



PWYLLGOR CRAFFU GOFAL CYMDEITHASOL, IECHYD A LLES

2.00 pm DYDD IAU, 19 RHAGFYR 2019

**YSTAFELLOEDD PWYLLGORAU A/B - CANOLFAN DDINESIG
CASTELL-NEDDDE**

Rhan 1

1. Datganiadau o fudd
2. Cofnodion y Cyfarfod Blaenorol (*Tudalennau 5 - 12*)

Craffu ar faterion gwybodaeth a monitro a adroddir gan:

3. Mesurau Lefel Uchel y Gwasanaethau Plant a Phobl Ifanc a'r Gwasanaethau i Oedolion - Chwarter 2 (19 Ebrill - 19 Medi) (*Tudalennau 13 - 42*)
4. Craffu Cyn Penderfyniad
Dewis eitemau priodol o Agenda Bwrdd y Cabinet ar gyfer craffu cyn penderfynu (amgaeir adroddiadau Bwrdd y Cabinet ar gyfer yr Aelodau Craffu)
5. Blaenraglen Waith 2019/20 (*Tudalennau 43 - 46*)
6. Eitemau brys
(Unrhyw eitemau brys (boed yn gyhoeddus neu wedi'u heithrio) yn ol disgrisiwn y Cadeirydd yn unol ag Adran 100B (4) (b) o Ddeddf Llywodraeth Leol 1972)
7. Mynediad i gyfarfodydd
Mynediad i gyfarfodydd i benderfynu a ddylid gwahardd y cyhoedd o'r eitem ganlynol yn unol ag Is-adran 100a(4) a (5) Deddf Llywodraeth Leol 1972 a'r paragraffau eithriedig perthnasol o Ran 4 Atodlen 12a y Ddeddf uchod

Rhan 2

Craffu ar faterion preifat gwybodaeth a monitro a adroddir gan:

8. Diweddariad ar Gynllun Strategol Anhwylder y Sbectrwm Awtistig/Anhwylderau Niwroddatblygiadol (ASD/NDD) (*Tudalennau 47 - 64*)
9. Craffu Cyn Penderfyniad (Preifat)
Dewis eitemau priodol o Agenda Bwrdd y Cabinet ar gyfer craffu cyn penderfynu (amgaeir adroddiadau Bwrdd y Cabinet ar gyfer yr Aelodau Craffu)

S.Phillips
Prif Weithredwr

Canolfan Ddinesig
Port Talbot

12 Rhagfyr, 2019

Aelodaeth y Pwyllgor:

Cadeirydd: L.M.Purcell

Is-gadeirydd: C.Galsworthy

Cynghorwyr: 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 a/ac N.J.E.Davies

Nodiadau:

- (1) *Os yw aelodau'r pwyllgor neu'r rhai nad ydynt yn aelodau'r pwyllgor am gynnig eitemau perthnasol i'w cynnwys ar yr agenda cyn cyfarfodydd y dyfodol, rhaid iddynt roi gwybod i'r Prif Weithredwr/Cadeirydd 8 niwrnod cyn y cyfarfod.*

- (2) *Os yw'r rhai nad ydynt yn aelodau'r pwyllgor am fod yn bresennol ar gyfer eitem o ddiddordeb, mae'n rhaid rhoi rhybudd ymlaen llaw (erbyn 12 hanner dydd ar y diwrnod cyn y cyfarfod). Gall y rhai nad ydynt yn aelodau'r pwyllgor siarad ond nid oes ganddynt hawl i bleidleisio, cynnig nac eilio unrhyw gynnig.*
- (3) *Fel arfer, ar gyfer trefniadau cyn craffu, bydd y Cadeirydd yn argymhell eitemau gweithredol sydd ar ddod i'w trafod/herio. Mae hefyd yn agored i aelodau'r pwyllgor ofyn i eitemau gael eu trafod - er y gofynnir i'r aelodau ddewis a dethol yma o ran materion pwysig.*
- (4) *Gwahoddir aelodau perthnasol Bwrdd y Cabinet hefyd i fod yn bresennol yn y cyfarfod at ddibenion Craffu/Ymgynghori.*
- (5) *Gofynnir i aelodau'r Pwyllgor Craffu ddod â'u papurau ar gyfer Bwrdd y Cabinet i'r cyfarfod.*

Mae'r dudalen hon yn fwriadol wag

SOCIAL CARE, HEALTH AND WELLBEING SCRUTINY COMMITTEE

COMMITTEE ROOMS A&B NEATH CIVIC CENTRE

Members Present:

17 October 2019

Chairperson: Councillor L.M.Purcell

Vice Chairperson: Councillor C.Galsworthy

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

Officers In Attendance A.Jarrett, J.Hodges, K.Warren, A.Potts,
R.Shepherd, S.Bradshaw, S.Waite,
C.Matthews, A.Turner, M.Hayes, E.Cullerton,
J.Davies, V.Smith, S.Curran, C.Davise and J.
Woodman-Ralph

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

1. **DECLARATIONS OF INTEREST**

The following Member made a declaration of interest at the start of the meeting:

Councillor C.Galsworthy Re: Fairness of Service Provision Policy and the Review of Community Support Services – Local Area Co-ordinators as she is a Personal Assistant to her mother.

2. **MINUTES OF PREVIOUS MEETING**

That the minutes of the previous meeting held on the 5 September 2019 be approved subject to the following amendment:

Page 6 – Trem y Glyn Residential Care Home Feasibility Study

That the paragraph containing the following:

The committee asked if the evaluation would be the same as previously undertaken where it was identified that the need for residential care was reducing.

Be replaced with:

The committee asked whether the evaluation would be using the same criteria as was used when the previous evaluation was undertaken which concluded that the need for residential care was reducing. It was explained that the strategy had changed from a focus solely on direct payments to developing additional options for residential care.

3. **PRE-DECISION SCRUTINY**

The committee chose to scrutinise the following cabinet board items:

Western Bay Carers Annual Report

The committee received an update on the progress of the implementation of the Western Bay Carers Partnership Board Action Plan for 2018-19, as detailed in the circulated report.

Members were pleased that the Annual Report contained case studies which were very informative. In addition, Members were pleased that information had been produced in community languages but felt that consideration should be given to providing plain English and easy read versions.

The following queries were raised by Members:

- Has there been any increase in the numbers of carers' identifying themselves as carers?
Social Workers continue to try to identify carers as part of their day to day work and additional awareness raising campaigns have taken place within Adult Services. Children's Services developed a training programme with schools to try to identify and support young carers. 1,600 young people took part in the 1 hour session and 200 young carers came forward asking for support. In addition, 2 young carers are members of the Youth Council and are very proactive in bringing issues forward.

- Were there any plans to engage with the Youth Clubs?
Transport was a major issue for young carers to access Youth Clubs. Also, when asked young carers enjoy being with other carers so they can share their experiences. These meetings take place on a weekly basis and transport is provided to facilitate this. Links were also made with other agencies to ensure that young carers received all the support needed.
- Why could the carers' assessment not be undertaken at the same time as the service users' assessment? This had been identified by some carers as a preferred option.
Officers explained that feedback received gave a different view and that the Carers' Service undertook these on behalf of the Council. If any carer preferred to have both assessments at the same time that would be arranged.
- Why was the funding for the Western Bay Carers Partnership Action Plan not equally shared between partners.
Officers explained that the criteria for splitting the funding had been agreed historically when it had been established. With the new West Glamorgan Carers Partnership between Neath Port Talbot and Swansea the funding would be split between the two authorities.

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

Western Bay Safeguarding Boards Annual Report 2018/19

Information was received in relation to the Western Bay Safeguarding Boards Annual Report 2018/19 as detailed in the circulated report.

Members were pleased with the establishment of the Junior Safeguarding Board in Neath Port Talbot. Similar arrangements were being made in Swansea.

An explanation was received that the number of care settings across the region would be available in the next West Glamorgan Safeguarding Annual Report.

Members were concerned that only now a protocol for Children's Care Homes and their duties in relation to missing children was being developed. An explanation was given that this was a new protocol and was being developed with South Wales Police as a result of the

increasing number of private residential care homes for children opening in the county borough. No regulations exist to limit the numbers of these homes which were predominately being used for children from other authorities. Pressures had been identified by the Police at the number of call outs being received from these homes when a child in their care goes missing even though the majority of cases the homes know where the child has been staying. Work was ongoing looking at the definition of a child that goes missing to assist the Police. Confirmation was received that South Wales Police was responsible for the Police costs incurred when searching for a missing child.

In answer to Members queries, confirmation was received that the Council had monitoring arrangements in place for children being looked after who go missing. Barnardos interview all children after an episode to try to find out the cause for that child going missing. Only the Police have data on all the children reported as missing. Out of County children placed in private residential care homes were still the responsibility of the placing authority.

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

Assisted Transport Policy

The committee received information on the outcome of the public consultation on the Adult Services Assisted Transport Policy as detailed in the circulated report.

Members asked for legal clarification on the mobility elements of both Personal Independence Payments (PIP) and Disability Living Allowance (DLA). It was explained that the regulations require the Council to disregard the mobility elements of both PIP and DLA when calculating a person's obligations to contribute towards the cost of their care and support. They have no applications when considering what practical transport/mobility resources a person may already have or be able to access when assessing whether there may be a need to provide transport to a day service.

Members were reassured that service users would not be expected to find their own transport if the carer was unable to take them to day centres due to personal commitments. Transport would still be provided.

In response to Members queries it was explained that there would be no impact on valley communities. The assessment was based on an individuals need. If the outcome of the assessment was that the service user could use public transport but there was no public transport, the council would ensure that transport was provided to enable the service user to access day services.

Discussion took place on whether there would be an impact on the workforce who provided the transport. It was explained that Officers did not feel there would be an impact as service users would continue to need to be provided with transport.

Member's asked whether there was any opportunity for other agencies to access the Council's transport services during any down time. Officers would raise with the relevant department.

The committee was concerned at the lack of response to the consultation by service users, despite there being 1,800 users of the service. Officers clarified that every service user received a letter, a number of awareness raising events were arranged and social media was used to promote the consultation.

Further discussion took place on the preparation with service users to enable them to travel independently and to know what to do in the event of something happening out of the usual routine. This included discussion with the relevant bus drivers so that they were aware of possible issues. At Members request officers would investigate what training was provided by Neath Port Talbot County Borough Council Transport Directorate internally and whether there was any external training given. Additionally, carers would be eligible for a free bus pass to escort service users if they met the Welsh Government criteria.

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

Fairness of Service Provision Policy

Members received information on the outcome of the public consultation on the Adult Services Fairness of Service Provision Policy as detailed in the circulated report.

The committee was pleased with the changes to the Policy as proposed by a previous meeting of the Social Care, Health and

Wellbeing Scrutiny Committee. In addition, the Committee was happy to have an annual report but asked that if there were any identified issues a report would be brought back to Committee earlier than annually.

Members asked for clarity in regard to responses received during the consultation period on when service users were able to access Direct Payments. Officers explained that under the Act if a need was assessed the Council would have to offer Direct Payments.

In answer to Members queries, the Council did hold a list of all the approved contractors that services are commissioned from but this list would not be shared with service users to use with their Direct Payments. This could be seen as the Council interfering with the service users' choice. The Council does ensure that the monies are spent appropriately. If necessary the Council would put in the service and withdraw Direct Payments.

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

Review of Community Support Services – Local Area Co-ordinators

Members received information on the extension of the remit of Local Area Co-ordinators from their current geographical areas to cover the wider Local Authority.

An explanation was given on the differences between Local Area Co-ordinators and Connectors. Local Area Co-ordinators (LAC) provided early intervention and prevention support to vulnerable people, across all ages and demographics. Connectors looked for community services that were an alternative to services that are no longer available. In future, Connectors would work along-side the LAC to assist them in their role.

Confirmation was given that the current number of Local Area Co-ordinators had been increased to six as the service has been expanded across the county borough.

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

Neath Port Talbot Youth Justice and Early Intervention Annual Plan
2019 – 2020

The committee received the background and summary of the content of the Neath Port Talbot Youth Justice Plan 2019 – 2020 as detailed in Appendix 1 to the circulated report.

Members were pleased that premises had been identified for the Educational Centre.

Members asked for clarity on the support received from the Child, Adolescent, Mental Health Service (CAMHS). It was explained that there were monthly consultation meetings with CAMHS which enabled quicker access to services. Discussions were currently taking place with CAMHS to develop a specialist post within the service.

Also, in future CAMHS would be undertaking audits of past cases to learn from these. After completion a report of the outcomes of these audits would be brought to committee.

Members queried whether there was a link made in the data to neuro diverse conditions as there was nothing included in the data contained within the report. Officers explained that previously the data collected had been controlled by the Western Bay Youth Justice Board. The West Glamorgan Youth Justice Board would be collecting data on a local level and would include information in regard to education. In future, reports being considered by Committee would include local data.

It was highlighted that as a result of working closely with children's services and the Police at an earlier stage to prevent behaviour from escalating into criminal activity, the numbers of young people with escalating behaviour had dramatically reduced.

Also, with the introduction of regularly meetings with Court representatives and their presence on the Management Board, positive working relationships had developed.

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

4. **FORWARD WORK PROGRAMME 2019/20**

The committee noted that an All Member Seminar had been arranged for the 24 October 2019. Also, the Autism Report would be ready for consideration at the next meeting.

CHAIRPERSON



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Well-Being Scrutiny Committee

19th December 2019

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 – 2nd QUARTER (April 19 – September 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 2nd Quarter Period (April 2019 – September 2019). 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 2 Thematic Audit Report (July 19 – September 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

Mike Potts – Performance Manager (Adult Services)

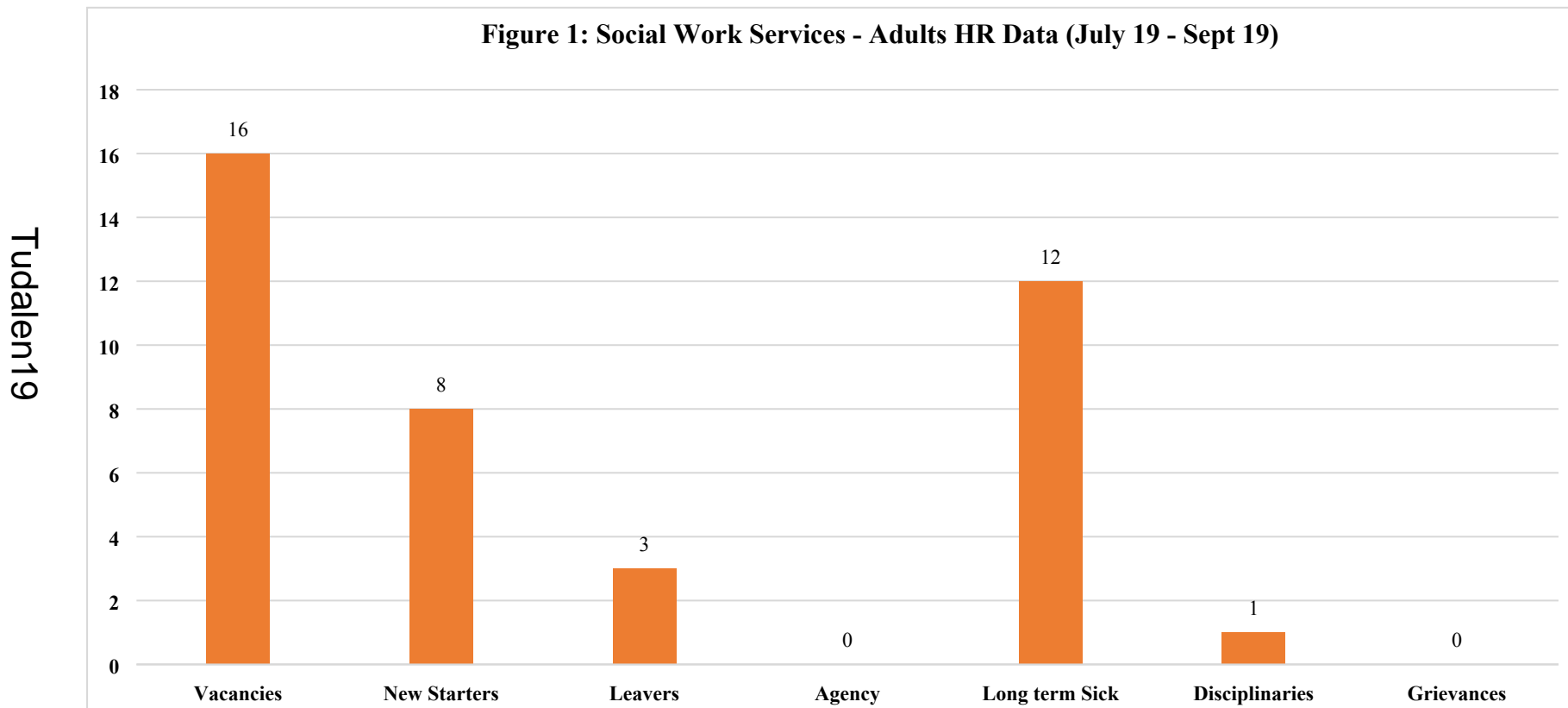
Telephone: 01639 685367

Email: m.potts@npt.gov.uk

Mae'r dudalen hon yn fwriadol wag

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

	Team Manager	Deputy Team Manager	Consultant Social Worker	Community Social Worker	Community Wellbeing Officer	Safeguarding Coordinator /Best Interest Assessor	Occupational Therapists / OT Assistant	Community Wellbeing Support Workers	Community Wellbeing Programmers/Analysts	Local Area Coordinators	Total
Vacancies	0	0	1	3	1	1	6	See comment below		0	12
New Starters	0	0	1	2	0	1	5			0	9
Leavers	0	0	0	0	0	0	0			0	0
Agency	0	0	0	0	0	0	0			0	0
Long term Sick	0	0	1	6	3	3	1			0	14
Disciplinaries	0	0	0	1	0	0	0			0	1
Grievances	0	0	0	0	0	0	0			0	0

Tudalen20

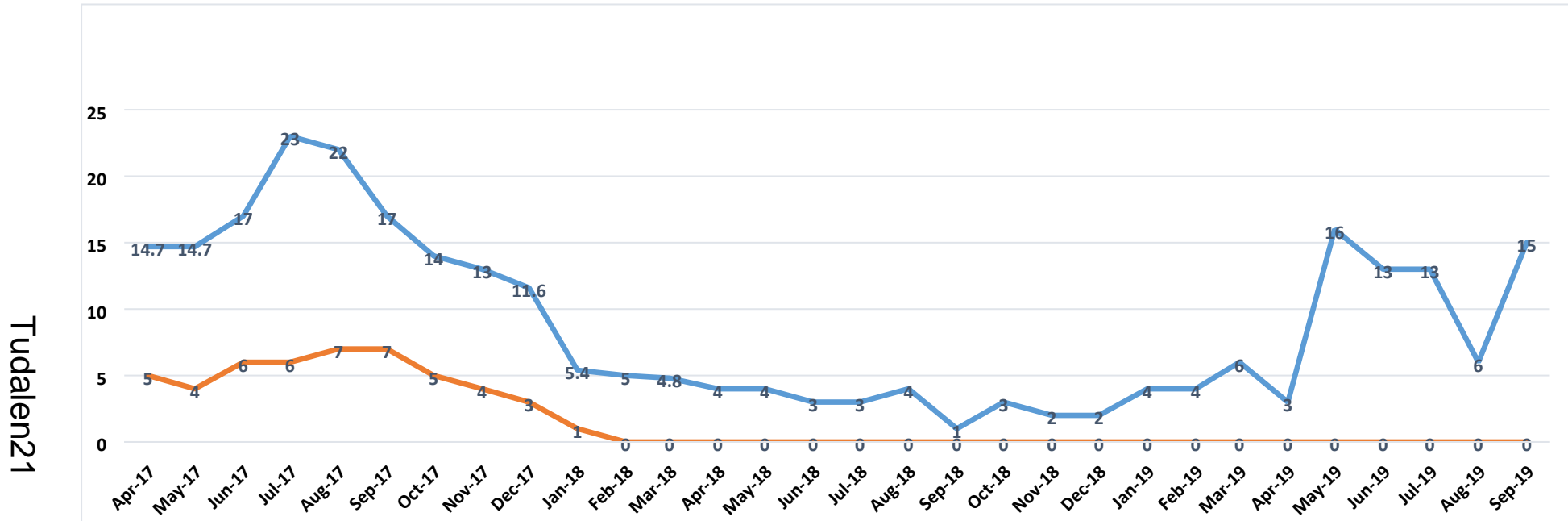
NB. The number of vacancies do not include those generated by the Homecare/ Reablement MoC (Community Wellbeing Team), as these are part of the Management of Change process and are potentially not vacancies that will be filled or recruited into.

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.**

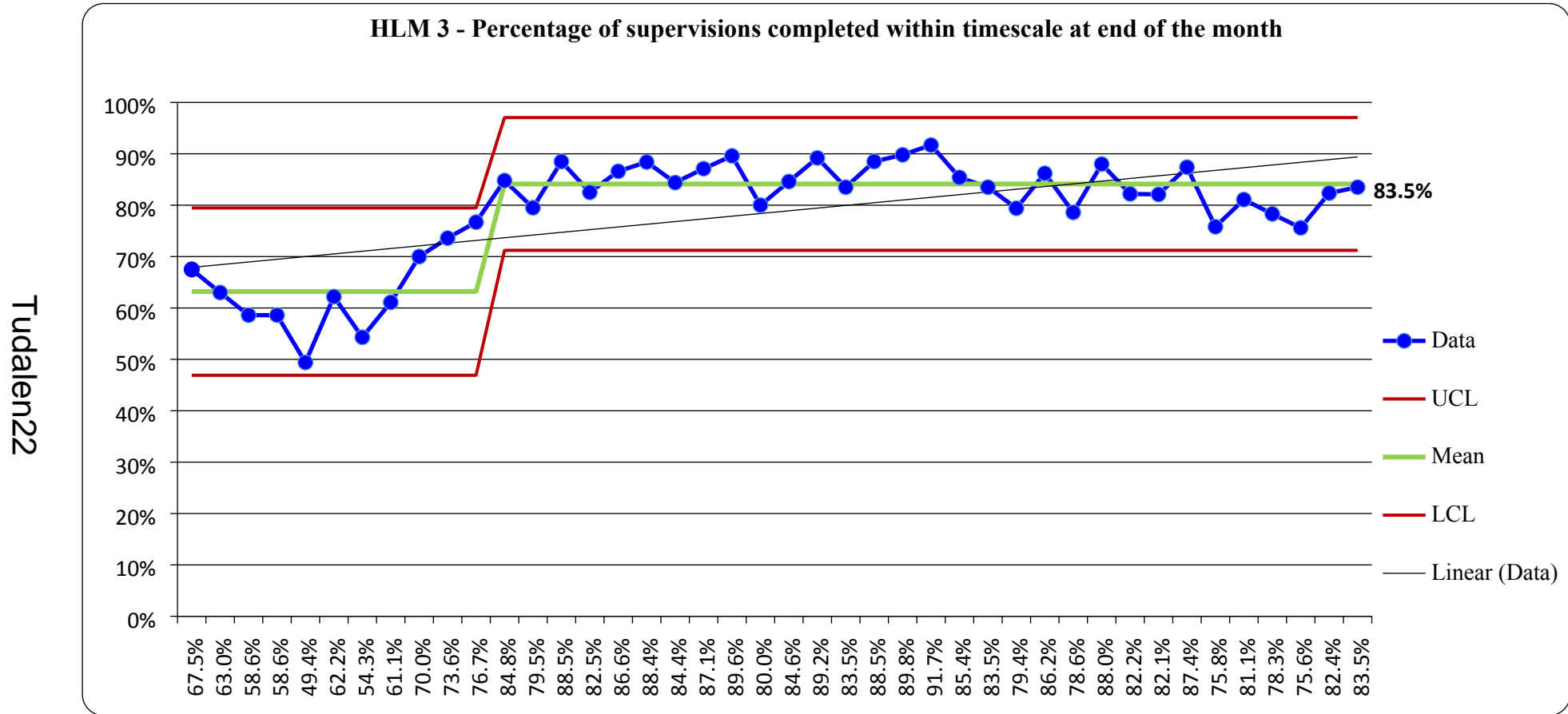
Figure 2: Summary of agency staff and vacancies across Adult Services (April 17 - Sept 19)



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

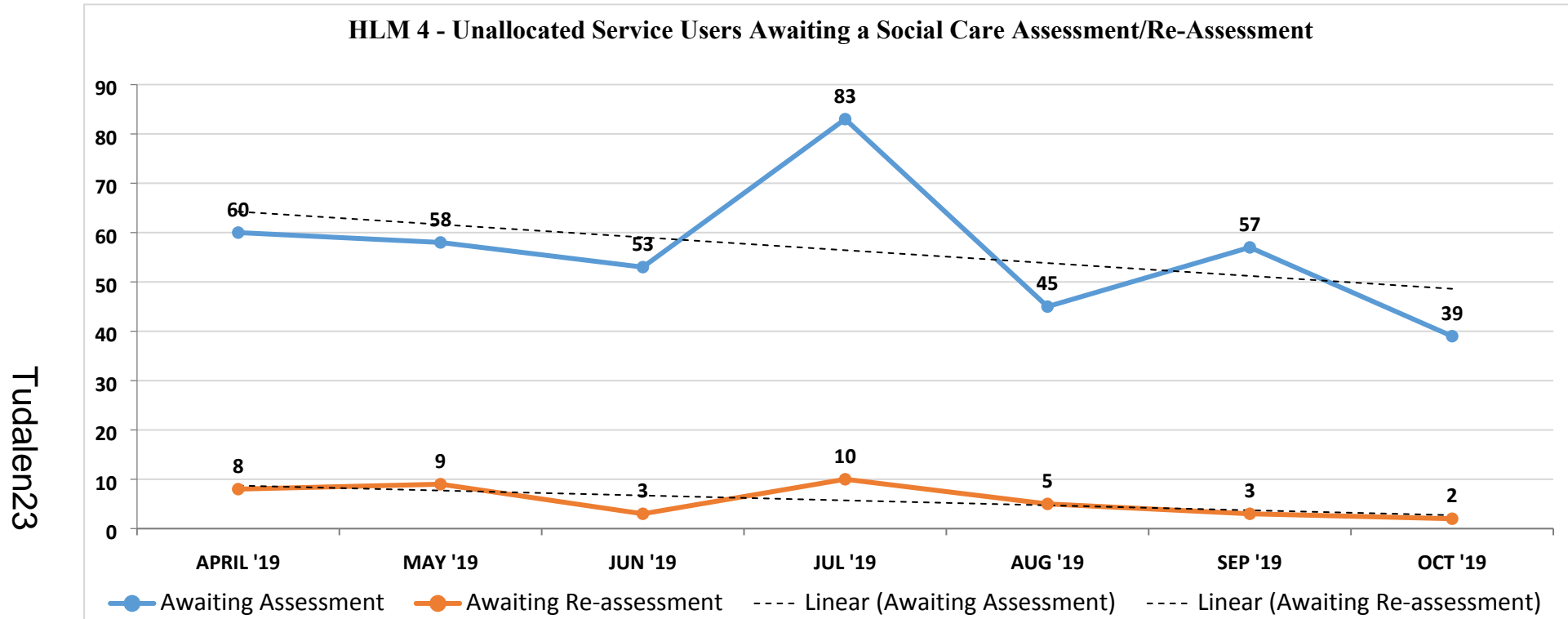
- **High Level Measure 3 (Adult Services) – Percentage of Supervisions Completed within Timescale**



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

Appendix A

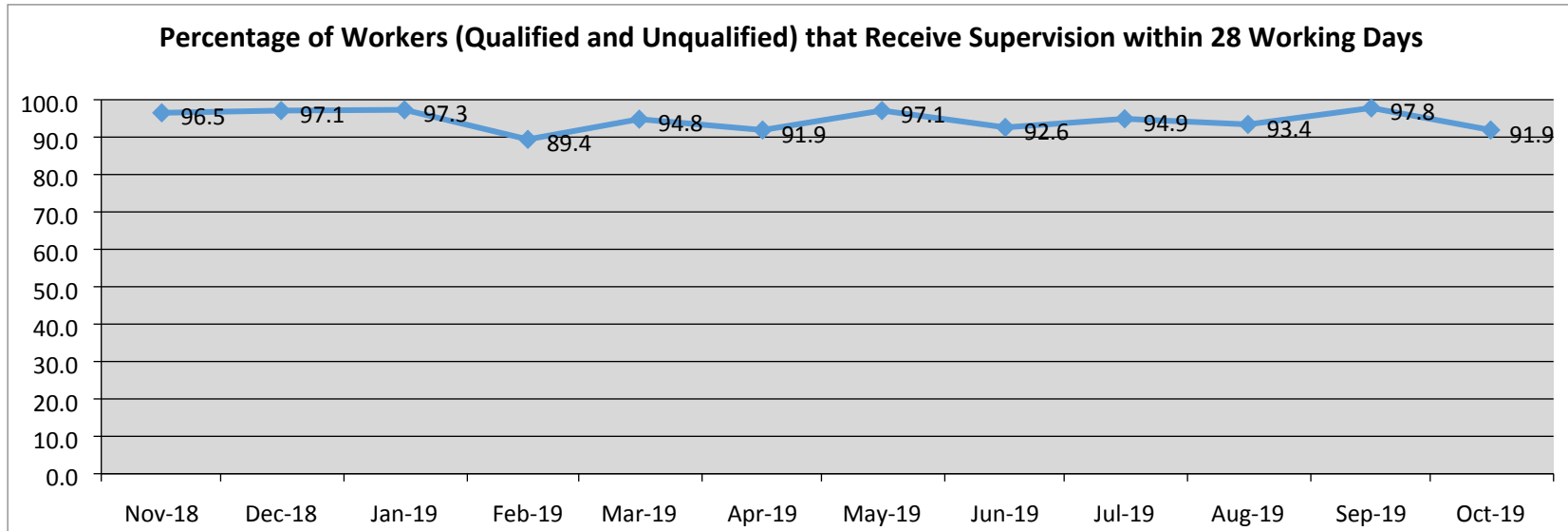
- **High Level Measure 4 (Adult Services) – Service Users Awaiting a Social Care Assessment/Re-Assessment**



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 31st July 2019 can be attributed to staff sickness which meant that cases had to be placed on the re-allocation list.

Appendix A

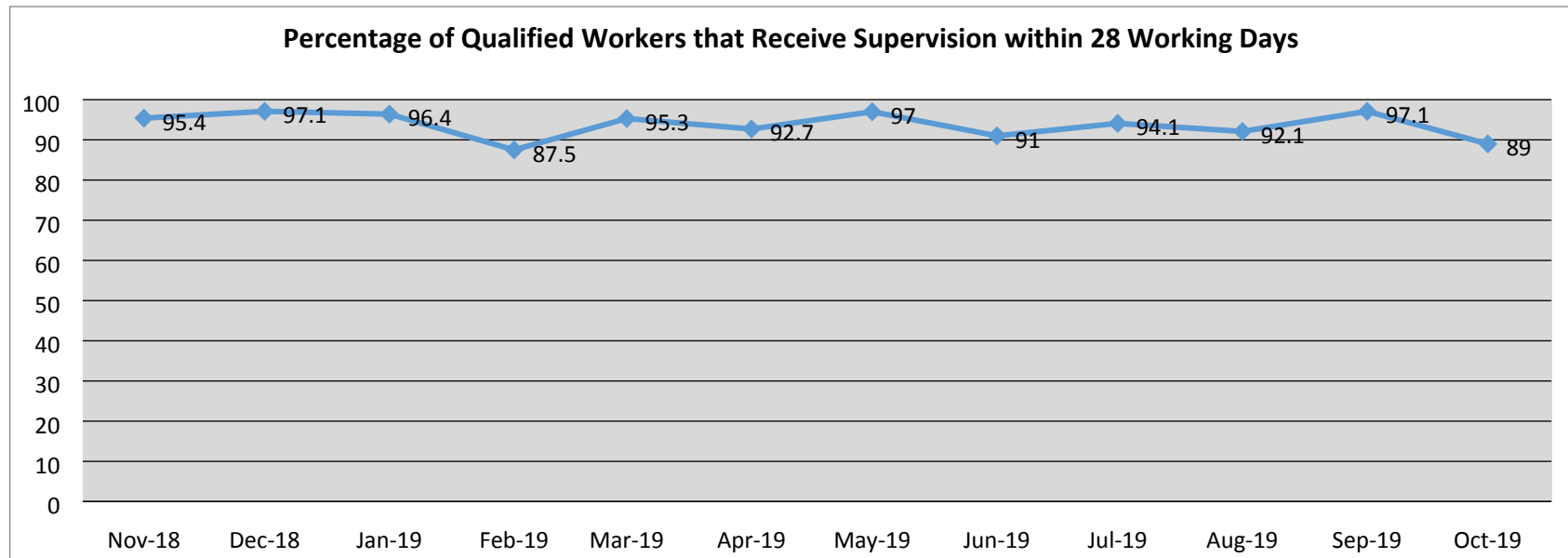
• **High Level Measure 5 (Children & Young People Services) – Staff Supervision Rates**



Tudalen24

	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of all workers that receive Supervision within 28 working days	96.5	97.1	97.3	93.6	94.8	91.9	97.1	92.6	94.9	93.4	97.8	91.9
Number of workers due Supervision	144	143	146	140	134	135	136	135	139	137	138	135
Of which, were undertaken in 28 working days	139	143	132	131	127	124	132	125	132	128	135	124

Appendix A

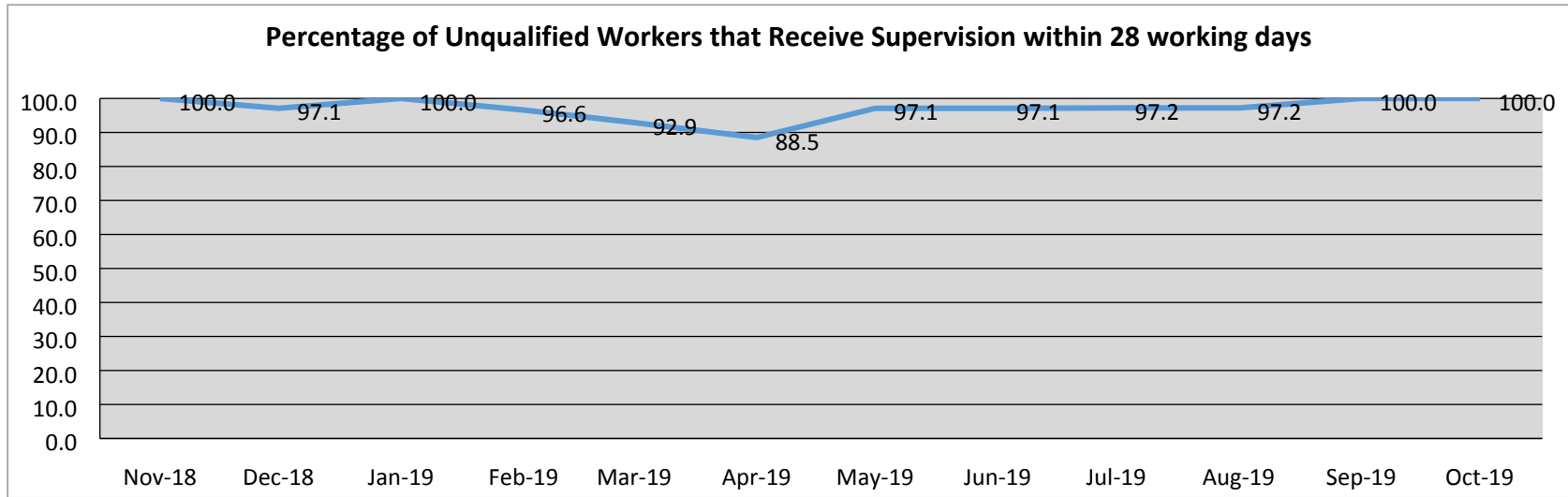


Tudalen25

	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Qualified Workers that receive Supervision within 28 working days	95.4	97.1	96.4	92.8	95.3	92.7	97.0	91	94.1	92.1	97.1	89
Number of workers due Supervision	109	105	110	111	106	109	101	100	103	101	103	100
Of which, were undertaken in 28 working days	104	102	106	103	101	101	98	91	97	93	100	89

Appendix A

Tudalen26



	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Unqualified Workers that receive Supervision within 28 working days	100	97.1	100	96.6	92.9	88.8	97.1	97.1	97.2	97.2	100	100
Number of workers due Supervision	34	35	36	29	28	26	35	35	36	36	35	35
Of which, were undertaken in 28 working days	34	34	36	28	26	23	34	34	35	35	35	35

Appendix A

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

As at 31 st October 2019	Caseload Information - Qualified Workers, including Deputy Team Managers				
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Average Caseload per Worker
Cwrt Sart	296.0	8.0	127.0	18	15.9
Disability Team	421.5	11.4	158.0	21	13.9
LAC Team	393.5	10.6	160.0	17	15.0
Llangatwg	444.0	12.0	111.0	15	9.3
Sandfields	370.0	10.0	66.0	13	6.6
Route 16	207.2	5.6	43.0	10	7.7
Dyffryn	314.5	8.5	85.0	14	10.0
Intake	407.0	11.0	105.0	17	9.5
Totals	2,916.70	78.8	855.00		
Average Caseload - CYPS				15.6	10.9

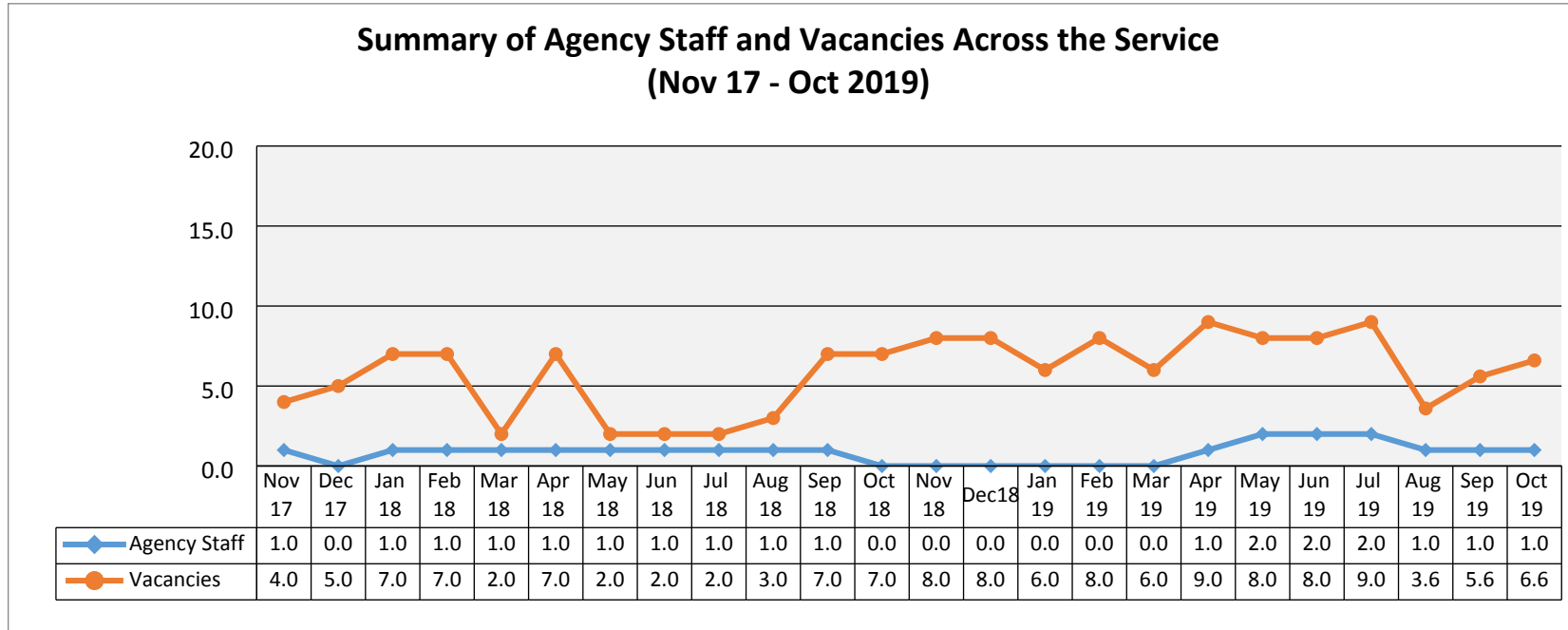
Tudalen27

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.

Summary of Agency Staff and Vacancies across the Service

Tudalen29



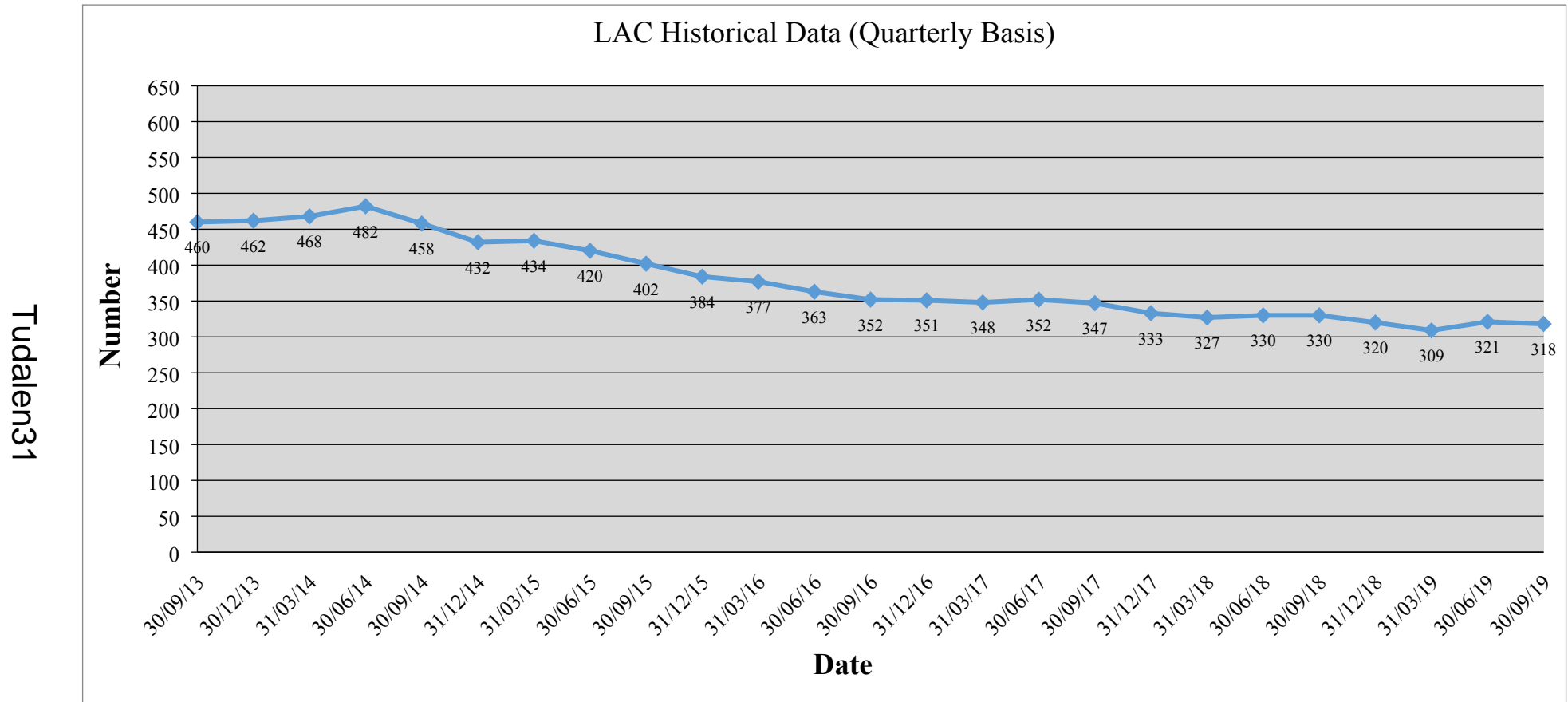
Appendix A

- **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 **2nd Quarter Period (July 19 Sep 19)** can be seen at **Appendix B** of the 2nd Quarter Performance Report to the Social Care, Health & Well-Being Cabinet Board

Appendix A

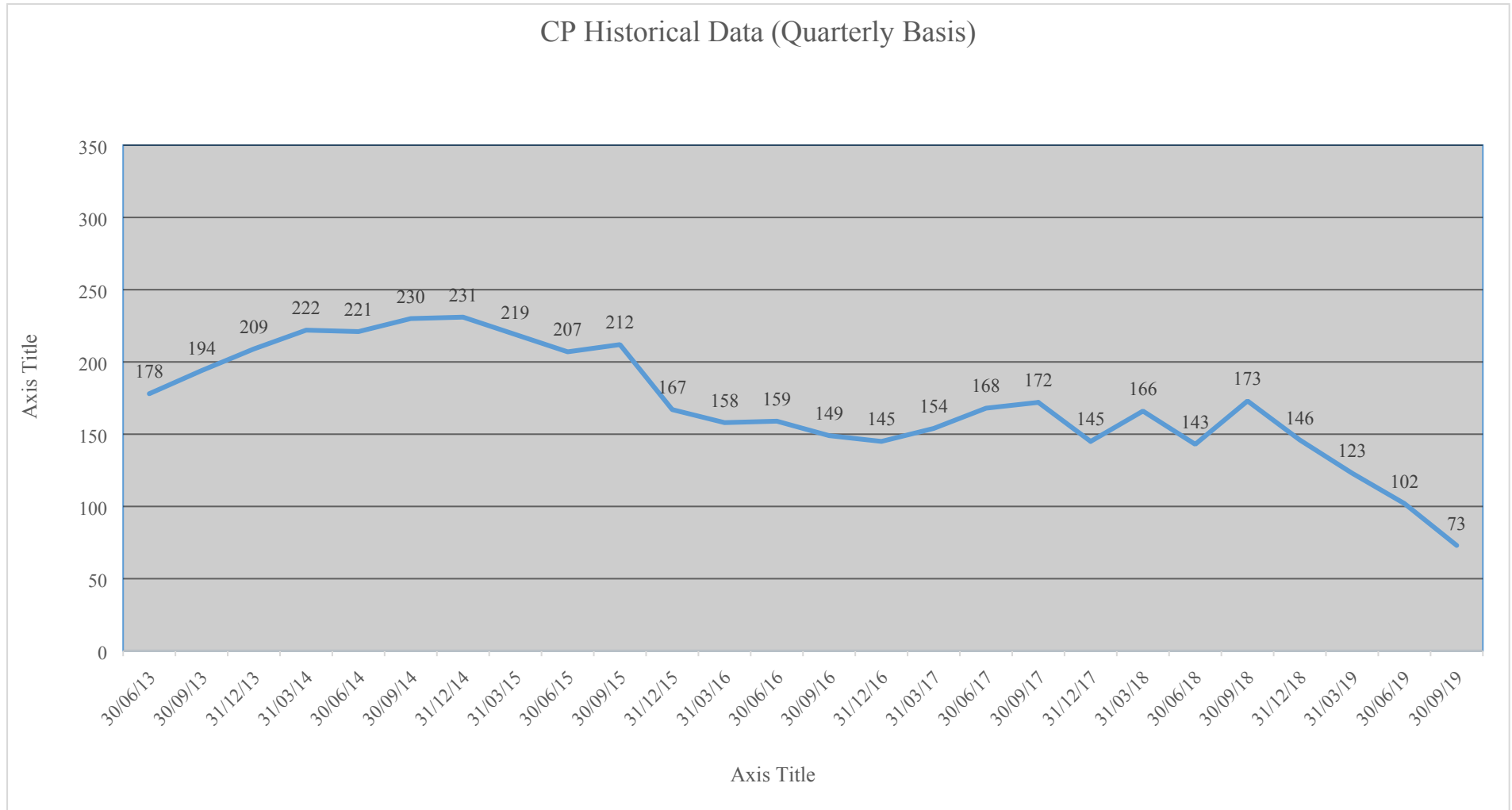
- **High Level Measure 9 (Children & Young People Services) – Number of Looked After Children, Children on the Child Protection Register and Children Receiving Care & Support**



Please Note: The number of Looked after Children as at 31/10/19 – **313**

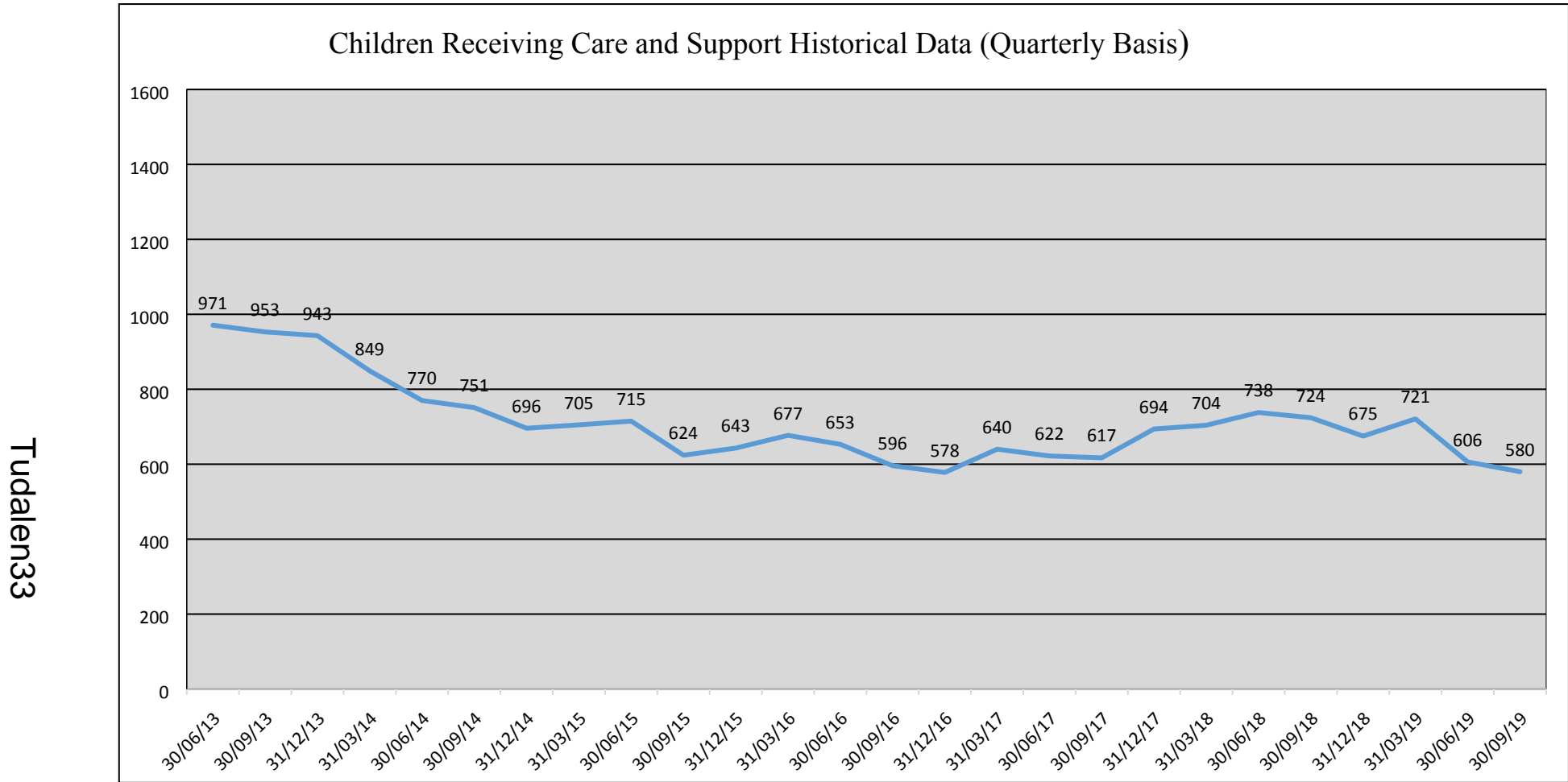
Appendix A

Tudalen32



Please Note: The number of children on the Child Protection Register as at 31/10/19 – 77

Appendix A



Please Note: The number of Children Receiving Care and Support as at 31.10.19 – **605**

Mae'r dudalen hon yn fwiadol wag

Appendix B - Quality Assurance Audits

Quarter 2 – Audit Overview Report

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 2 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:

Audit Theme	Cases Audited	Service
Supervision Audit		Hillside Secure Children’s Home
Finances Managed by the Provider Audit		Adult Services
Inspiring Families Audit		Children’s Services

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 Hillside Supervision Audit:

- In the Wellbeing Section and the Roles, Responsibilities and Professional Practice areas of the personal supervision section we have evidenced an increase of 10%, taking both up to 100% (13/13) of the cases audited these areas were completed with clear identified actions
- We have evidenced an increase in the Wellbeing Section of the supervision notes taking into account and fully exploring any physical, emotional and relationship difficulties or positive achievements up to 92% (+2%) (12/13) with auditors highlighting that the remaining 8% (1/13) some of the three supervision sessions looked at for each individual was detailed appropriately
- In all of the cases audited it was evident that the supervision notes were being stored securely
- We have evidenced an increase of 19% (9/13) from the previous audit whereby the supervisor has enabled the supervisee to reflect on their own practice (previously 50%)
- We have evidenced that in 85% (11/13) of the cases audited the supervisor reflected on the supervisee’s practice
- In 92% (12/13) of the cases audited the supervisor discussed the supervisee’s relationships within their own team and/or the wider staff, this is an increase of 12% since the previous audit
- In 85% (11/13) of the cases audited it was evident that the supervisee had attended training during the last three supervision sessions

- In 69% (9/13) of the cases audited the supervisions discussed or detailed the training that the supervisee had attended with a further 15% (2/13) of the supervisions evidencing some details/discussion around training

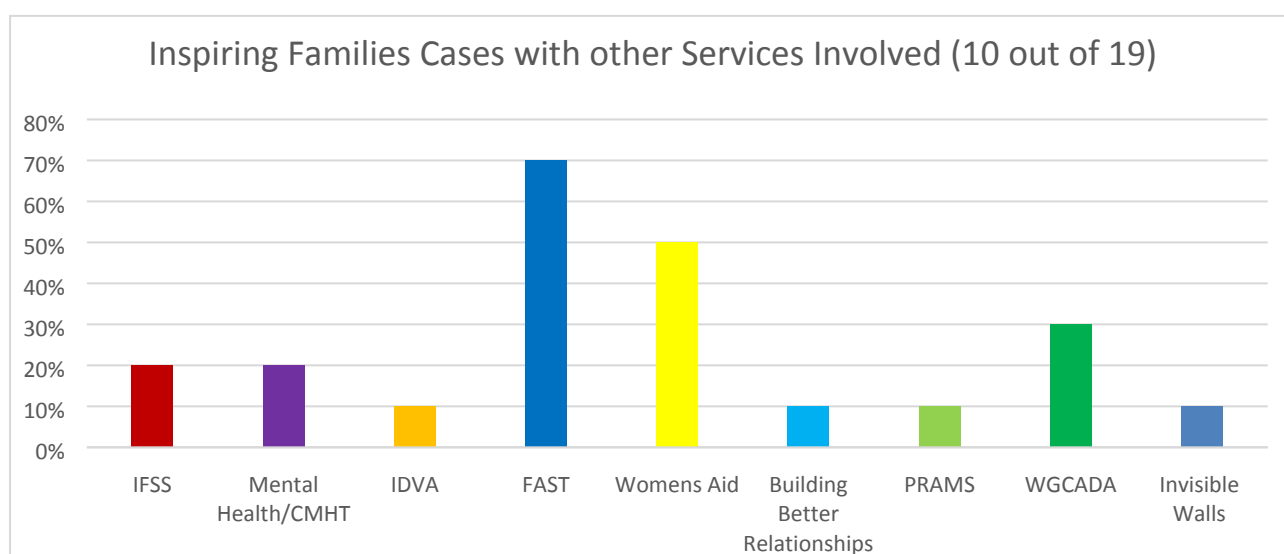
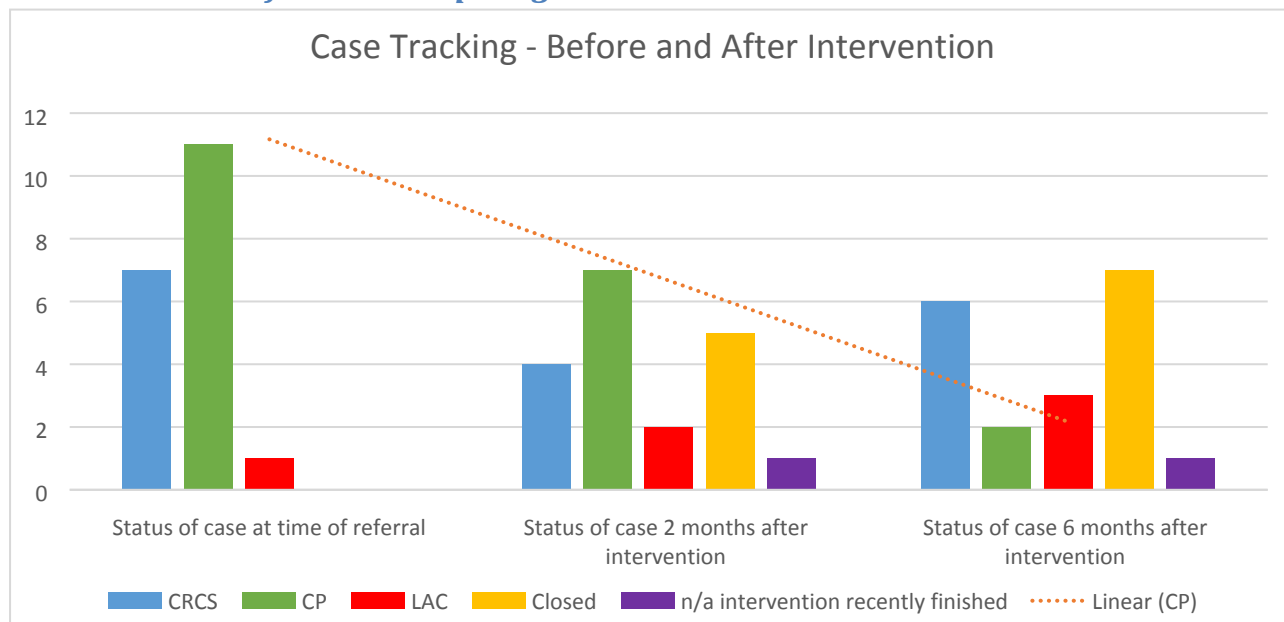
In the Finances Managed by the Provider Audit:

- In 23 out of the 24 cases audited a review or assessment had taken place within the last 12 months.
- In two thirds (14/21) of the cases audited there was evidence of extra expenditure requests in the recordings or recorded on idocs

In the Inspiring Families Audit:

- It was evident in 79% (15/19) of the cases audited that there was a multi-agency response to the domestic violence concerns
- 11 cases were child protection at the point of referral to Inspiring Families, this reduced to 7 following 2 months of the intervention being completed, then reduced further to 2 cases remaining on the child protection register following 6 months of the intervention being completed
- Two thirds (12/19) of the cases audited either have now closed completely or have been stepped down to TAF, however we do need to ensure that these cases that are closed or stepped down do have evidence of any safety plans in place for parents and partner agencies still involved to monitor
- In 74% (14/19) of the cases audited there has been a positive change in the family circumstances following Inspiring Families intervention
- In 93% of the cases audited Inspiring Families intervention clearly contributed to the positive changes in collaboration with other services. Inspiring Families was identified as the only service involved in 53% (8) and auditors felt that in 40% (6) this was a combination of Inspiring Families and other services collectively working with the family
- In 72% (13/19) of the cases audited the family were able to live together as a family following intervention and a further 6% needed other services to continue to enable them to do this
- In 89% (17/19) of the cases audited it was evident that domestic violence had reduced following Inspiring Families intervention
- In 78% (14/19) of the cases audited the work Inspiring Families carried out provided the social worker with further clarity on the safety of the victim/child

General Themes from the Inspiring Families Audit:



- Over half of the 19 cases referred to Inspiring Families had been opened to the department for over 18 months
- Of the 53% of cases where there were other factors why the case was open, all of these had substance/alcohol misuse as a factor
- Over half of the cases referred to inspiring families were already in the child protection arena
- 59% of the cases referred to Inspiring Families had a combination of services going in at the same time: Fast (70%/7), Women's Aid (50%/5), WGCADA (30%/3)
- Two thirds of the cases audited were either closed (61%) or had been stepped down to TAF (6%)

Further charts in relation to domestic violence across Neath Port Talbot can be found at Appendix 1

What will we improve over the three audits completed?

1. In the Hillside Supervision audits we will ensure that all appropriate managers have access to the stored staff files
2. We ensure that any agreed actions of previous supervisions are being recorded and reviewed at subsequent supervisions
3. We ensure that the Training and Development Section of the supervision template is completed with identified actions

4. Supervision sessions will detail for those workers with a key child in Hillside more detail on the discussion held, we will also ensure that it details any guidance regarding presenting issues that the key worker has to deal with.
5. Although we have seen a substantial increase in the training being attended and evidenced in the supervision sessions we will ensure that supervisees explore with the worker how they will related the training into practice.
6. We will ensure that all supervisions discuss any planned leave or absences with the supervisee.
7. We will ensure that all supervision sessions discuss the supervisees role in relation to the completing of paperwork and their role in relation to quality assurance in Hillside.
8. All supervision records must be signed by both the supervisee and the supervisor.
9. Where finances are managed by another person on behalf of the individual open to Adult Services we will ensure that full details on who and how long they have been managing their money in this way is evident on the case files.
10. In any reviews or assessments the financial arrangements must be reviewed when an individual's money is being managed by a provider this will ensure that we are monitoring appropriately and must link in with the Commissioning Service to ensure that any information they hold on reviews they undertake are included within the individual's assessment/review.
11. In many of the cases audited where finances were managed by a provider the information on the case file was too limited to ascertain if any issues have been identified in relation to managing finances, however the Commissioning Team would have contacted the case manager if they had uncovered any evidence of financial mismanagement.
12. Where a best interest decision/mental capacity assessment had deemed an individual as unable to manage their own finances we will evidence a review of this decision every 12 months.
13. Provider records of any finances scanned will be scanned to the case file.
14. In Children's Services we will promote the use of chronologies within the service to ensure that all cases have a working chronology throughout the time the case is open to the department. Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm.
15. We will ensure that referrals to Inspiring Families are recorded on the case file as it was not always clear when this was completed.
16. The child/young person's plan will reflect how the domestic violence issues would be tackled by Inspiring Families intervention and following the intervention the plan must fully reflect the findings of the intervention.
17. Inspiring Families reports do not contain dates of intervention or report completion dates therefore we will ask the Inspiring Families service to include these on their paperwork.
18. DASH Assessments (Domestic Abuse, Stalking and Honour-Based Violence Risk Assessment) will be completed routinely on case where this is evident.

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 learnt?

In this quarter we have reviewed progress made in Hillside in relation to the quality, frequency and compliance with the supervision policy. This repeat audit has given us the opportunity to assess our progress or lack of progress in areas along with identifying what is working well and any other areas that require improvement. Following the previous audit we revised the audit tool in line with the recommendations of the report and the previous report was shared with all staff. Hillside need to procure appropriate storage for supervision files as access to the staff files was sometimes difficult as not all key holders were available on the day of the audit. We have seen several areas of improvement since the previous audit which is positive and have identified a few areas where performance dipped in comparison to the previous audit however many of these were compounded by the inability to access the full staff file. All completed audit tools will be shared with the respective House Manager/Manager who in turn will share with the appropriate member of staff for their professional development. The revised audit tool should be used in between audits for supervisors to use to check their quality of supervisions and compliance with the policy.

Prior to the Finances Managed by a Provider Audit we had an understanding that the case file would be limited in the information we were seeking therefore this audit was to establish what information we were recording so that we could introduce new working practices as a result of the audit. As anticipated this audit has demonstrated that there is often limited information contained within the individual's case file in relation to their finances when these are managed by another individual such as a provider. It is clear that the commissioning team do annually review an individual's finances whereby they are managed by the provider. They undertake this monitoring by checking what/where monies have been spent and verifying the balance sheet is correct with the case manager being notified if there were any discrepancies found along with a referral to safeguarding. The commissioning team compile a report on the reviews they undertake on a service including those where they review the finances of an individual, however this information is documented within an overarching report that sits outside of the IT system and the relevant parts relating to an individual are not included within an individual's case file. Despite this financial reviewing being undertaken in the majority of the cases audited, there is limited reference on the case file itself to evidence or reference this when a care plan is reviewed or there is a re-assessment. The service has considered that finances need to be reviewed by the case manager in more detail in relation to these cases and therefore work is being undertaken with Finance/Court Deputies section to create a proforma for workers to use when assessing or reviewing cases.

The Inspiring Families audit found a correlation between families undertaking and completing the inspiring families intervention and a reduction in domestic abuse. Some practitioners attending the audit commented that the intervention appeared to be a 'magic bullet'. However, this would be too simplistic an explanation for the reduction in domestic abuse, rather what the audit identified is a combination of multiple factors coming together at the right time in the lives of those individuals where domestic violence and abuse is an issue. The interplay of these factors is complex and not fully understood at the time of audit and further analysis of the data is required to identify, if at all possible any other correlations to enhance understanding and learning in this area. This audit has indicated that the Inspiring Families intervention is definitely having a positive impact on the cases that are referred through and complete the programme, however we do also need to be mindful that the individuals that complete the course are those families who are accepting of the need to change or

are willing to work with services to look at changing their behaviours so that they can stay together as a family.

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.

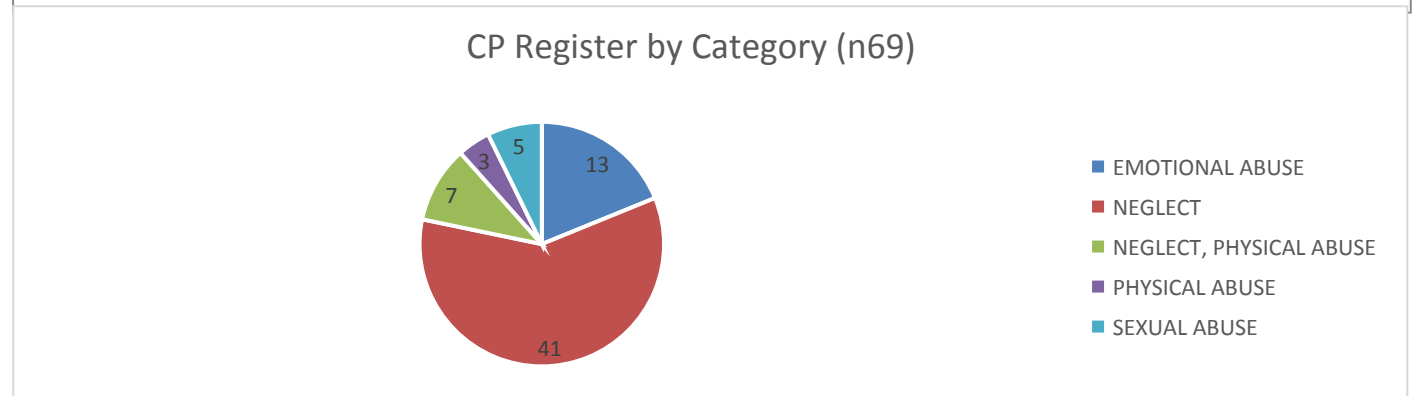
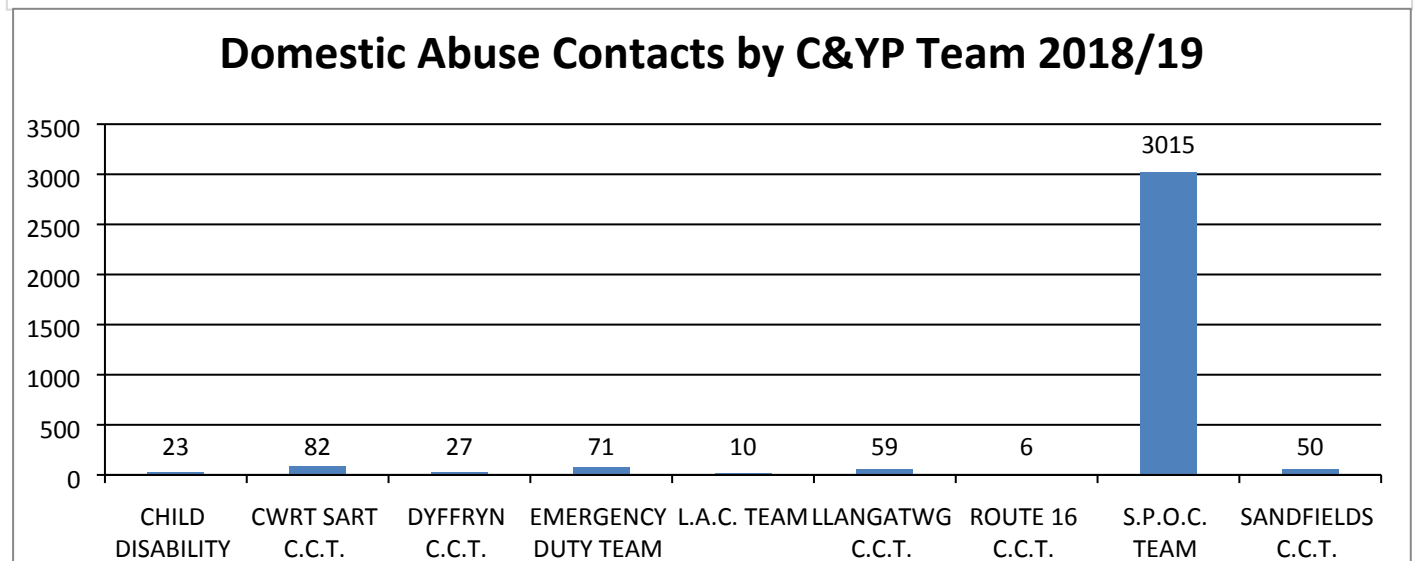
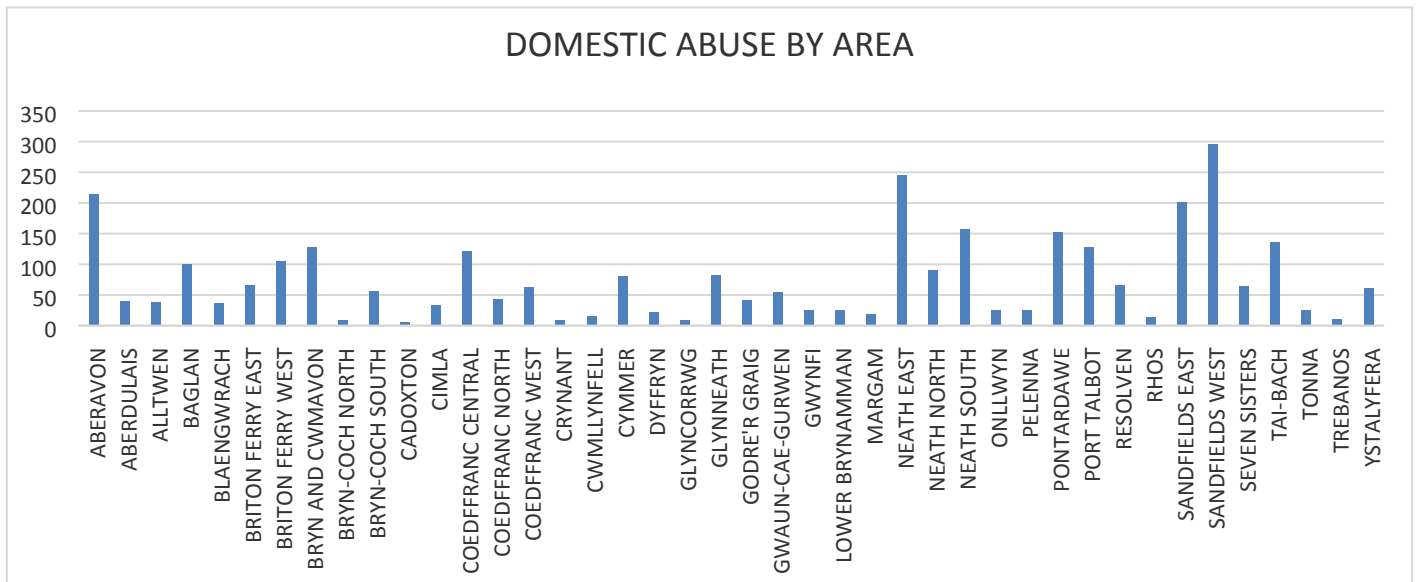
Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we 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 Assurance

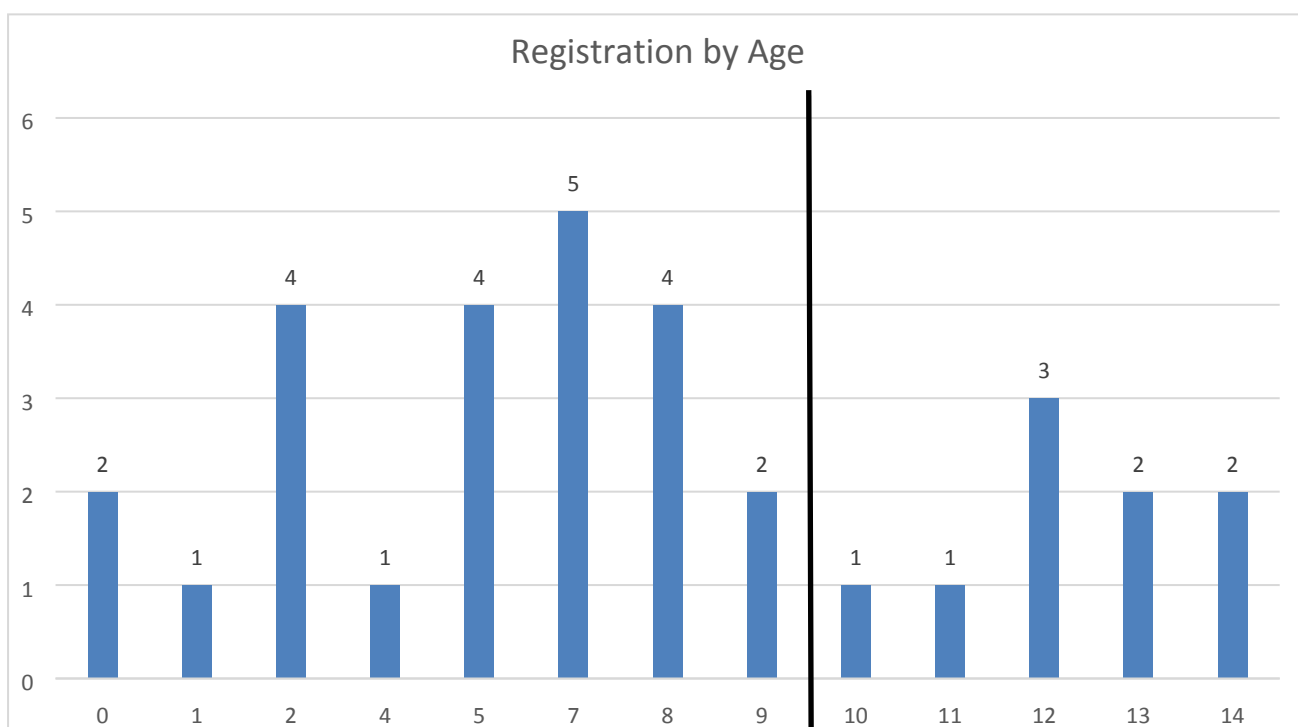
Appendix 1 – Domestic Violence Charts

Neath Port Talbot Statistics on Domestic Violence



CP CATEGORY, then specific reasons	Number of cases
EMOTIONAL ABUSE	10
Acrimonious relationship between parents. Dad has Child Arrangement Order and refusing mother to have contact, emotional impact on child	1
Concerns around witnessing domestic violence incident .	2
Domestic Violence	5
Domestic violence between parents and mother's mental health	1

Domestic Violence , exposure to frightening adult behaviours	1
NEGLECT	19
Concerns regarding domestic violence incidents in mother's relationships, as well as concerns regarding her friendship group	2
Concerns regarding domestic violence , parental physical and mental health	7
Domestic Violence	3
Domestic Violence , substance misuse and financial instability	6
Mothers issue with MH and historic DV . 2 children previously removed from mothers care	1
NEGLECT, PHYSICAL ABUSE	3
Long standing concerns around domestic violence between the parents and alcohol use in particular in respect of the father	2
Significant concerns regarding both parents (DV).	1
Grand Total	32



- * Of the 206 Children and Young People (C&YP) admitted to care in the last 2 years – 111 have an assessment stating current or historical domestic abuse (54%).
- * Of the 14 C&YP currently residing at Hillside Secure Children’s Home, DVA is a factor in the care and trauma history profile of all.
- * In a review of Serious Case Reviews undertaken between 2009 and 2016 (n91), ‘Domestic abuse was the most common risk factor in SCR cases, present at varied risk levels in 71% of the SCRs’ (Green and Halliday, 2017) https://www.cafcass.gov.uk/wp-content/uploads/2017/12/cafcass_learning_from_scr_submissions_-_2017_-_external_version.pdf.

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

Date of Meeting	Agenda Item	Officer
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- POSTPONED TO 19th December	Quarterly Performance- Priority Indicators- Quarter 2	Angela Thomas
	Autism Position Report: -Council Policy on Autism -Welsh Guidelines on Autism	Andrew Jarrett

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Eitem yr Agenda5

	-NPT data	
23 rd January 2020	SPECIAL BUDGET SCRUTINY	ALL
30 January 2020	Direct Payments Position Report <ul style="list-style-type: none"> • Process of application • Monitoring of process and data • Performance Monitoring • Lessons learnt and case studies 	Andrew Jarrett
12 March 2020	Rota Visits – Care Home Update	Gemma Hargest
	Quarterly Performance- Priority Indicators- Quarter 3.	Angela Thomas
30 th April		

4 th June		

To be built in:

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
- Valleys Action Plan
- Budget

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