



**SOCIAL CARE HEALTH AND WELLBEING SCRUTINY COMMITTEE**

**2.00 pm THURSDAY, 12 MARCH 2020**

**COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE**

**ALL MOBILE TELEPHONES TO BE SWITCHED TO SILENT FOR THE DURATION OF THE MEETING**

**PART 1**

1. Declarations of Interest
2. Minutes of Previous Meeting (*Pages 5 - 16*)

**To scrutinise information and monitoring issues being reported by:**

3. Adult and Children & Young People Services High Level Measures - 3rd Quarter (April 19 - December 19) (*Pages 17 - 44*)
4. Pre-Decision Scrutiny  
To select appropriate items from the Cabinet Board agenda for Pre-Decision Scrutiny (Cabinet Board reports included for Scrutiny Members)
5. Forward Work Programme 2019/20 (*Pages 45 - 48*)
6. Urgent Items  
*Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Section 100B (4) (b) of the Local Government Act 1972.*
7. Access to Meetings  
*Access to Meetings to resolve to exclude the public for the following*

*item(s) pursuant to Section 100A(4) and (5) of the Local Government Act 1972 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the above Act.*

## **PART 2**

### **To scrutinise private information and monitoring issues being reported by:**

8. Direct Payments Position Report (Exempt under Paragraph 14)  
(Pages 49 - 58)
9. Pre-Decision Scrutiny of Private Item/s  
To select appropriate private items from the Cabinet Board agenda for Pre-Decision Scrutiny (Cabinet Board reports enclosed for Scrutiny Members)

**S.Phillips**  
**Chief Executive**

**Civic Centre**  
**Port Talbot**

**Dydd Iau, 5 Mawrth 2020**

### **Committee Membership:**

**Chairperson:**      **Councillor L.M.Purcell**

**Vice**                      **Councillor C.Galsworthy**  
**Chairperson:**

**Councillors:**      A.P.H.Davies, O.S.Davies, J.Miller, S.Paddison,  
S.H.Reynolds, D.Whitelock, A.N.Woolcock,  
C.Edwards, W.F.Griffiths, H.C.Clarke and  
N.J.E.Davies

### **Notes:**

- (1) *If Committee Members or non-Committee Members wish to have relevant items put on the agenda for future meetings, then please notify the Chief Executive/Chair eight days before the meeting.*
- (2) *If non-Committee Members wish to attend for an item of interest, then prior notification needs to be given (by 12.00 noon on the day before the meeting). Non-Committee Members may speak but not vote, or move or second any motion.*
- (3) *For pre scrutiny arrangements, the Chair will normally recommend forthcoming executive items for discussion/challenge. It is also open to Committee Members to request items to be raised - though Members are asked to be selective here in regard to important issues.*
- (4) *The relevant Cabinet Board Members will also be invited to be present at the meeting for Scrutiny/ Consultation purposes.*
- (5) *Would the Scrutiny Committee Members please bring the Cabinet Board papers with them to the meeting.*

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## SOCIAL CARE HEALTH AND WELLBEING SCRUTINY COMMITTEE

(Committee Rooms A/B - Neath Civic Centre)

**Members Present:**

**19 December 2019**

**Chairperson:** Councillor L.M.Purcell

**Vice Chairperson:** Councillor C.Galsworthy

**Councillors:** A.P.H.Davies, S.Paddison, S.H.Reynolds,  
D.Whitelock, A.N.Woolcock and H.C.Clarke

**Officers In Attendance** C.Warren, A.Thomas, J.Hodge, V.Smith,  
C.Frey-Davies, D.Tiddy, M.Weaver,  
K.Wedmore, S.Bradshaw, H.Davies, C.Howard,  
M.Selby, A.Potts, D.Harding, M.Potts,  
V.Thomas, J.Caswell, F.Lewis, S.Waite,  
A.Bradshaw, S.Curran and J.Woodman-Ralph

**Cabinet Invitees:** Councillors P.D.Richards and A.R.Lockyer

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### 1. **DECLARATIONS OF INTEREST**

The following members made a declarations of interest at the start of the meeting:

Councillor C. Galsworthy Re: The Direct Payments Policy as she is in receipt of Direct Payments for a family member.

Councillor P.D.Richards Re: Contractual Arrangements for a Minor Adaptations Service as he is a board member of Care and Repair Western Bay Limited.

### 2. **MINUTES OF PREVIOUS MEETING**

That the minutes of the previous meeting held on the 17 October 2019 be approved.

3. **ADULT AND CHILDREN AND YOUNG PEOPLE SERVICES HIGH LEVEL MEASURES - QUARTER 2 (APRIL 19 - SEPTEMBER 19)**

The committee received information on the Adult and Children and Young People Services High Level Measure Data for the second quarter period. (April 2019 – September 2019) as detailed in the circulated report.

In answer to members queries the following explanations were received.

The numbers of vacancies identified in the report included social workers, assistants and support staff, the figure did not just relate to Social Workers. In future, reports would contain more detail of each service.

Additional Social Worker and Occupational Therapist vacancies were as a result of additional temporary funding being received so additional posts were recruited on a temporary basis. Also, vacancies within the Occupational Therapy Service could impact on the waiting times for assessment.

The 85%(11/13) of the cases audited the supervisee had attended training during the last three supervision sessions was as a result of the supervision session targeting the individual needs of the officer.

As a result of some difficulty accessing staff supervision files within Hillside Secure Centre new lockers had been purchased to ensure this would not happen again and the audit of these files would be repeated.

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

4. **PRE-DECISION SCRUTINY**

The committee chose to scrutinise the following cabinet board items:

**Remodelling and Relocation of Complex Needs Day Services**

The committee received an overview of the proposal to remodel and relocate the current Complex Needs Day Services based at Abbeyview, Brynamlwg and Trem Y Mor as detailed in the circulated report.

Members were reassured that the proposal was not a cost cutting exercise as the costs were neutral. It was to strengthen the current provision.

Concern was expressed by members on the additional time service users would spend travelling to the new premises. It was explained that in liaison with our transport colleagues no additional time would be spent on buses. If necessary the pickup routes would be reconfigured to ensure this. Each bus where necessary would have less pick up routes. A report containing a breakdown of times and locations would be brought for members consideration to a future meeting.

Consideration would be given to assisting service users with Autistic Spectrum Disorder to cope with the changes that this proposal would bring. Friendship between service users, which was previously raised by parents during the consultation would also form part of the planning.

Officers confirmed that there would be additional costs incurred due to training staff as agency staff would have to cover those staff being trained. Discussions were on-going with care providers.

Discussion took place on the process for supporting family and parents who were unhappy with the proposal. Officers explained that meetings had taken place on an individual basis to mitigate any issues and assist people to understand why the changes had been put in place. It was also recognised that change could be difficult for many people. Also, when reflecting on the consultation any lessons learnt from that process would be used to inform future consultations.

Following scrutiny, the committee was supportive of the proposals to be considered by cabinet board.

#### Direct Payments Policy

At this point Councillor C. Galsworthy re-affirmed her interest in this item and left the meeting.

Members received information on the Direct Payments Policy as detailed in the circulated report.

In answer to members' queries, the Direct Payments Policy was not subject to external consultation because it was an explanation of the Direct Payments system, rather than being a policy which sets out and explains the approach that the Council had chosen to adopt within a legal framework. An Integrated Impact Assessment was undertaken as part of the council discharging its legislative duties under the Equality Act 2010, the Welsh Language Standards (No.1) Regulations 2015 and the Environment (Wales) Act 2016.

In addition, members asked why there was no impact on the valleys. There were a number of cases where service users could not recruit to personal assistant roles. Officers explained that this section of the report referred to the legislative duties under the relevant equality acts. Also, no person would be forced to use direct payments. If there was no availability of personal assistants, then the council would provide the service based on the person's needs. Recipients could also stop direct payments at any time.

Members asked what a reasonable cost was as stated in the policy. Officers explained that the cost was dependant on the person's assessed need and what a reasonable cost was for the service. If a recipient chose to secure a more expensive service, the individual would have to pay the difference in cost.

In response to members' queries, officers confirmed that the Disclosure and Barring Service (DBS) checks were checked by the social worker. If no social worker was involved the direct payments team undertook checks and where necessary referred to the safeguarding team.

Following scrutiny, the committee was supportive of the proposals to be considered by cabinet board.

### Adult Services Respite Allocation Policy

(At this point Councillor C.Galsworthy returned to participate in the meeting.)

Members received information on the outcome of the public consultation on the revised Adult Services Respite Allocation Policy as detailed in the circulated report.

Concern was expressed at the new tick box form which determined the individuals' and carers eligible care and support needs for respite.



Officers explained that the form was developed from a request from social workers for assistance when assessing need. The scoring system forms part of the assessment. The form would then be part of the considerations undertaken by the Resource Panel who allocate respite.

The committee asked what the waiting times were for assessment and it was explained that the waiting times had reduced but that if a request was identified as urgent a response would be immediate.

The policy was developed to introduce a more flexible approach to enable service users and carers to choose a care package that suited their needs. Some service users did not wish to go into a respite establishment but preferred to remain at home and had the support in place. Direct payments could also be utilised.

The direct payments team had a register of personal assistants and approached existing PA's if service users/carers were looking for respite support and were unable to find a Personal Assistant.

Following scrutiny, the committee was supportive of the proposals to be considered by cabinet board.

#### Adult, Children and Young People Services – 2<sup>nd</sup> Quarter

The committee received information on the Performance Information and Complaints and Compliments for both Adult and Children and Young People Services for the Quarter 2 as detailed in the circulated report.

Members were concerned at the 100 people who were not prevented from becoming homeless. Officers explained that an update report would be prepared which would contain the variety of reasons why homelessness was not prevented and would also include the numbers of people who refused help. Officers highlighted that there was a variety of reasons why homelessness was not prevented. Neath Port Talbot County Borough Council did not have any housing stock. There were issues with the bed and breakfast accommodation in Swansea. Discussions were taking place with the Welsh Government and Tai Tarian Housing Association to assist with supporting these vulnerable people.

Discussion took place on a model to prevent homelessness which was being used in Scotland and which has proved to be very

effective. Officers would look into this model and provide a report if appropriate.

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

5. **ACCESS TO MEETINGS**

**RESOLVED:** that pursuant to Section 100A(4) and (5) of the Local Government Act 1972, the public be excluded for the following items of business which involved the likely disclosure of exempt information as defined in Paragraphs 13 and 14 of Part 4 of Schedule 12A to the above Act.

6. **UPDATE ON THE AUTISM SPECTRUM DISORDER / NEURODEVELOPMENTAL DISORDERS (ASD/NDD) STRATEGIC PLAN**

The committee received an update on the progress and development of the Autism Spectrum Disorder/ Neurodevelopmental Disorders (ASD/NDD) Strategic Plan as detailed in the private circulated report.

Discussion took place on the support provided to people with ASD/NDD. Where necessary the service was brought to the service users. For instance, job centre staff visited the client if it was difficult for that client to attend the job centres.

In answer to members queries the funding was provided by the Integrated Care Fund which was led by Swansea Bay Health Board so there was no financial impacts to the council.

Concern was expressed at the lack of data on waiting lists for diagnoses and how many people accepted support after diagnoses.

Discussion took place on the importance of Social Services, Health and Housing and Education, Leisure and Lifelong Learning Directorates working together to ensure there was consistency of approach. Further discussion took place on the need to involve other agencies who were also providing services to support ASD/NDD. The Head of Children and Young People Services was asked to identify all agencies responsible for ASD/NDD services and for the

Chairperson of this committee to write letter addressing the need for all agencies to work together.

In addition members asked that consideration be given to holding joint scrutiny meetings with Education, Skills and Culture on cross cutting topics such as the Autism Strategic Plan. The Scrutiny Officer was asked to alert the committee of any reports relating to ASD/NDD being considered by Education, Skills and Culture Cabinet Board.

Members asked that their appreciation be cascaded to all staff involved in the ASD/NDD services for all their hard work and commitment to providing an excellent service.

Following scrutiny, the report be noted.

## 7. **PRE-DECISION SCRUTINY OF PRIVATE ITEM/S**

The committee chose to scrutinise the following private cabinet board items:

### The Manager's Report on Hillside Secure Children's Home

Members received information on the young people, information on staff, service planning and development for the period 1 June – 31 October 2019 (5 months) as detailed in the circulated report.

Following scrutiny, the report be noted.

### Regulation and Inspection of Social Care (Wales) Act 2016 RISCA 2016

An overview was received on the Regulated Service (Service Providers and Responsible Individuals) (Wales) Regulations 2017 report in regard to Hillside Secure Centre, as detailed in the private circulated report.

Following scrutiny, the report be noted.

**CHAIRPERSON**

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## SOCIAL CARE HEALTH AND WELLBEING SCRUTINY COMMITTEE

(Committee Rooms A/B - Neath Civic Centre)

**Members Present:**

**23 January 2020**

**Vice Chairperson:** Councillor C.Galsworthy

**Councillors:** A.P.H.Davies, O.S.Davies, J.Miller,  
S.H.Reynolds, D.Whitelock, C.Edwards,  
W.F.Griffiths, H.C.Clarke and N.J.E.Davies

**Officers In Attendance** A.Jarrett, K.Warren, A.Bradshaw, G. Powell,  
H.Jenkins and S.Curran

**Cabinet Invitees:** Councillors A.R.Lockyer and P.D.Richards

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1. **CONSULTATION ON SOCIAL SERVICES BUDGET AND DRAFT SAVINGS 2020/21**

An overview was received on the Social Services Budget and Draft Savings 2020/2021, as detailed in the circulated report.

Members were informed that there had been an administrative error on page 13 in Appendix 1 and in relation to SSHH1001 the sentence 'Proposal to reduce the rates paid to AFP carers in line with the rates paid to children's foster carers' should be removed.

Members were also assured that there would be no deletion of posts as stated in SSHH1008 and this sentence would be removed from the report.

The Committee noted that homelessness wasn't included as a named pressure in the report. Officers agreed that homelessness was indeed a pressure to services but gave assurances that it was manageable.

The Committee noted the crossover between the social services and education divisions.

Members queried the position of EU funded projects following Brexit and were informed that the current arrangements will see no effects

in the 20/21 financial year. The Director of Finance and Corporate Services also informed members that whilst they were reviewing the schedule of cuts and income generation the Draft Budget, currently out to consultation, includes new investment in 2020/21 of some £2.5m for Social Care services. Members requested that in future years that the scrutiny committee should receive such details so that they could consider all of the draft budget proposals.

In relation to SSHH1001 members asked if carers would be affected if the adult family placement fees were revised. Officers stated that the detail was being negotiated and all options were being considered to achieve the savings.

In relation to SSHH1002 the committee asked if contributions from the Health Board had been agreed. It was stated that officers are exploring historical claims for contributions, seeking to increase capacity in legal to pursue these matters and putting forward a new financial model for future contributions.

Members were assured that the reduction in numbers of Looked After Children (LAC) would be done safely and naturally and that the needs of the child would always be paramount with no child being put at risk.

The committee asked for further information in relation to SSHH1003 and were informed that due to increased demand, income from financial assessments will naturally increase due to the increased number of care packages provided from the new investment of funds in 2020/21.

Members were given assurance that the savings identified in SSHH1005 in relation to the Joint Equipment Service would have no impact on the service users and that contributions would be based on actual useage.

Members had a discussion on the savings identified in SSHH1010 and were informed that savings in legal budgets have been identified due to the growing expertise of Council staff. Decisions are being challenged less as the quality of social work assessments improve and therefore the requirement of external counsel and specialist assessments is reducing. Members were assured that where complex cases arise such as reputational issues for the Council or attendance at High Court, which require a barrister then this will always be done to ensure the best outcomes possible are delivered.

The Committee discussed how the number of different types of service users can be estimated and agreed that in demand led services this is difficult. Professional opinions based on previous years, trends, market predictions and realistic assumptions are used

Following consideration of the Integrated Impact Assessments included within the report, Members were reminded that their comments from this meeting would form part of the formal consultation response for the Budget 2020/21. They were asked that if they had any other proposals for budget savings not included within the attached report that they approach officers for their consideration.

## **CHAIRPERSON**

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Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

### **Social Care, Health & Well-Being Scrutiny Committee**

**12<sup>th</sup> March 2020**

#### **Report of the Heads of Children & Adult Services (Keri Warren & Angela Thomas)**

#### **Matter for Monitoring**

**Wards Affected:** All

**Report Title: ADULT AND CHILDREN & YOUNG PEOPLE SERVICES HIGH LEVEL MEASURES – 3<sup>rd</sup> QUARTER (April 19 – December 19)**

#### **Purpose of the Report:**

1. The purpose of this report is to provide Members with Adult and Children & Young People Services High Level Measure Data for the 3<sup>rd</sup> Quarter Period (April 19 – December 19). This will enable the Social Care, Health & Well Being Scrutiny Members to discharge their functions in relation to performance management.

#### **Executive Summary:**

1. A new set of Adult and Children & Young Peoples Services High Level Measures have been introduced for Social Services during 2019-20.

**Background:**

2. Failure to produce a compliant performance monitoring report within timescale could lead to non-compliance within our Constitution and hinder the full and transparent scrutiny of performance across the Directorate. This report enables Members to monitor and challenge performance across Adult and Children & Young People Services.

**Financial Impacts:**

3. No Implications

**Integrated Impact Assessment:**

4. There is no requirement to undertake an Integrated Impact Assessment as this report is for monitoring / information purposes.

**Valleys Communities Impacts:**

5. No Implications.

**Workforce Impacts:**

6. No implications.

**Legal Impacts:**

7. No implications

### **Risk Management Impacts:**

8. There is little or no risks associated with the information contained in this report.

### **Crime and Disorder Impacts:**

9. Section 17 of the Crime and Disorder Act 1998 places a duty on the Council in the exercise of its functions to have “due regard to the likely effect of the exercise of those functions on and the need to do all that it reasonably can to prevent:
  - a) Crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and
  - b) The misuse of drugs, alcohol and other substances in its area; and
  - c) Re-offending the area”
10. There is no impact under the Section 17 of the Crime and Disorder Act 1998 through the information contained in this report.

### **Counter Terrorism Impacts:**

11. The information contained in this report is likely to have no impact on the duty to prevent people from being drawn into terrorism.

**Violence Against Women, Domestic Abuse and Sexual Violence Impacts:**

12. Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which —
  - (a) increase the risk of violence against women and girls, or
  - (b) exacerbate the impact of such violence on victims.
13. The information contained in this report is likely to have no impact on the above duty.

**Consultation:**

14. There is no requirement for external consultation on this item

**Recommendations:**

15. Not applicable.

**Reasons for Proposed Decision:**

16. Not applicable.

**Implementation of Decision:**

17. No decision to be made. For information only.

## **Appendices:**

18. Appendices listed as follows: -

- a. **Appendix A** – Adult and Children & Young People Services High Level Measures.
- b. **Appendix B** - Adult and Children & Young People Services Quarter 3 Thematic Audit Report (July 19 – December 19)

## **List of Background Papers:**

19. None.

## **Officer Contacts:**

David Harding – Performance Manager (Children’s Services)

Telephone: 01639 685942

Email: [d.harding@npt.gov.uk](mailto:d.harding@npt.gov.uk)

Mike Potts – Performance Manager (Adult Services)

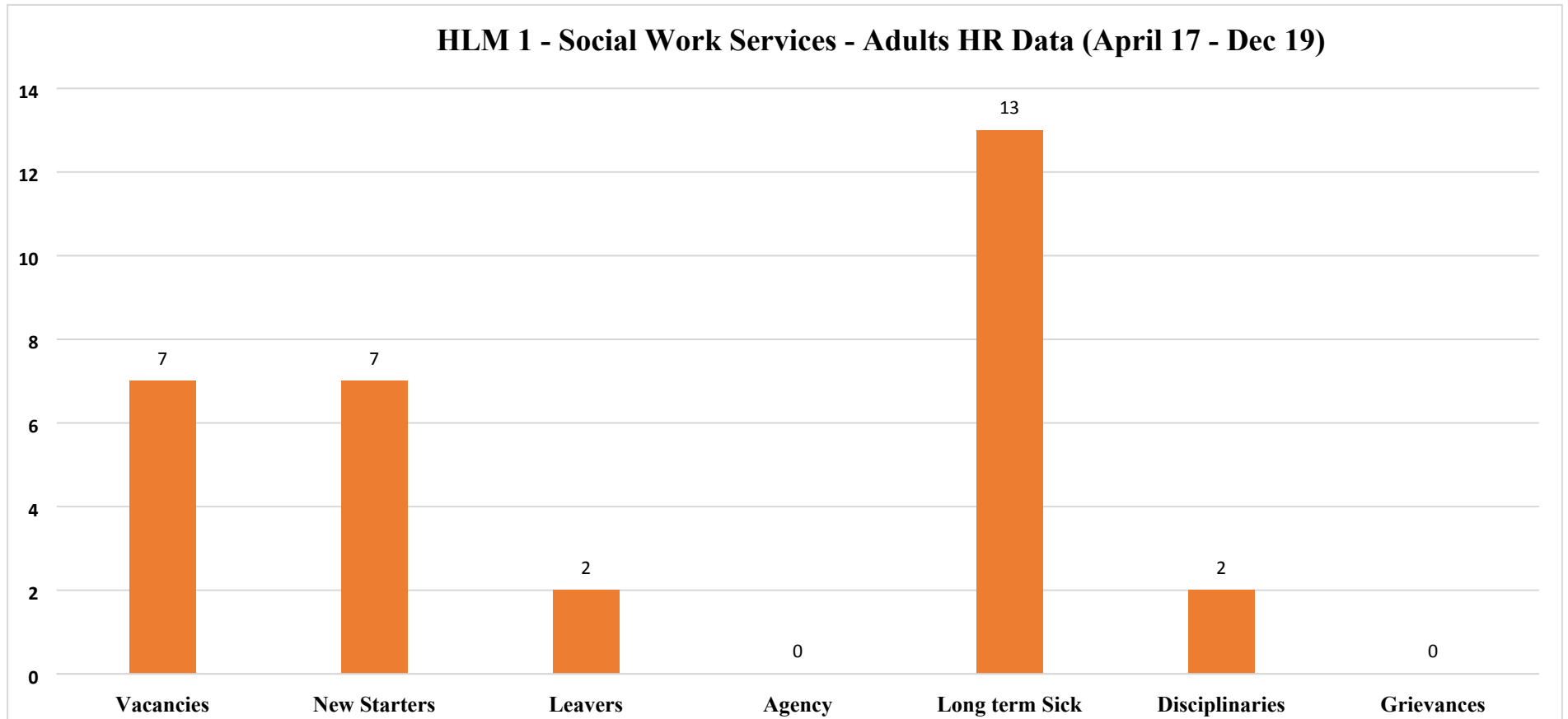
Telephone: 01639 685367

Email: [m.potts@npt.gov.uk](mailto:m.potts@npt.gov.uk)

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**Adult and Children & Young People Services Monthly High Level Measures 2019/20**

- **High Level Measure 1 (Adult Services) – The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service**



**APPENDIX A**

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	Team Manager	Deputy Team Manager	Consultant Social Worker	Community Social Worker	Community Wellbeing Officer	Safeguarding Coordinator/Best Interest Assessor	COT's/OT Assistant	Community Reablement Support Worker	Reablement Coordinators	Local Area Coordinators	<b>Total</b>
Vacancies	0	0	0	4	0	1	2	<i>See comment below</i>		0	7
New Starters	0	0	0	4	0	1	2			0	7
Leavers	0	0	0	1	0	1	0			0	2
Agency	0	0	0	0	0	0	0			0	0
Long term Sick	0	0	1	6	0	5	1			0	13
Disciplinaries	0	0	0	1	1	0	0			0	2
Grievances	0	0	0	0	0	0	0			0	0
<b>No. of Posts</b>	<b>7</b>	<b>13</b>	<b>6</b>	<b>53</b>	<b>15</b>	<b>8</b>	<b>28</b>			<b>5</b>	

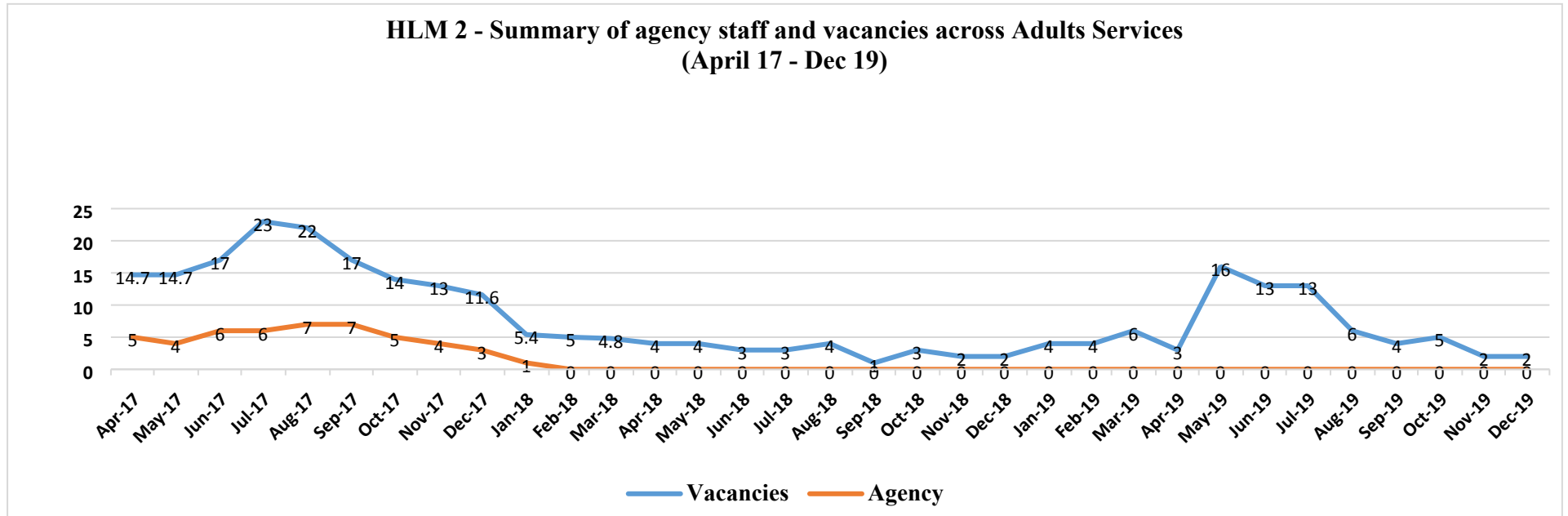
NB. The number of vacancies do not include those generated by the Homecare/ Reablement MoC (Community Wellbeing Team), as these are part of the final stages of the Management of Change process and are potentially not vacancies that will be filled or recruited into.

For the purposes of the report “vacancies” have been identified as being posts that are vacant that are actively being recruited for. Not posts that remain vacant that are being held for savings or where the money is being used to fund posts elsewhere. Sickness levels have remained in their increased levels within the service area, all of these cases are being managed in line with the Maximising Attendance Procedure. The predominant reason for long term absence within Adult Services at this time remains to be “Personal Stress/Anxiety” and “Pre- planned operation” conditions.



APPENDIX A

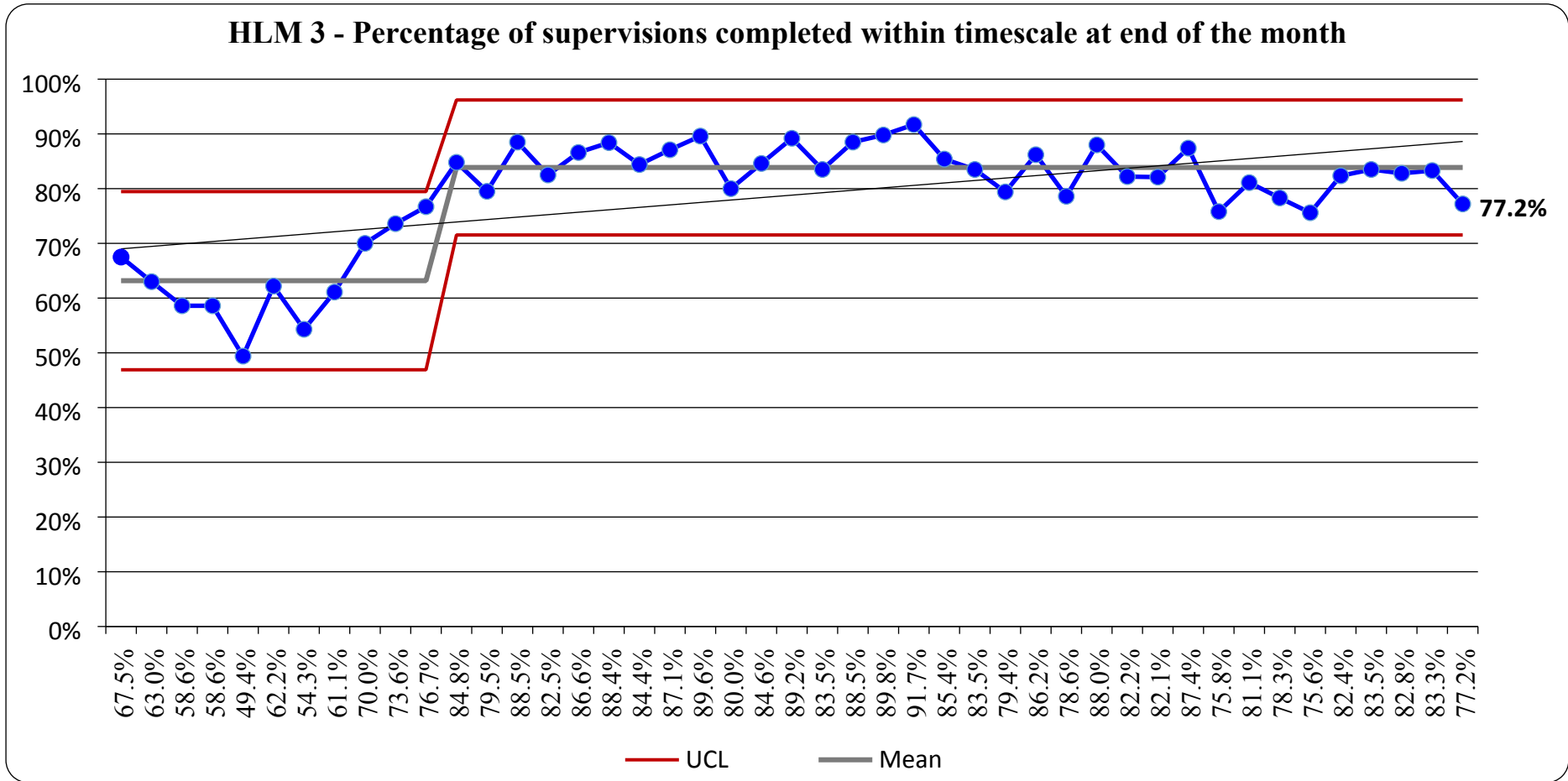
• High Level Measure 2 (Adult Services) – Summary of Agency Staff and Vacancies across the Service



NB. The number of vacancies do not include those generated by the Homecare/ Reablement MoC (Community Wellbeing Team), as these are part of the Management of Change process and are potentially not vacancies that will be filled or recruited into. There has been an increase in Social Worker and Occupational Therapy services vacancies. This has been due to the directorate receiving additional temporary financial funding. Therefore, additional posts within these areas have been created on a temporary basis. These vacancies have also arisen due to leavers in the previous quarter, employees accessing flexible working arrangements and the release of additional funding.

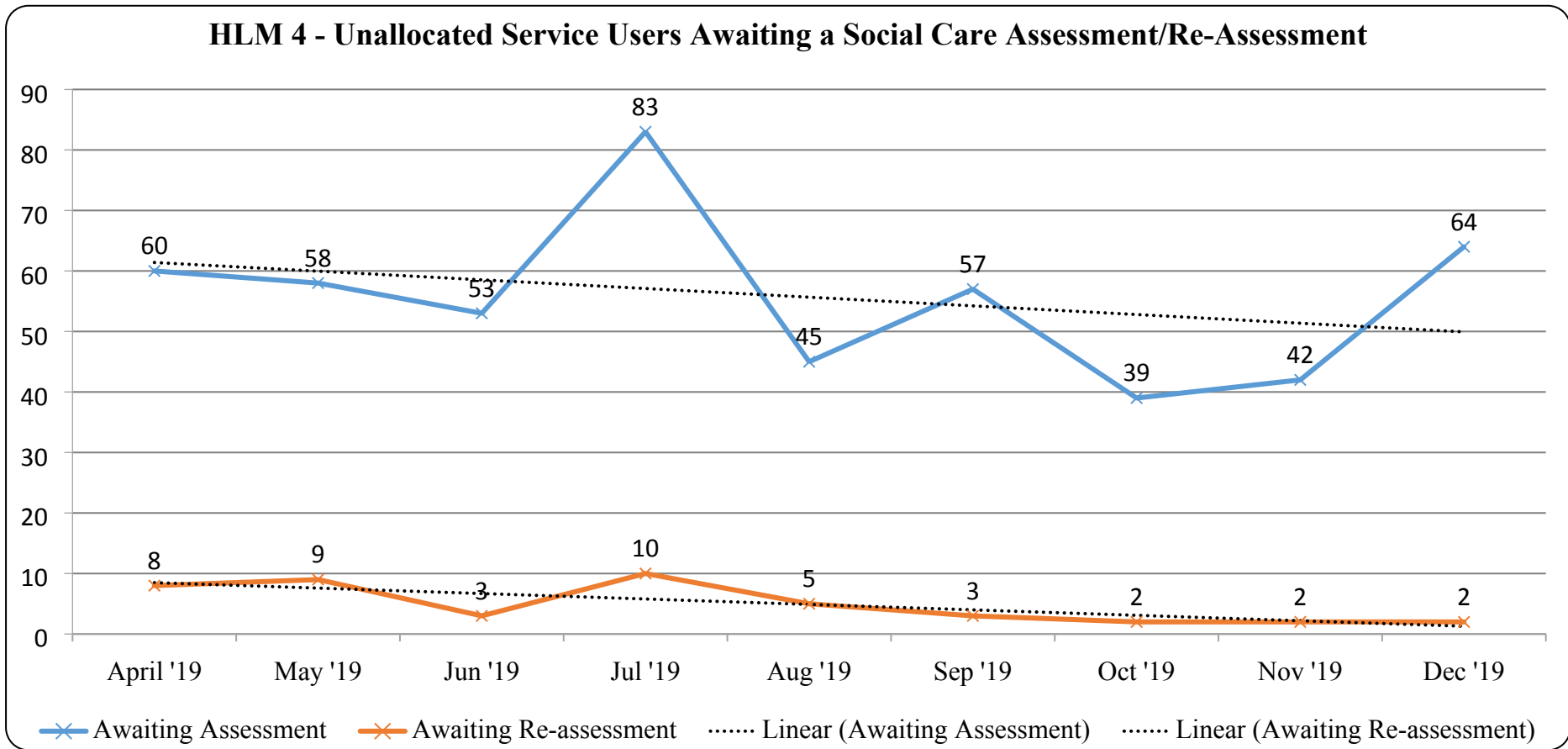
APPENDIX A

- High Level Measure 3 (Adult Services) – Percentage of Supervisions Completed within Timescale



**HLM 3 – Percentage of completed supervisions of caseload holding staff within 28 working days at the end of each month.**

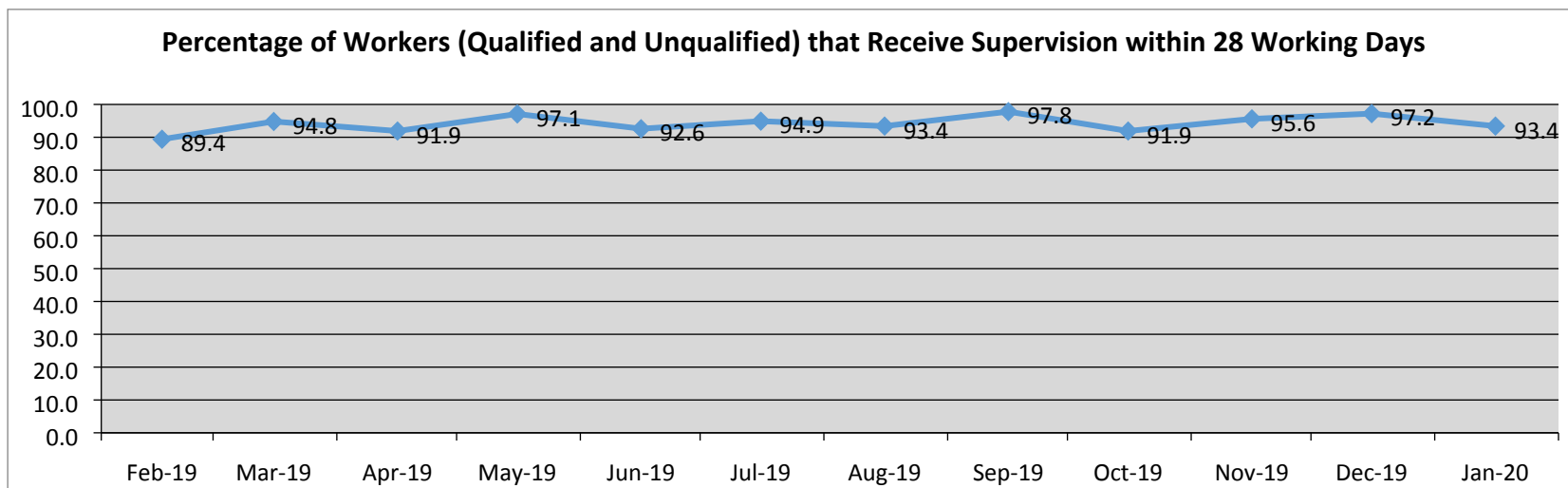
- **High Level Measure 4 (Adult Services) – Service Users Awaiting a Social Care Assessment/Re-Assessment**



**HLM 4** – Unallocated service users awaiting a social care assessment/re-assessment as at the end of each month. The peak in those awaiting a social care assessment as at 31<sup>st</sup> July 2019 can be attributed to staff sickness which meant that cases had to be placed on the re-allocation list.

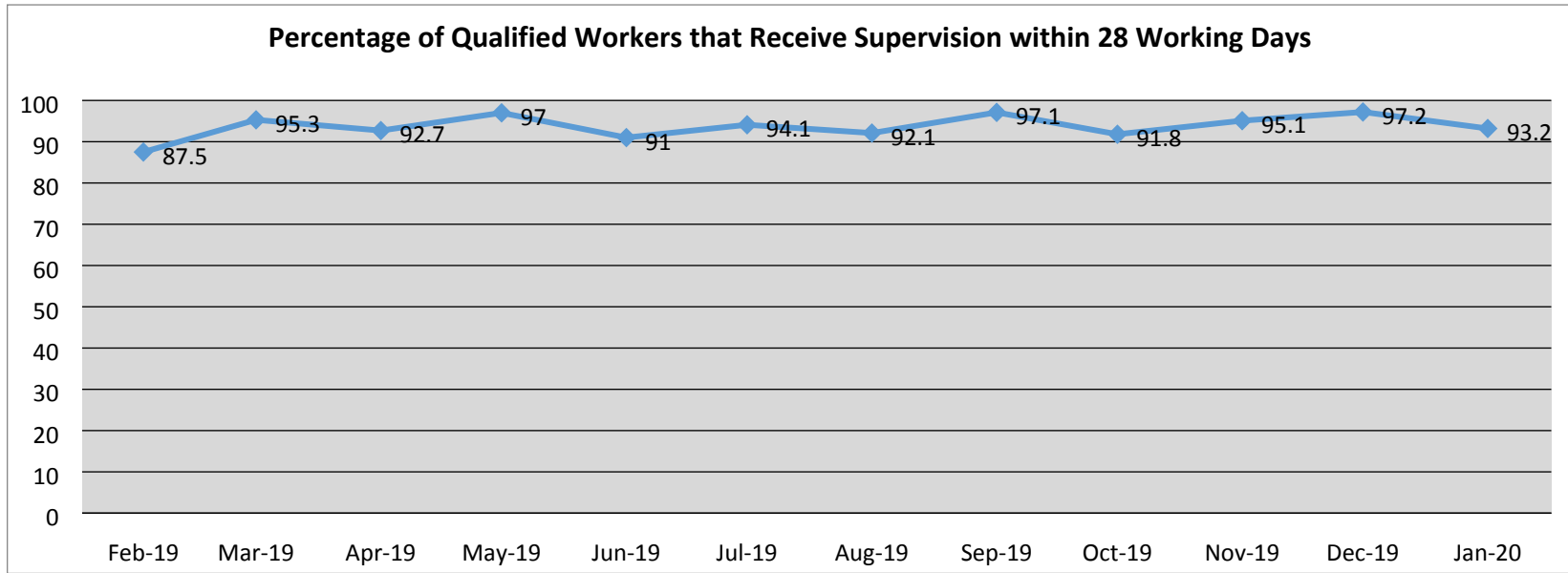
**APPENDIX A**

**• High Level Measure 5 (Children & Young People Services) – Staff Supervision Rates**



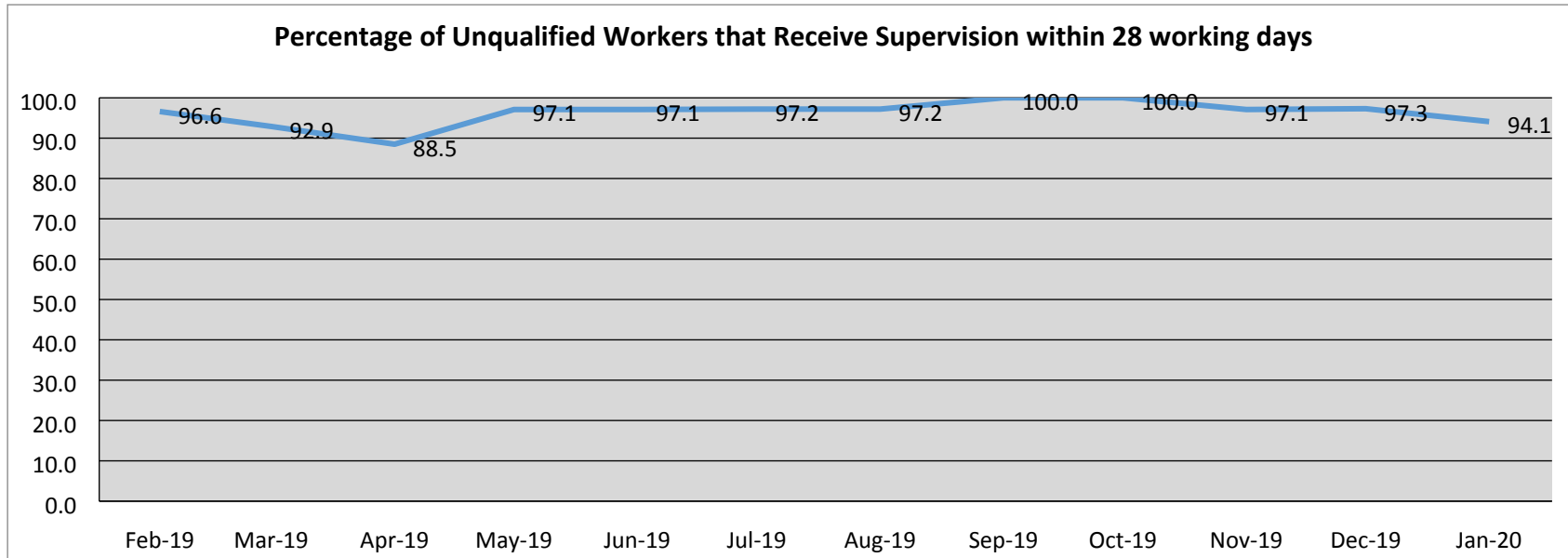
	<b>Feb 19</b>	<b>Mar 19</b>	<b>Apr 19</b>	<b>May 19</b>	<b>Jun 19</b>	<b>Jul 19</b>	<b>Aug 19</b>	<b>Sep 19</b>	<b>Oct 19</b>	<b>Nov 19</b>	<b>Dec 19</b>	<b>Jan 20</b>
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The % of all workers that receive Supervision within 28 working days	<b>93.6</b>	<b>94.8</b>	<b>91.9</b>	<b>97.1</b>	<b>92.6</b>	<b>94.9</b>	<b>93.4</b>	<b>97.8</b>	<b>91.9</b>	<b>95.6</b>	<b>97.2</b>	<b>93.4</b>
Number of workers due Supervision	<b>140</b>	<b>134</b>	<b>135</b>	<b>136</b>	<b>135</b>	<b>139</b>	<b>137</b>	<b>138</b>	<b>135</b>	<b>137</b>	<b>143</b>	<b>137</b>
Of which, were undertaken in 28 working days	<b>131</b>	<b>127</b>	<b>124</b>	<b>132</b>	<b>125</b>	<b>132</b>	<b>128</b>	<b>135</b>	<b>124</b>	<b>131</b>	<b>139</b>	<b>128</b>

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	<b>Feb 19</b>	<b>Mar 19</b>	<b>Apr 19</b>	<b>May 19</b>	<b>Jun 19</b>	<b>Jul 19</b>	<b>Aug 19</b>	<b>Sep 19</b>	<b>Oct 19</b>	<b>Nov 19</b>	<b>Dec 19</b>	<b>Jan 20</b>
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The % of Qualified Workers that receive Supervision within 28 working days	92.8	95.3	92.7	97.0	91	94.1	92.1	97.1	89	95.1	97.2	93.2
Number of workers due Supervision	111	106	109	101	100	103	101	103	100	102	106	103
Of which, were undertaken in 28 working days	103	101	101	98	91	97	93	100	89	97	103	96

**APPENDIX A**



	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20
<b>Performance Indicator/Measure</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>
The % of Unqualified Workers that receive Supervision within 28 working days	96.6	92.9	88.8	97.1	97.1	97.2	97.2	100	100	97.1	97.3	94.1
Number of workers due Supervision	29	28	26	35	35	36	36	35	35	35	37	34
Of which, were undertaken in 28 working days	28	26	23	34	34	35	35	35	35	34	36	32

APPENDIX A

- **High Level Measure 6 (Children & Young People Services) – Average Number of Cases held by Qualified Workers across the Service**

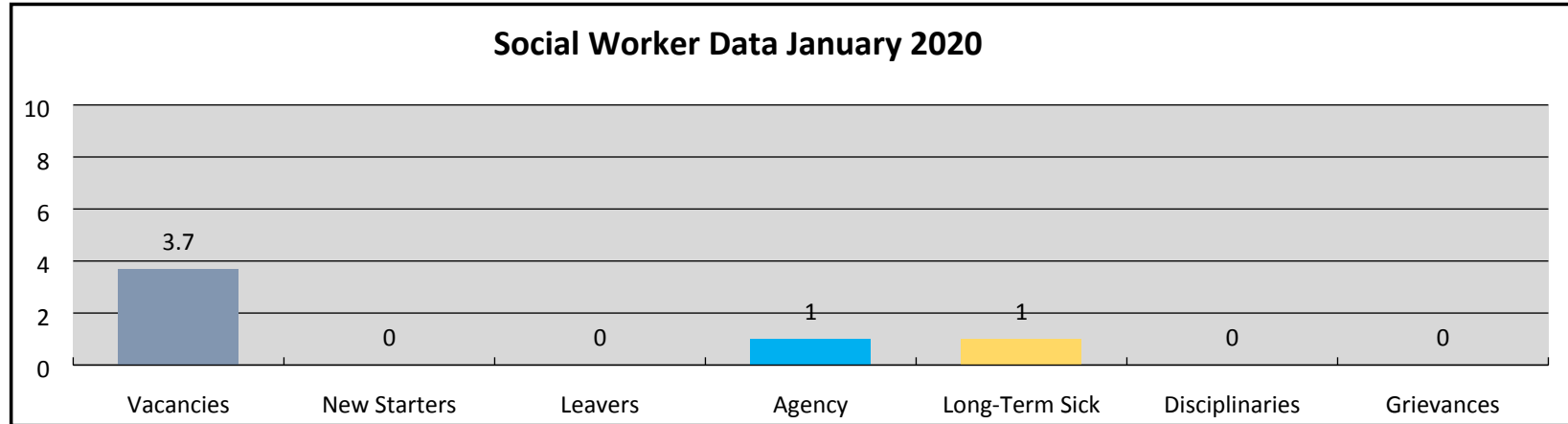
As at 31st January 2020	Caseload Information - Qualified Workers, including Deputy Team Managers				
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Average Caseload per Worker
Cwrt Sart	333.0	9.0	127.0	16	14.1
Disability Team	421.5	11.4	160.0	21	14.0
LAC Team	356.5	9.6	147.0	17	15.3
Llangatwg	444.0	12.0	115.0	17	9.6
Sandfields	296.0	8.0	79.0	12	9.9
Route 16	170.2	4.6	55.0	9	12.0
Dyffryn	277.5	7.5	77.0	14	10.3
Intake	407.0	11.0	131.0	17	11.9
<b>Totals</b>	<b>2,916.70</b>	<b>78.8</b>	<b>891.0</b>		
<b>Average Caseload - CYPS</b>				<b>15.4</b>	<b>11.3</b>

**Please Note:**

1. Cases held by Deputy Team Managers and Part-Time Workers are included in the above figures.
2. The '*Available Hours*' do not include staff absences e.g. sickness, maternity leave, placement, etc., unless cover has been provided for the post.

**APPENDIX A**

- **High Level Measure 7 (Children & Young People Services) – The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service.**

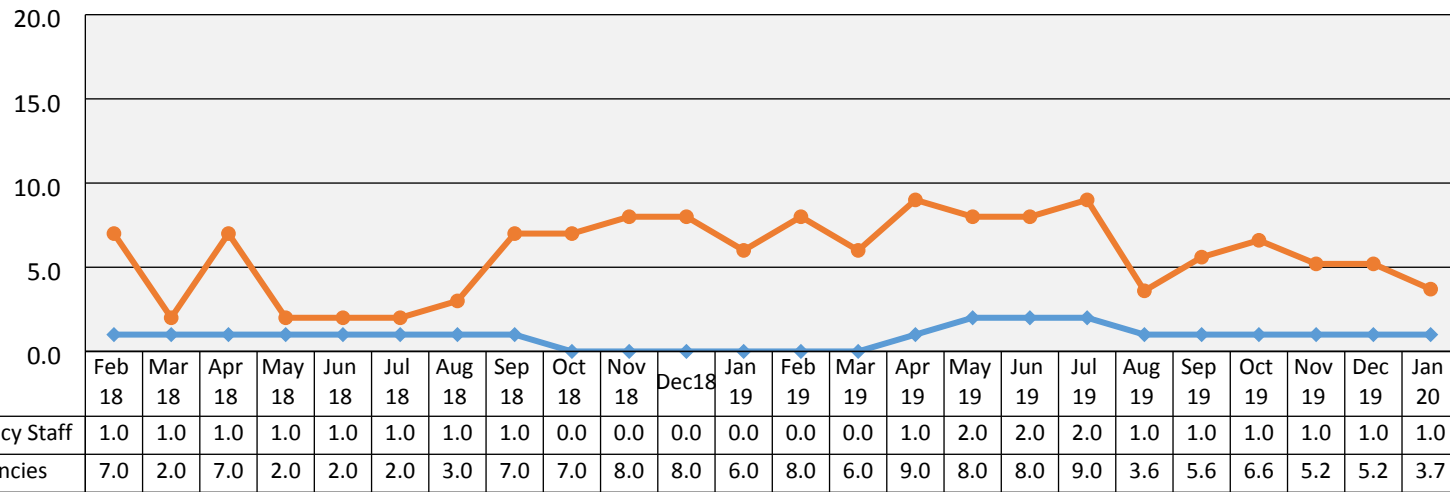


	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
<b>Vacancies</b>				3.7				3.7
<b>New Starters</b>								0
<b>Leavers</b>								0
<b>Agency</b>				1				1
<b>Long-Term Sick</b>				1				1
<b>Disciplinarys</b>								0
<b>Grievances</b>								0



**Summary of Agency Staff and Vacancies across the Service**

**Summary of Agency Staff and Vacancies Across the Service  
(Feb 18 - Jan 2020)**



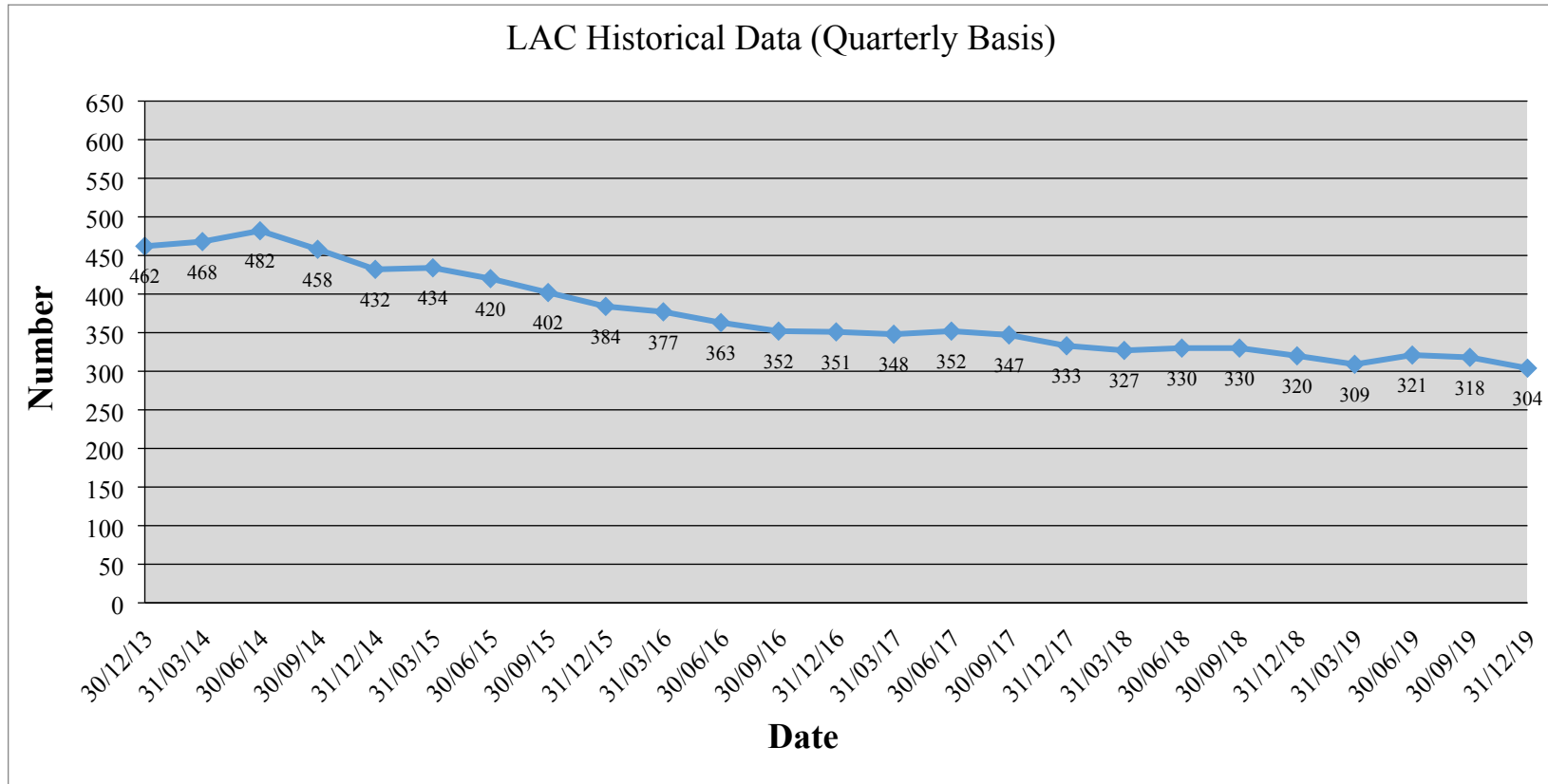
## APPENDIX A

- **High Level Measure 8 (Adult and Children & Young People Services) – Thematic Report on the findings of Case File Audits (reported quarterly)**

There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Adult and Children & Young People Services. The findings of the audit activity undertaken during the **3<sup>rd</sup> Quarter Period (October 2019 – December 2019)** can be seen at **Appendix B** of the 3<sup>rd</sup> Quarter Performance Report to the Social Care, Health & Well-Being Cabinet Board

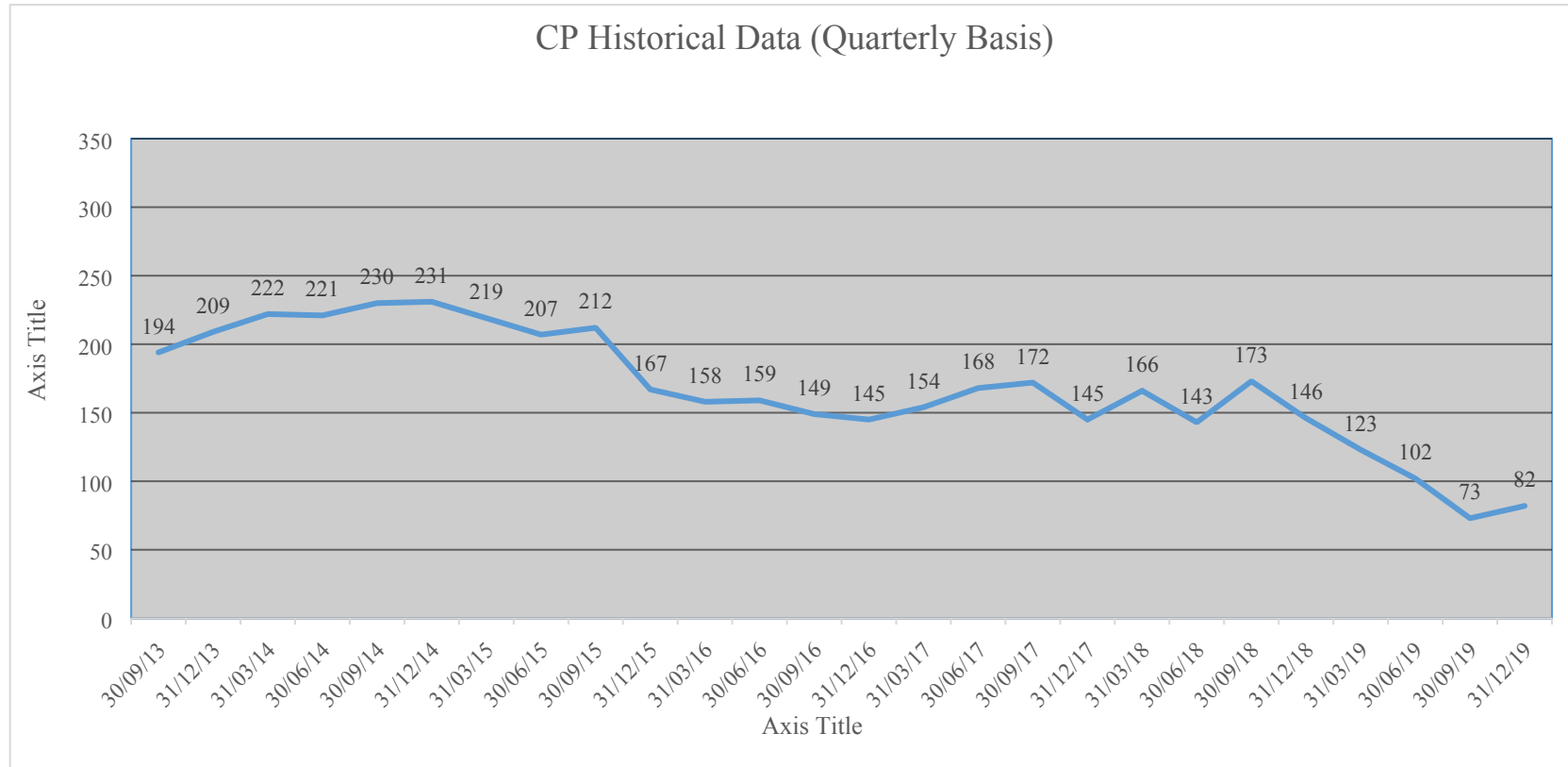
APPENDIX A

- **High Level Measure 9 (Children & Young People Services) – Number of Looked After Children, Children on the Child Protection Register and Children Receiving Care & Support**



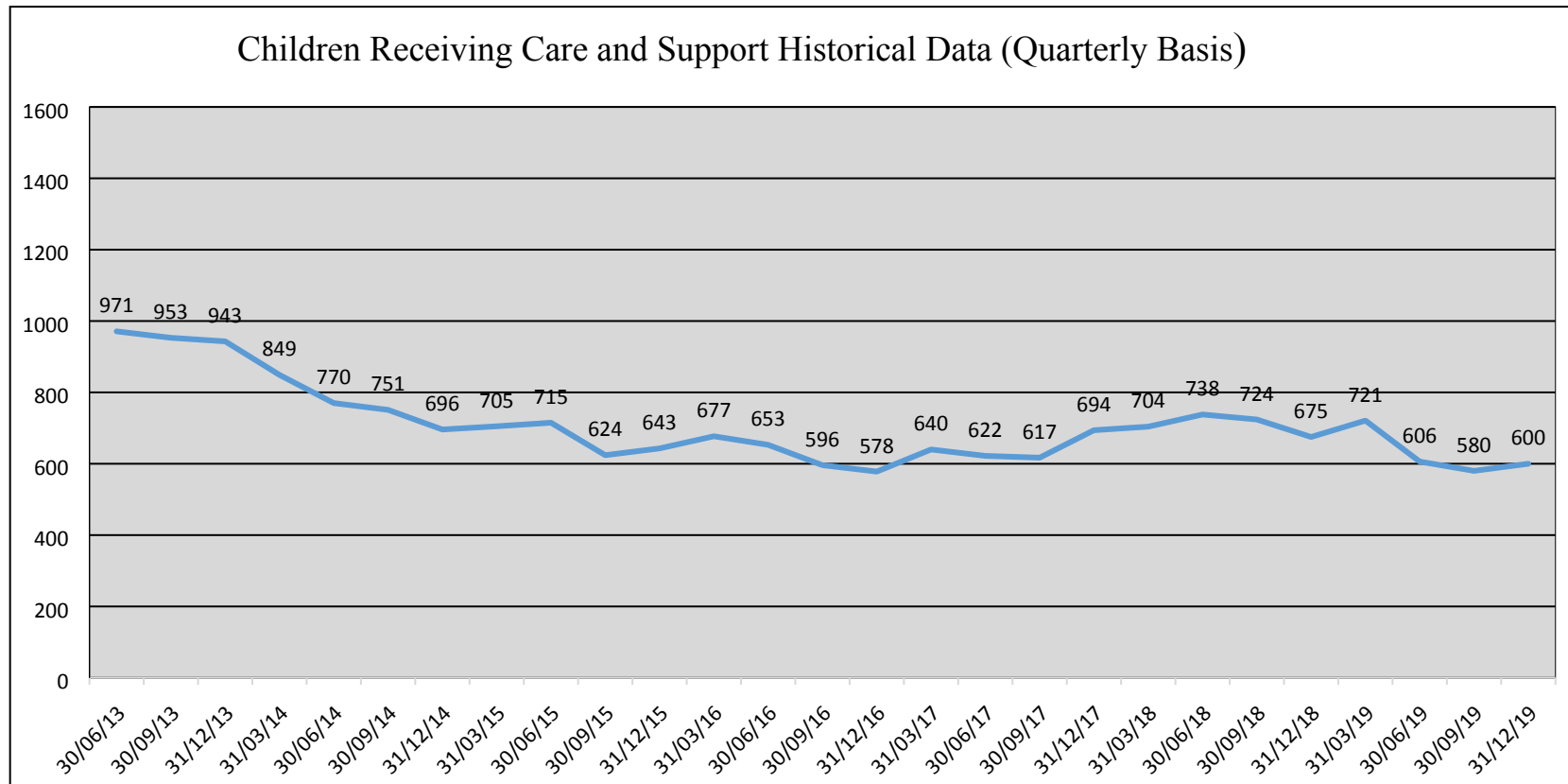
**Please Note:** The number of Looked after Children as at 31/01/2020 – **307**

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**Please Note:** The number of children on the Child Protection Register as at 31/01/2020 – 91

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**Please Note:** The number of Children Receiving Care and Support as at 31/01/2020 – **616**

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# Appendix B - Quality Assurance Audits

## Quarter 3 – Audit Overview Report

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### *Quality Assurance Audits*

Quality Assurance Audits take place on a monthly basis within Children and Young People Services and Adult Services. This report gives an overview of the thematic audits reported on in quarter 3 of the 2019-2020 period, what is working well, what we will improve and by what methods. This report collates audit activity from across Social Services: Children and Young People Services, Adult Services and Hillside Secure Children’s Home.

Each audit tool devised is circulated to relevant stakeholders in Children’s Services, Adults Services and Hillside prior to audits being completed. Audit days usually take place once a month in the Quays IT room with managers collectively auditing and analysing the themes arising.

### *Audits Completed*

During this quarter we have reported on three thematic audits:

<b>Audit Theme</b>	<b>Cases Audited</b>	<b>Service</b>
<b>Professional Concerns Audit</b> Audit on safeguarding allegations/concerns about practitioners and those in positions of trust	26	Children’s and Adult Services
<b>Medication Administration Audit</b> Audit on how medication is administered in Hillside, how this is recorded, the medication policy and its compliance with national guidance	10	Hillside Secure Children’s Home
<b>Post incident CCTV review of incidents Audit</b> Audit on the review and scrutiny of CCTV footage following any physical restraint of a young person	53	Hillside Secure Children’s Home

### *What are we doing well?*

We’ve identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

#### **In the Professional Concerns audit:**

- In 77% (10/13) of the Children Services cases audited the professional concern/strategy meeting was held within 7 days of the strategy discussion.
- In 85% (11/13) of the Children Services cases audited the strategy discussion clearly recorded why the matter met the threshold for a professional concern/strategy meeting.
- In 100% (13) of the Children Services cases audited the reason for the strategy discussion was not just a copy and paste from the referral.
- In all of the Children Services cases (13) and 92% (12) of the Adult Services cases audited the professional concerns/strategy meeting shared all the relevant information about the allegation/concern

- In 85% (11/13) of the Children Services and 77% (10/13) of the Adult Services cases the professional concerns/strategy meeting considered the likelihood of harm to others
- In 92% (12/13) of the Children Services cases audited the meeting clearly set out actions, responsibility AND timescales
- In 100% (13) of the Children Services cases audited the chair of the professional concerns/strategy meeting provided an analysis of the information shared
- In 100% (13) of the Children Services cases audited the concluding professional concerns/strategy meeting considered the outcome on the balance of probability as defined in the procedures
- In 92% (12/13) of the Children Services and 88% (11/13) of the Adult Services cases audited the professional concerns/strategy meeting confirmed the arrangements regarding who would communicate with the person whom there were concerns about
- In 92% (12/13) of the Children Services cases audited it was evident that the chair of the meeting was sending a letter to the individual whom the concerns were about
- Auditors report good attendance from agencies at the professional concerns/strategy meetings.

**In the Medication Administration Audit:**

- The young person's name (100% - 10), date of birth (92% - 9/10) and medication start day/date (100% - 10) were clearly shown on each Medication Administration Record (MAR) Chart
- In 8 out of the 10 cases audited there was one MAR chart in existence rather than multiple
- In 90% (9/10) of the cases audited you could clearly see who had administered the medication and in every case (10) the day that it was administered
- 90% (9/10) of the audits highlighted that medication was stored in a locked cabinet, the remaining 10% which equates to 1 audit, the question was not answered by the auditor
- In 6 out of the 7 applicable cases where analgesia was administered it was evident this was done by the Duty Manager
- There was a list of sample signatures and names of the duty managers who would administer the medication

**In the post incident CCTV review of incidents audit:**

- A large proportion of the basic information recorded at the beginning of the form is consistently completed by staff
- In 96% (51/53) of the cases audited it is clear who has been involved in the CCTV footage review
- 94% (50/53) of the cases viewed identified that a physical intervention was necessary
- 89% (47/53) of the forms audited identified initial findings with 62% of them being of a positive nature
- 83% (44/53) of the forms identified learning outcomes
- 87% (46/53) of the forms identified some actions to be completed following the CCTV footage review
- 94% (50/53) of the forms showed that all the information was included on the bottom of the form in respect of the names provided, 94% (50/53) showed the signatures of said staff and 92% (49/53) had a date recorded.



### *What will we improve over the three audits completed?*

1. We will improve the consistency between the Children's IT system and the Adult's IT system	Professional Concerns Audit
2. We will evidence on the system the course of action that was agreed with a Principal Officer when making decision on the course of action to be taken	Professional Concerns Audit
3. We will ensure that the strategy discussion identifies or makes reference that the manager has considered if the individual the concerns are about has any caring responsibilities.	Professional Concerns Audit
4. We will ensure that for any actions identified there are named individuals responsible identified along with dates for completion.	Professional Concerns Audit
5. Auditors reported that in just over half of the Adult Services cases audited the meeting did not provide a clear enough analysis of the information shared at the meeting and the meetings were not concluding the process with one of the four outcomes stipulated within the procedures.	Professional Concerns Audit
6. In Adult Services we will ensure that the chair indicates within the minutes/actions that they are sending a letter to the individual who the concerns are about.	Professional Concerns Audit
7. In both Children Services and Adult Services actions follow up specifically following the case closing to the professional concerns arena were limited.	Professional Concerns Audit
8. Basic information fields to be fully completed such as allergies, doctor, period of days, end day/date of medication.	Medication Administration Audit
9. We will review the MAR chart itself and consider using a high grade paper to ensure that it doesn't get damaged	Medication Administration Audit
10. All signatures to be included on the sample signature and name sheet, as one signature was missing	Medication Administration Audit
11. We will review the policy and the forms in use as It wasn't always clear if any "over the counter" medication had been administered on the houses	Medication Administration Audit
12. We will ensure that there is context around "PRN" medication (as required)	Medication Administration Audit
13. All errors on the medication charts must be signed by the individual administering the medication	Medication Administration Audit
14. The current Health Arrangement Policy indicates that each young person should have a Medical Reference Card on admission, however the audit indicated that this information was not available at the audit or there was no reference card, this needs to be reviewed with the policy	Medication Administration Audit
15. Auditors highlighted that there should be a signature box and a countersignature box for the writing of a MAR chart, this needs to be incorporated on the revised chart	Medication Administration Audit
16. On some of the MAR charts, auditors highlighted that there were gaps on the chart, there should be a coded reason if medication was not given	Medication Administration Audit

17. Regular spot checks on the MAR charts to take place and regular stock takes of all medication	Medication Administration Audit
18. Auditors also felt that more structure is needs to be put in place around the information that goes with the young person when they leave Hillside about the medication they have been taking and the medication they are currently on	Medication Administration Audit
19. Hillside to consider where important health information should be stored e.g. results of blood tests etc, this can be done as part of the policy review	Medication Administration Audit
20. A focussed learning event with the individuals responsible for administering medication to be held. This event will be an opportunity to have in depth conversations on the reality and practicality of administering medication in Hillside	Medication Administration Audit
21. A nurse experienced in the side effects of medication to be contacted to provide a session to staff on the side effects of medication, this will ensure staff have a greater understanding of how medication can affect the young person on a day to day and long term basis	Medication Administration Audit
22. It was evident from the forms that we need to be more specific in the details we are trying to obtain. To assist with this we need to devise one form that all the reviewers will use to promote consistency in the service	CCTV Review Audit
23. Although the majority the forms clearly showed 2 people undertaking the audit, they were mainly the same 2 people. A new procedure has been agreed in that the Behaviour Management Co-ordinator plus 1 worker will take on this role going forward as they are impartial to the houses.	CCTV Review Audit
24. Both positive and negative findings need to be specifically highlighted where appropriate. If there are no negative findings advise why they have not been found (shows that you have been looking)	CCTV Review Audit
25. Clear discussions need to be recorded of evidence in respect of Safeguarding, Health, Safety and Training of the staff being reviewed. If there is nothing to record then state this under each heading	CCTV Review Audit
26. Clearer actions to be noted such as who is going to speak to staff, when will this be done and how will it be reviewed.	CCTV Review Audit
27. From the audit it was identified that there is no section for staff to have their views recorded following the feedback they receive	CCTV Review Audit
28. It was clear from the documents reviewed that we have a number of similar forms in circulation. The ones used for this audit didn't have the SMT audit form attached, therefore once the form has been reviewed all previous copies are to be removed from the offices	CCTV Review Audit

### *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 new 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 Outcome Focussed, Quality Assurance and the Practice Improvement Groups
- 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 learned?*

In this quarter we held a joint Adult and Children Services audit on Safeguarding which considered cases where there were concerns about a professional in a position of trust. As Safeguarding Managers in Children and Adult services are using different systems this has identified the need to combine the two to ensure there is consistency across both services. This audit has provided a basis to make the necessary changes to the system and working practices.

In the Medication Audit in Hillside, the audit was the opportunity to identify how Hillside administers medication in line with their own policy and how the policy aligns with national guidance. Whilst it was recognised that improvements had been made recently in the administration process the resounding theme arising from the audit is that the policy needs to be reviewed taking into account NICE (National Institute for Care and Health) Guidelines on administering medication in care homes.

The post incident CCTV review audit was a follow up to a previous audit where we looked at the incident forms, this previous audit highlighted the need to look at the manager oversight of physical interventions. This audit highlighted areas that were working well such as the information in the first part of the form being consistently completed and also revealed areas that were not working so well such as there being clearer outcomes and actions from the CCTV footage review.

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, 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 will improve. Post audit we have mechanisms in place for following through on actions identified. Any actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed, this allows us to monitor desired outcomes and progress. This gives a transparent view 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 appropriate teams within Social Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed.

***Mel Weaver***

***Quality, Performance and Practice Manager***

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**Social Care, Health and Wellbeing Scrutiny Committee  
Forward Work Programme 2019/20**

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Officer</b>
5 September 2019	Youth Offending Service and Action Plan Report – Quarterly Update	Andrew Jarrett
	Quarterly Performance- Priority Indicators- Quarter 1	Angela Thomas
17 October 2019	<i>Autism Position Report- deferred to December</i>	
5 December 2019- <b>POSTPONED TO 19<sup>th</sup> December</b>	Quarterly Performance- Priority Indicators- Quarter 2	Angela Thomas
	Autism Position Report: -Council Policy on Autism -Welsh Guidelines on Autism	Andrew Jarrett

	-NPT data	
23 <sup>rd</sup> January 2020	<b>SPECIAL BUDGET SCRUTINY</b>	<b>ALL</b>
30 January 2020	Direct Payments: <i>Deferred to 12<sup>th</sup> March</i>	
	Rota Visits Update	Gill Lawson
12 March 2020	Direct Payments Position Report <ul style="list-style-type: none"> <li>• Process of application</li> <li>• Monitoring of process and data</li> <li>• Performance Monitoring</li> </ul> Lessons learnt and case studies	Angela Thomas
	Quarterly Performance- Priority Indicators- Quarter 3.	Angela Thomas

30 <sup>th</sup> April	Homelessness- data and situation report	Angela Thomas
4 <sup>th</sup> June	Complaints Case Studies	Leighton Jones

To be built in:

- Autism Strategy
- Distances, journeys and issues experienced from the 'Remodelling and Relocation of Complex Needs Day Services' Angela Thomas (September 2020)

Task and Finish Sessions:

- Hillside - How do the Police work with Hillside
  - Incidents
  - Feedback
  - Partnership and Reporting
- Post Scrutiny Review – Closure of Day Care Centres

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By virtue of paragraph(s) 14 of Part 4 of Schedule 12A of the Local Government Act 1972.

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