used, along with suggestions for improvements and any general comments. Feedback from auditors attending the audit day has been very positive over the 4th quarter in relation to the venue, facilities and audit tools used.

Audits Completed

During this quarter there have been four thematic audits completed. All audits completed in this quarter returned a 100% completion rate by the team managers who attended the audit days.

Audit Theme	Date Completed	Cases Selected for Audit	Actual Completed
Section 47 Paperwork Audit	16.01.17	39	39
Principal Officer Supervision Audit	20.02.17	16	16
CSE Strategy Meeting Audit	27.02.17	23	23
CP/LAC/Adoption Outcome Plans Audit	27.03.17	59	59

What are we doing well?

We've identified through the audit process what is working well from an audit perspective and highlighted many good working practices evident across the Social Services IT System.

In the Section 47 Paperwork audit we found that:

- 95% of the cases audited the auditor felt that the section 47 enquiry was completed timely
- In 85% of the cases there was clear evidence that the parent/carer was consulted during the enquiries
- In 66% of the cases that the child/young person was of an appropriate age, there was evidence they were consulted through the section 47 process
- In 77% of the cases audited the risks were clearly defined
- There was clear rationale provided in 89% of the cases on whether it was/was not proceeding to an initial child protection conference
- Of the cases that did proceed to initial child protection conference in 89% of the cases there was clear analysis why it was not proceeding to conference
- In 87% of the cases the auditors view it was the right decision to proceed to conference or if the case could be managed on a child receiving care and support basis
- In 83% of the cases the where possible risks to other children/young people the risks were considered
- In all the cases where a child protection medical took place the consent was obtained and the outcome of the medical was clearly contained within the section 47 document

In the Principal Officer Supervision audit we found that:

- Auditors felt that the new audit tool was easier to use and not too lengthy, whilst it also ensured that it fitted not just the case managing social work teams but was easy to use for other staff members too
- The audit process of selecting and retrieving files ready for use was succinct, this was a negative factor in the previous audit and was rectified with a process map of how it would be achieved
- Regular supervisions are taking place across the service and has provided good management oversight
- There were clear exemplars of good practice which demonstrated team managers being supportive and using HR policies and procedures
- All supervision records are being stored safely and securely by team managers
- A high majority of the personal supervisions have all appropriate sections being completed with clear identified actions (88%)
- System reminders were discussed with the supervisee in all of the cases audited where it was appropriate to do so
- In 87% of the cases audited workload and capacity was discussed with the supervisee
- In 94% of the cases auditors felt that the balance of cases were reflective of the staff member's experience

In the Child Sexual Exploitation Strategy Meetings audit we found that:

- There is an excellent level of professional attendance at the initial CSE multi-agency strategy meeting by agencies ensuring a multi-agency approach to each case

Attendance at Initial CSE Strategy Meeting	
Agency	Attendance Rate
Social Services	100%
Police	100%
Health	95%
Education	90%
SERAF	74%

- Auditors agreed that the meetings held were very thorough and they shared, clarified and identified risks and appropriate information from all agencies whilst giving clear actions after considering the information heard
- In 96% of the cases the SERAF assessment was completed by the social worker prior to the Initial CSE Multi-Agency Strategy Meeting being held
- For all cases, if a further meeting was planned the subsequent review meeting was held within three months of the initial meeting as stipulated within the Safeguarding Children and Young People from Sexual Exploitation Policy
- In every case where an alleged perpetrator was identified the likelihood of prosecution was discussed or if prosecution was not likely a range of alternative action was discussed in the meeting

In the Child Protection, Looked After Children/Adoption Outcome Plan audit we found that:

- Almost all new outcome plans the social worker had completed by the time of the audit
- Appropriate priority risks and strengths were identified in relation to the outcomes on the new plan (89%)
- Auditors felt that overall the better quality outcome plans were those devised with the young person and/or family as these were far clearer and easier to understand
- A high percentage of the LAC/Adoption and Review Conferences the auditors felt were clearly defined outcomes and not service led
- Auditors reported that priority risks were transferred from the old plan to the new outcome format
- It was clear from the audit that social workers were making good attempts at writing the CP/LAC/Adoption plans
- All outcomes for all types of meetings have an appropriate agreed start date

What will we improve?

1. Develop guidance for children/young people and their parents/carers on the purpose of section 47 enquiries
2. Evidence more clearly the visits and safety plans within the section 47 paperwork
3. Provide more information on the consultations held with other professionals/agencies within the section 47 paperwork
4. Standardise staff supervision files for each team within Children and Young People Services
5. Ensure all supervision documentation is signed where appropriate
6. Ensure any consultations held with Safeguarding PO is documented on the case file in relation to child sexual exploitation
7. To improve the timeliness of the initial CSE strategy meeting and the circulation of minutes
8. For all outcome plans to be circulated with five days of the meeting taking place

9. Ensure all fields on the outcome plan are completed and the wording within is understandable to professionals and children/young people and their parents/carers
10. To be more specific in the new plan what actions are needed to achieve the outcome
11. To ensure the outcome plan becomes a working plan

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where no processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Practice Improvement Group which is attended by a representative from all teams
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learnt?

In this final quarter from each of the audits undertaken we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Practice Improvement and Quality

Assurance Groups. We have evidenced in the completed audit tools on individual cases good working practices and embedded principles within the service.

The Section 47 Paperwork audit looked at a specific practice that is undertaken within the child protection process. This audit demonstrated that there were some very good analyses and some evidence of thorough investigations being undertaken by social workers during the course of the section 47 enquiries. It was also positive that a high majority of cases audited demonstrated that the document was completed within the appropriate timescales. However, there are some clear areas we have identified that we want to improve on, such as the frequency of visits to the child/young person, the routine recording of safety plans and the general information contained within the document. It was very positive to note that a high number of the cases audited the managers felt the decision making was correct.

The Principal Officer Supervision Audit looked at the quality of the team manager supervision sessions with their respective team members and the subsequent case supervisions discussed. This was the second audit undertaken in this area, improvements made following the first audit have resulted in the majority of improvements noted not arising in the second audit. We have identified some minor changes we would like to make, such as ensuring all files contain the necessary documentation and all teams have identical staff files with the documentation contained within. However, overall this audit demonstrated that there continues to be embedded principles of effective and regular supervision.

The Child Sexual Exploitation Strategy Meeting audit was a predominantly positive audit in that good working practices were highlighted along with agency attendance at the meetings. The meetings were very thorough and fully considered any risks to the child/young person. The potential prosecution or any alternative action that could be taken against an alleged perpetrator was discussed in all of the cases where a perpetrator was identified, this is key to safeguarding children/young people from child sexual exploitation by identifying, disrupting and prosecuting perpetrators.

The child protection and looked after children outcome plan audit demonstrated that good progress is being made around writing and implementing new outcome plans. As this is a relatively new process, the audit has been an opportunity to

quickly evaluate the new outcome plans and therefore has given the service clear indicators of what is working well and where we can improve going forward. Both Social Workers and Independent Reviewing Officers are embracing the new change in process, but we've identified that guidance is needed on the roles and responsibilities in relation to who completes parts of the plan and training on the process as a whole.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we want to improve, post audit we have mechanisms in place for following through on actions identified. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Practice Improvement Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Children and Young People Services, this provides staff with information on good practice and areas for improvement, it also provides a visual audit tool that can be referenced in everyday tasks completed.

The Quality Assurance Group has invited teams to suggest themes to audit during 2017, the rolling audit program will then be agreed within the group and will also take into consideration any repeat audits needed to compare with audits undertaken in 2016 of the same theme, this will also inform of progress with audit actions identified and the success of their implementation.

Quality and Audit Coordinator – Mel Weaver

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