

**Neath Port Talbot CBC
The Director of Social Services
Annual Report
2013-2014**

ANNUAL REPORT 2013/14

Introduction

This is my annual report as Director of Social Services, which covers the financial year 2013/14.

This framework replaced the previous five yearly Joint Reviews of social services and the annual performance appraisal undertaken by the Care and Social Services Inspectorate Wales (CSSIW).

The report is intended to reflect on progress in delivering our priorities for 2012-13 set out in last year's annual report, our performance for that year, and maps out the key areas for development and improvement in 2013-14.

This report will enable the CSSIW to set out its inspection and review plans for the Council, and they will test out whether our assessment of progress and development is consistent with the range of evidence gathered and presented to them as well as their direct experience of performance through themed and regular inspections.

The format of the report is a matter for each Director and Council, but it must report on performance and risk and set out plans for improvement in relation to:

- Getting help
- Services Provided
- The effect on people's lives
- Shaping services
- Delivering social services
- Providing direction

The ACRF process and annual report provides us with an opportunity to reflect on what we are doing to make a difference to the lives of the most vulnerable citizens of Neath Port Talbot, and to clarify and explain the context in which we are working and how we will improve and modernise services where needed.

Social Services in NPT are variously in a period of transition. At a UK level the government's austerity measures particularly those associated with its welfare reforms will increasingly have a detrimental and disproportionate impact on the most vulnerable of our citizens. The Welsh Government through its proposed social care legislation and sustainable social services strategic change programme quite rightly wants to see a greater focus on enhancing the

wellbeing of citizens and developing a broader range of early intervention and preventative services.

We need to respond in the following ways:

- Maintain our value base of promoting social justice, protecting vulnerable people, empowering communities and citizens, and enabling individual's to maintain their dignity and self-worth
- Recognise that our staff and those of our partners are our most vital asset
- Develop service models that promote and maximise independence
- Build on our strong relationships with our local and regional partners to deliver our common goals
- Be clear and consistent in what we will do to maintain good quality safe services
- Understand clearly and be inquisitive about experience from further afield about What Good Looks Like.

Through our very strong political and corporate leadership and the undoubted commitment and resourcefulness of our staff, we are in a position to meet all of the current and in some cases difficult challenges facing us.

.....

Nick Jarman
Director of Social Services,
Health and Housing

Local Context

Neath Port Talbot County Borough covers an area which is largely urban with two main population centres of Port Talbot and Neath, and with significant rural communities in the valley areas. We have a population of over 137,000.

In 2009 97.6% of the County Borough's population were from a white background, compared to an average across Wales of 96.4%.

We have an above average overall level of deprivation. 31% of our local areas are amongst the top 20% deprived areas of Wales, with 33% of our people reporting they have a limiting long term illness compared to 27% across Wales. In addition, we have more people claiming severe disability allowance than the average across all other Welsh authorities.

In terms of demand for services, we have a higher rate of adult social care service users per 1,000 population than our comparable authorities. As a consequence we prioritise 24% more spending on social care provision than the level set by the Welsh government compared to 16% on average amongst the comparable authorities.

The rate of child care service users is 54 per 1000 population aged 0-17, higher than the Wales rate of 41 and the comparable authorities' rate of 45. The number of looked after children continues to be significantly higher than the Welsh average and that of our comparable authorities. Between 2001-02 and 2010-11 our spend on children services increased by 150%, and over the same period the comparable authorities' increase was 120%, reflecting the demand placed on budgets through the increase in the looked after children population.

We have a higher rate of adult service users between 18-64 at 16.8 per 1000 aged 18-64 than the Wales' rate of 15.4 and the comparable authorities' rate of 15.3. The total spent in this area, however, was below that across the comparable authorities.

61% of our service users are aged 65 and over, compared to 56% across the comparable authorities and 60% across Wales.

National Context

In common with all other Councils, NPT is delivering and commissioning social care against the backdrop of:-

- (i) The new Social Care and Wellbeing Act. Our planning and delivery are being shaped up by the requirements of the Act.
- (ii) The ongoing effects of Economic Austerity. In reality this means the continued reduction in available finance and the need to deliver more, more efficiently for less.

In the latter context, as a service we have been actively inquisitive about how other Councils in Wales and further afield have dealt with these challenges innovatively and successfully.

Overview

Our driving aim is to deliver services which are modern, efficient and responsive.

As the report shows, there is good evidence that we delivered well and improved on these aims during 2013/14.

There were and are ambitious programmes of Transformation during 2013/14. In the case of Adults & Community services – TASC (Transforming Adult Social Care) and in the case of Children’s Social Care the Programme of Improvement. Both the narrative of the report and the accompanying data provide significant evidence of achievement of goals, progress and improvement.

Politically, Social Care, in particular Children’s Social Care received tremendous support from the Leader, the Cabinet, Elected Members and Corporately.

There are extensive examples of this:-

- Democratic support and involvement by the Cabinet, Council and Scrutiny Committees
- Excellent co-working with HR Services, leading to a hugely improved staffing and staff performance profile
- Rigorous, efficient Financial support
- The Corporate Parenting Panel
- The fact that Safeguarding is high on the corporate agenda
- And much more besides.

2013/14 saw a significant fall off in the historically high level of complaints, especially in Children’s Social Care. A number of ‘legacy’ complaints were all cleared out of the system. This is a concomitant of improved leadership, efficiency and quality of practice.

In conformity with and anticipation of the new Act, the Service played an active and imaginative part in the various projects of the Western Bay Collaboration.

Two new specific developments occurred during the year:-

- NPT became Host Authority to the Western Bay Children's and Adults Safeguarding Boards (The Director is Chairman of the Children's Safeguarding Board.)
- Work began in October to develop a Collaborative Adoption Service, which is due to launch in September 2014 (NPT is Project Sponsor.)

The Council reviewed and refreshed its Corporate Safeguarding arrangements mid-year, which included:-

- A major review and upgrading of Safer Recruitment
- A report to Full Council which explained fully the Council's corporate safeguarding duties in addition to and distinct from specific duties.
- The development of a revised, modern Protocol on roles, responsibilities and accountabilities across directorates.
- A series of Audits to test specific Safeguarding themes, followed by process modification, where required.
- Formation of a Corporate Safeguarding Group (Chaired by the Chief Executive) and an Operational Group.

The Social Partnership which the Council has with Trade Union colleagues enabled transition and transformation to take place smoothly and amicably. Shared realism about the inevitability of change and improvement, together with commitment to our service users and workforce have been vitally indispensable.

All of our service delivery and commissioning are characterised by Early Intervention & Prevention (EiP) and Building Resilience & Supporting Independence. This is evident for instance from:

- (a) The huge strides made in Adults Social Care to prioritise reablement and independent living.

- (b) Our Think Family Partnership, which is a Multi-Agency, shared approach to prevent family breakdown and escalation to dependency upon intensive, costly services. The Think Family Partnership jointly prevents escalation and promotes Social Cohesion.

Evidence from monthly Audits consistently demonstrates good or improving quality of practice and outcomes; and hence value for money.

Despite challenging times and owing to efficient management of Social Care, for the first time since the Council's establishment, the Social Services budget finished the year with an underspend of c.£800k.

Welsh Language

Where service users are identified as requiring services through the medium of Welsh, the Council and more specifically the Directorate, will endeavour to meet this need. In relation to the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care, "*More Than Just Words*", the Directorate has formulated an action plan which will support the underlying principles of the framework and strengthen services provided.

Community Care Services

Overview

This year has seen an acceleration of pace, and delivery of, a number of significant service changes as part of the transformation of adult social care in Neath Port Talbot. Despite continued resource pressures, community care has delivered improved performance, delivered significant savings and made considerable progress modernising traditional models of care and support. There is full integration of intermediate care services in the Community Resource Team and integrated management of long term health and social care for older people within the Community Networks. Performance has improved, in terms of both the timeliness of assessments and 'flow' of people to the right service outcome. This is evidenced in historically low level of delayed transfers of care. Considerable progress has been made in working collaboratively to lead health and social care service across the Western Bay region. The Western Bay Health and Social Care Partnership has provided robust strategic leadership to adult safeguarding through the Western Bay Safeguarding Adults Board. The community services project, led by the Neath Port Talbot Head of Services, has delivered a full business case for the expansion of integrated intermediate care services to best meet the needs of frail older people, which has been agreed by all 4 partner organisations. Positive progress has also been made in collaborating in regional contracting and procurement (also led by Neath Port Talbot), mental health and learning disability services.

The policy for the transformation of adult social care in Neath Port Talbot, *Connecting People and Communities*, was approved unanimously by NPT Council in December 2013 following an extensive period of engagement and consultation. The policy is the Council's response to the Social Services and Wellbeing (Wales) Act setting out the series of step changes required to deliver the transformation required, whilst recognising the considerable resource constraints within which social care in Neath Port Talbot is operating. The policy sets out the actions required not just within the Council, but with partners, communities, people with care and support needs and their carers and communities. It is the blueprint for the transformation required.

Major consultation has taken place with people with care and support needs, carers, partners and the public regarding policy and service changes proposed as part of the transformation programme. The 5 major consultations taken forward were:

- Modernising day opportunities for people with disabilities
- Modernising day opportunities for older adults
- Assisted transport policy

- Charging for day services
- Community meals

All are now moving to implementation phase following approval of the consultation outcomes by the Cabinet.

The Council has committed to 3 integrally linked strategic change programmes which together are delivering the priorities articulated in the vision for community care services. These are:

- **The Western Bay Health and Social Care Partnership** – between NPT CBC, BCBC, CCoS and ABMU Health Board to deliver strategic leadership, collaboration and integration in key service areas: frailty and dementia, learning disabilities, contracting and procurement, mental health, youth offending and regional adoption services
- **Integrating Community Services Programme** – this programme has delivered the full integration of intermediate care services in Neath Port Talbot in the form of the Common Access Point (Community Gateway) and Community Resource Team (CRT). The next phase of work is, building on integrated management of the Community Networks, to fully integrate at team level and to manage the expansion of the intermediate tier of service in line with the business case developed via the Western Bay programme.
- **Transforming Adult Social Care (TASC) Programme** – the focus of the TASC programme is the modernisation of social work practice, commissioning and service provision. A number of projects together form the programme which are now at an advanced stage of delivery. These are:
 - *Pathways to Independence* – this project has delivered improved outcomes in learning disability services by introducing a model of social work practice based on ‘progression’ rather than over support. The project is highly innovative in that it links practice and commissioning. There has been a significant shift from residential care to community solutions and the levels of care and support in all settings have changed to deliver clearly articulated and monitored outcomes. As a consequence of outcome focussed care plans which do not commission over and above the support individuals require, savings of £1.6million have been achieved. The PTI approach is now being rolled out to across adult social care
 - *Modernising social work practice* – A new social work model has been developed which sets a clear direction for the profession, aligned to the Social Services and Wellbeing Wales Act. Formal

engagement on the model, with people with care and support needs and carers as well as professionals, will take place during the summer of 2014.

- *Modernising Day Opportunities* – a comprehensive public consultation has taken place on a new ‘pan disability’ model for day opportunities in Neath Port Talbot. There are 3 elements to the new model – care and support, community independence and employment and training. This model is currently being implemented and will ensure a successful exit from the ESF funded COASTAL project in that the new model incorporates those elements of COASTAL projects that are able to sustainably transform traditional models of day service.
- *Modernising Community Care Services* – the modernising community care service project is focussing on ensuring services for older and disabled people are fit for purpose going forward. Following consultation on the service model for day opportunities for older adults, a tiered approach which incorporates care and support provision for people with frailty and dementia and community integration for people who are experiencing social isolation, implementation is progressing. A new policy for community meals is being implemented, following consultation, and a review of future options for the service initiated. Work continues to ensure the highest levels of quality and business efficiency within the in-house homecare service. In the last year a rationalisation of contracts for all community has been successfully delivered. A recruitment drive has seen the expansion of the service and historically high sickness levels have reduced considerably. The benefits from the electronic call monitoring investment are being delivered.
- *Cross cutting themes – transport, charging and business delivery* – Following consultation on policies for assisted transport and charging for day services, Cabinet has approved final policies. Implementation of the policies has commenced, with guidance to social workers on how to consider capability and means for transport when undertaking assessments and the roll out of the charging policy across commissioned and directly provided day services. In terms of business delivery, information systems have been modernised and business processes changed to ensure the transformation programme is delivered effectively within frontline teams.

Access to Services

Older and Disabled People

Access to all adult social care services and community health services was transformed in 2013/14 with the development of a common access point, the Community Gateway, to provide a contact service and multi-disciplinary assessment and triage into a full range of health and social care services. There is an Emergency Duty Team which responds to emergencies out of hours. There are a wide range of access and information services in place to manage the high demand for services.

The Gateway service launched on the 20th January 2014, building on the strengths of the Contact and Access Team which had been the single access point for adult social care, developing an integrated service for professionals and the public. The Gateway comprises of a number of contact officers and a multi-disciplinary team who holistically screening referrals to progress people to the right service at the right time. A third sector brokerage role, provided by the British Red Cross is integrated into the Gateway Service. The broker is able to connect citizens to local voluntary services within the community as a way of meeting needs mitigating the need for statutory service and promoting wellbeing and resilience. Initial contacts will receive one of 3 responses:

1. signposting, advice and information, local voluntary, community services
2. referral onto intermediate care clinical emergency response or multi-disciplinary reablement assessment
3. or an urgent full assessment as appropriate by a long term social work team or health service.

In taking action on all enquiries, the Gateway utilises the Integrated Assessment Process which allows staff from a range of disciplines to input information onto a single record. Eligibility for services is not applied at this point. Quality assurance is provided via performance indicators, reviews of service developments, 'mystery shopper' information and service user feedback, e.g. complaints and compliments, to understand how access to service is working.

The Gateway service has clear performance standards for telephone response and electronic referrals to the service will be maximised. Calls are answered in a live environment (meaning that people do not need to leave answer-phone messages) meaning the majority of calls are answered first time. Quality standards have been developed and will be closely monitored moving forward. The service aims to ensure that people requiring help will know how to contact us and will receive a consistent, equitable and timely response to their enquiries. Public information continues to be reviewed and developed, in print,

online and in other formats. A Council wide *Access to Services* Project is modernising access to all Council services.

Out of hours, the Emergency Duty Team (EDT) responds to emergencies but is also reliant on back-up and specialist advice and authorisation from working day staff and management in community care. Documentation on referrals forwarded to day-time staff by EDT is timely. There was also a priority related to the establishment of an EDT strategic group and this has been put in place. Additionally a senior management support rota for the EDT service is now in place and provides greater resilience for staff requiring advice and assistance in decision making. Options around a regional approach to emergency duty are being considered as part of the Western Bay Programme.

The Gateway team has a well developed approach to risk assessment which is effective in identifying safeguarding or priority cases which require immediate actions. Robust risk management and clinical governance arrangements exist and are critical to its safe delivery. Flexible service responses without a full assessment and a managed care response, have been developed through the third sector brokerage embedded within the Gateway service and in 2014/15 will be continuously monitored with the development of community services and local area coordination.

Learning Disability Services

Service leaflets are provided for care management and direct services which are available on the Internet and at public contact services. There is a website for service users which uses inclusive communication and facilitates sharing of information re: services available. The contact and access team (see older and disabled person's access to services) provides screening, signposting, advice and information services to the public including learning disability services. There is a duty system in office hours within learning disability services that provides advice, information, signposting and access to assessment if appropriate. The EDT operates out of hours (see older and disabled person's access to services). The revised assessment process operates in learning disability services. As part of the *Pathways to Independence* project, learning disability services are at the fore of revising assessment document (as well as reviews and care plans). There are monitoring systems in place to identify effectiveness based on the complaints/compliments procedures and through feedback from service user and carers groups. Service leaflets are in accessible format but further work is required to develop a more inclusive communicative format.

Mental Health Services

Leaflets for care management and direct services are provided which are available on the Internet and at public contact services. The community gateway provides screening, signposting, advice and information services to the public in relation to mental health services. There is an Emergency Duty Team (joint health and social care) which responds to crises requiring Mental Health Act assessments. There is also close work with NHS colleagues in the Home Treatment Team to respond to crises. In accordance with the Mental Health Measure, Care and Treatment plans operate in mental health services. Adult mental health service allocation and assessment processes are completely integrated between health and social care. There are monitoring systems in place to identify effectiveness based on the complaints/compliments procedures and through feedback from service user and carers groups.

Established Approved Mental Health Professional status is part of the emergency duty system which operates out of hours. A social worker is part of Home Treatment Team which will respond to crises as part of a joint health and social care response in responding to contacts, there is a joint health and social care duty system for adult mental health which is logged and recorded.

The Mental Health (Wales) Measure 2010 has been implemented in 2012 which is designed to improve access to mental health services. Part 1 of the Measure has seen the development of enhanced primary care services to improve access, assessment and early intervention. A joint service model has been developed between ABMU Health Board and its constituent local authorities. Care and Treatment Plans are being delivered by mental health teams in an integrated way. Criteria for specialist teams (who deal with Part 2 of the Measure) and for general teams (who deal with Part 1 of the Measure) have been developed as part of Western Bay wide approach to implementation.

Assessment, Care Management and Review

Assessment and care management services in Neath Port Talbot aim to achieve the following outcomes:

- a) We will deliver a personalised approach to assessment;
- b) We will provide outcome focused care plans which safeguard, promote and maximise independence, potential and recognise changing needs over time through the process of review;
- c) There will be a strong relationship between the social worker, as the micro commissioner of services, and strategic commissioning, service review and development.

A major review of social work systems and practice is underway as part of the TASC programme, which will deliver a new practice model for assessing, supporting and enabling people within the context of their families and communities as well as organisations and service provision. In the last year, there has been significant change in the way assessment, care management and review happens in Neath Port Talbot. Significantly there is:

- A new assessment framework which is outcome focussed and holistic
- A new supervision framework which ensures every case is actively supervised and is clear outcomes planned
- A new quality and performance framework to ensure the timeliness and impact of social work assessments and interventions is understood
- Embedding the positive risk taking framework in practice across all social work teams
- A new approach to proportionate and outcome focussed reviews, building on the approach undertaken through the Pathways to Independence project
- Network of citizens and carers forums established to ensure feedback on assessment and review process.

The model of social work is fully aligned with the direction of the Social Services (Wales) and will consider where it makes sense to align, or to integrate, assessment, care co-ordination and community connection with health services and other partners. Work is well advanced to integrated assessment for complex care for older people.

The social work systems work is challenging the traditional delineation of functions according to the nature of disability within adult social work teams. The work is being driven by frontline staff the change and development team across community care social work teams is the forum for driving this forward. A senior social worker with a specific focus on service development has been appointed to provide professional input into this work and to link closely with

the University and training department to ensure training and development needs are addressed in a timely way in accordance with the CPEL framework.

The change and development group is a network of individuals with common problems or interests who get together and explore ways of working to identify common solutions and share good practice and ideas. It currently includes social workers at all levels of the hierarchy and from all community care areas. The anticipated benefits of the change and development group lie in providing a collaborative environment that connects people to other people, information and knowledge. Specifically, the community of practice can:

- encourage the development and sharing of new ideas and strategies;
- support faster problem-solving;
- cut down on the duplication of effort;
- provide potentially endless access to expertise;

Case file audit is integrated into the 6 weekly supervision cycle, to review the quality of care plans and ensure continuous improvement. Safeguarding concerns, complaints and compliments are also used to inform and continuously improve practice. Feedback to service users and families/carers is provided. The quality assurance framework is overseen by a Quality Assurance Panel.

There is some excellent practice in service user and carer involvement in social work practice which needs to be implemented in all service areas. There has been a PCP development programme that has enhanced the involvement of service users and carers in care management. This needs to be expanded across service areas and made a key part of all quality assurance processes. Service user and carer engagement is also well developed via consultation days, focus groups and standing groups. In addition, all team managers undertake qualitative feedback on the assessment and care management processes from service users in all service areas. A positive risk taking framework is now fully embedded in practice across community care.

Direct payments are widely promoted and supported across community care services to give service users more control and flexibility over their care and support. The regional direct payments contract has been reviewed and will be re-commissioned in early 2014/15.

There is full participation in assessments for CHC eligibility and a priority has been the implementation of new CHC guidance issued by the Welsh Government. There has been additional comprehensive CHC training provided to all care managers, and other staff with an interest. A community of practice approach has been developed to sharing issues for care managers in

participating in the CHC process and a practice guide to support them professionally in fulfilling their duties in DST (Decision Support Tool) meetings. A specialist social worker in complex care supports individual practitioners and teams in undertaking their CHC responsibilities.

Adult safeguarding has been effectively integrated into care management systems and processes. There is integrated working with commissioning and contracting and internal services to ensure any quality of services with providers are addressed. Further work will be undertaken as part of the TASC programme regarding roles and responsibilities of social work professionals vis-à-vis commissioned services as new models of practice and service provision with a focus on community connection are developed and implemented.

Older and Disabled People

Long and short term social work teams are responsible for assessing the social care needs of older and disabled people in the Neath Port Talbot, providing care plans and arranging services to meet their needs and reviewing the implementation of care plans.

The current configuration of long term care management teams for older and disabled person's are:

- Older Person's Team
- Older Person's Mental Health Team
- Disability Team
- Review and Monitoring Team

There are also social workers in the Community Resource Team, working in multi-disciplinary teams to assess, care co-ordinate, enable and commission services for people. Sensory support and community occupational therapy teams also form part of the Community Resource Team. The specialist sensory support team also carries out care management functions in addition to providing equipment and services as appropriate. The occupational therapy service carries out assessment linked to manual handling, adaptations and equipment. The community occupational therapy team, as part of the Community Resource Team, benefit from being part of a wider professional network of occupational therapists in Neath Port Talbot. Their professional accountability is to the ABMU Health Board Head of Occupational Therapy and as such they benefit from the approach to professional supervision and continuous professional development afforded to other health professionals. An action plan has been developed to ensure the benefits to people with care

and support needs are experienced as a consequence of occupational therapy integration, including removal of duplication between OT teams.

The social work teams undertake assessments, care management and review in line with statutory obligations and local standards and guidance which determine timeliness and quality of response. For older people with physical frailty and people with disabilities assessments are undertaken in accordance with social care eligibility criteria. Care and Treatment planning is undertaken in older people's mental health services. Assessment is undertaken in partnership with other agencies and professionals as appropriate. There is an agreed Joint Discharge Policy with the NHS are measured by Welsh Government on delayed transfers of care. There has been significant improvements in multi-disciplinary approaches to discharge and multi-disciplinary assessments in the community in the last year. A culture of continuous improvement is developing and as a consequence 2 senior social workers will form part of a small team undertaking a 3 month PDSA (Plan Do Study Act) review of discharge processes. Reviews and reassessments of need are regular undertaken.

There is a Review & Monitoring Team for older people and specialist teams undertake their own scheduled reviews. There is an IT system which generates scheduled reviews and documentation for reviews. There is a continuing health care review system. The Review team is particularly effective at responding when there have been safeguarding concerns raised with regard a particular provider (domiciliary or care home) and working jointly with NHS colleagues at such times. The ability of the current review system to identify people who have improved and progressed is, however, limited and a priority of the modernising social work practice project is to consider how a system of reviews can be established which both safeguards and promotes independence and identifies potential for progression.

We have systems in place to monitor assessments, process and standards. All teams now undertake assessments in a timely manner and historic backlogs have been eliminated. In previous years there have been pressure points in the older person's team and occupational therapy service. Additional peripatetic resources have been established to enable pressure points in the system to be addressed. Processes have also been reviewed. There is close working between the long term care teams and primary care and allocations now occur on the basis of the general practice with which someone is registered. The occupational therapy service has also changed the way cases are allocated and managed. In addition, considerably improved performance in waiting times for Disabled Facilities Grants means the whole service is far more responsive to demand as it arises. DFGs are now a realistic option for someone

who is in critical and substantial need who may have been unable to wait in the community when waiting times were longer. The Intermediate Care Fund in 2014/15 is allowing a pilot of a system of low level adaptations being allocated by the Community Gateway and also to commission step down housing from NPT homes to ensure that no-one experiencing a delay in a major adaptation (e.g. due to planning permission) will wait in hospital or a care home.

Performance Indicators measure the processes to deliver agreed of outcomes achieved. The standard for allocation days has been simplified to 1 day or 7 days and risk assessment supports the emergency assessment of individuals requiring immediate assessment.

Supporting timely discharge from hospital is a priority to prevent the adverse impact on independence of a longer than necessary hospital stay. In terms of hospital discharge arrangements, the rate of delayed transfers of care for social care reasons per 1000 aged 75 or over significantly reduced in 2013/14 compared to the 2012/13 position continuing a sustained improvement over a number of years. The rate of delays for social care reasons was 3.49 in 2013/14 from a rate of 5.97 in 2012/13 (and 9.81 in 2011/12). There is consistently good performance in relation to average days delayed. The overall number of delays demonstrates the effective implementation of the joint Health Board and Council policy in resolving delays where these are for choice reasons.

Good progress has been made in developing a model for the joint assessment between health and social care of older people's mental health, which needs further development with the implementation of care and treatment planning and care co-ordination in the older people's mental health team. Work on the integrated assessment, pathway and service model for dementia services is a priority for Western Bay. An integrated care pathway has been developed for community and hospital services. Work is underway to model capacity needed to deliver a Western Bay service model for dementia care which will form a business case to be presented to the Western Bay Programme Board for approval.

Intermediate Care for Older and Disabled People

There is a fully integrated intermediate care service in Neath Port Talbot. The service now forms part of the Community Resource Team which comprises community reablement, community occupational therapy, sensory support and nurse practitioner led clinical teams. This Community Resource Team has developed from the CIIS team which was established in October 2009, bringing together the Reablement and Early Response Teams. These teams prevent

hospital admissions and facilitate earlier discharge through a 4-6 week reablement programme for people who normally live independently at home but who may for a variety of reasons have lost confidence or physical ability. The service enables service users to remain in their own homes for as long as possible.

The integrated CRT is now co-located in Cimla Hospital which is providing considerable benefits for joint working of the health and social care workforce in team. There are plans to further develop Cimla as the community hub for Neath and Swansea Valleys and the Port Talbot Resource Centre and Neath Port Talbot Hospital are already the integrated bases for the Port Talbot and Afan community network services. Work is underway to massively expand intermediate care services in Neath Port Talbot in accordance with the business case that has been developed and agreed across Western Bay partners. This will mean an expansion of the acute clinical service, reablement (ensuring that there is an intake model in place and there is capacity for people to be referred for reablement at the point of review as well as initial assessment), the commissioning of a residential reablement unit at the new Gwalia care home in Port Talbot, expansion of the acute clinical team and embedding the multi-disciplinary approach of the Community Gateway.

Learning Disability Assessment and Care Management Services

Learning disability care management services are provided through a County Borough wide adult learning disability team (ALDT) based in Neath. This team is co-located with the local health team and there are many positive examples of joint working in the team. Alongside social work staff, the ALDT also includes community nurses, occupational and physiotherapy staff.

As a joint team there are multi-disciplinary assessments, including determining continuing health care eligibility and joint care packages. A contact and overview assessment service is provided which determines eligibility and priority with reference to the assessment guidance. There is a duty system which screens and identifies need. Enquiries are allocated in a timely manner. There is a transition to adulthood assessment service based on community care eligibility criteria. Risk assessment and risk management planning is undertaken using the positive risk taking framework. There is well developed person centred assessment and care planning in learning disability services. The carer is involved in all aspects of the assessment process with reference to family focused planning.

Allocation of assessments is provided in a timely manner. There can be inconsistencies in delivering assessment timescales e.g. awaiting gate keeping assessments to determine learning disability eligibility, which increases

workload pressures, monitored via a caseload management system and supervision. An escalation policy has been developed to ensure our duty has been delivered and there is a reduction in the delay in allocating services.

A system has been agreed with the NHS for continuing health care assessments where the learning disability directorate will lead on all aspects of continuing health care for client group and a project board has been established to oversee the process for all complex cases. Issues regarding timely decisions on joint packages of care are being worked through with health colleagues.

An opportunity assessment of learning disability services in Neath Port Talbot was undertaken by Alder, a group of consultants commissioned by the Social Services Improvement Agency in early 2012. The review found that whilst practice and commissioning of services in Neath Port Talbot is safe and consistent, progression is not evident in either assessments, reviews or the services that result. As a consequence, there was evidence of 'over servicing' assessments and care plans which did not promote independence resulting in over reliance on residential care and 24/7 supported living. A Learning Disabilities Modernisation Plan was approved by Cabinet in and the *Pathways to Independence* initiated, focussing on developing and implementing new practice in assessment, review and care plans with the ethos of 'progression' at the heart of practice. Positive progress is being made with the project, which is very much owned and driven from within the ALDT itself. The learning and development of the ALDT is being used to inform practice and commissioning across community care service areas.

A protocol for vulnerable adults operates in community care to ensure that referrals are allocated to the right team and assessed appropriately. In a number of cases a joint assessment will be required.

Within the service, the Person Centred Planning (PCP) approach is being adopted to develop a single assessment tool throughout transition. A multi-agency steering group has developed an interim policy and protocol for managing transition whilst further work is undertaken across all partners.

The key priorities for the next phase of work in transition are:

Key priorities for Transition to Adulthood are:

- Development and implementation of the NPT Multi Agency Transition Policy and Protocol.
- Development and implementation of Planning and Tracking processes for Transition.
- Development of a holistic transition service from the age of 16–25 to coordinate care planning for young people.

Work has been underway for some time to develop more integrated and collaborative ways of working in learning disability services. Development of a single approach to integrated operational delivery across Western Bay has been developed.

Mental Health Assessment and Care Management Services

The community mental health teams (CMHTs), are multi-disciplinary, with social services staff co-located with NHS staff and all personnel pooling their skills to provide a comprehensive holistic service. CMHTs offer a service to all people under 65 with a severe and enduring mental illness, carrying out full assessments of need under the Care Programme Approach and developing and arranging care plans.

In the integrated teams, initial assessments are undertaken by CMHT and medical staff. All assessments are discussed at weekly multi-disciplinary meetings to determine eligibility. All assessments are determined by Care and Treatment Plans which are compliant with community care processes, guidance and standards. There is a joint health and social care initiative to provide a Gateway Service to filter GP referrals. There is a joint assessment tool used by the multi-disciplinary team. All assessments are available electronically on the health and social care systems. This is validated through supervision and case file audit. There are regular multi-disciplinary reviews. The Western Bay Programme is leading implementation of the mental health measure. A strategy for adult mental health services has been developed by the partnership and a review of CMHTs is being taken forward by the Western Bay partnership.

Duty systems in the CMHTs have been reviewed to ensure they are compliant with the Mental Health Measure for urgent & non-urgent referrals. The teams are receiving direct referrals from the public (and re-referrals) under Part III of the Measure.

There is consistent use of care and treatment planning documentation in CMHTs to support care plans and risk assessment. Different needs are taken into account through use of interpreters, signers and advocates. Service user and carer involvement is in-built to assessments and review systems. Assessments are undertaken within prescribed timescales. A protocol for allocation and assessment of vulnerable adults has been agreed (see above) and is being overseen by the principal officer's arrangement (see above). Joint assessment procedures are in place where applicable. A protocol is in place for individuals who do not fit the diagnostic eligibility criteria of the health services but fit community care eligibility criteria. This is an escalation policy which involves referring up to managers for decision making if eligibility is unclear.

Carers' Assessments

Separate carers' assessments are offered to all and undertaken if requested. Reviews and care plans are agreed in partnership with service users/family/carer. Historically the uptake of carers' assessments in Neath Port Talbot has been low and there is considerable effort to address this. 87 carers took up the offer of a carer's assessment in 2013/14. 58 were provided with a service as a consequence of the assessment, an increase on the 45 who received a service in the following year. The Carer's Service have been commissioned to undertake carers assessments on behalf of the Council, giving another option to people who would prefer not to have their assessment undertaken by a social worker. There is evidence of a growing positive relationship between care management teams and the NPT Carers' Service in terms of reciprocal referrals depending on the needs of the carer concerned. There is further work to do to improve the uptake of assessments but there is strong evidence of carers involvement in the assessment of the person they care for and also regular carers forums, coffee mornings and engagement events. The number of carers known to the Carers Service has increased considerably with particular success in hard to reach groups accessing the service.

Autistic Spectrum Disorder Strategy

The Director of Social Services Health and Housing is the ASD lead for NPT. A stakeholder group with representation from relevant organisations, service users, families and carers is in place. There is strong engagement from community care in the group. There is an ASD action plan in place.

Reviews

The percentage of clients who had their needs reviewed during the year has increased to 81.7% from 76.1% in 2012/13, There has been considerable progress in the quality of reviews as the *Pathways to Independence* work is fully implemented, with full engagement of carers and providers in ensuring all the information required to undertake an indepth review is available. Proportionate reviews are undertaken and in care home settings there is a focus on quality and safeguarding where this is the predominant need.

The Review and Monitoring Team play a crucial role in supporting safeguarding and escalating concerns processes, by carrying out sensitive reviews with service users where there have been concerns with particular providers or members of staff delivering services. As indicated above, the system of reviews implemented by the *Pathways to Independence* project to ensure that reviews

consider progress and how independence can be promoted and enabled in addition to ensuring that people are safe and happy with services they are receiving. Reviews are not mechanistic and but enabling and personalised; a key part of the relationship between the social worker and the individual.

Commissioning a High Quality and Range of Services

There is close alignment between the care management review systems and service review, commissioning, contracting and procurement, service development and review. Social workers and contracting officers have a joint role in undertaking reviews of individual placements to ensure they are meeting the outcomes specified in the care plan and represent value for money. There is also joint assessment and contract monitoring with ABMU nursing and contracting staff where appropriate, ie, this is well established in nursing homes. Neath Port Talbot plays an active role in regional working through the *Closer to Home* project to review and re-commission services for people with complex needs from residential to supported living environments. The Head of Community and Housing from Neath Port Talbot is leading the development of regional contracting and procurement hub as part of the Western Bay Programme.

Quality assurance (QA) in in-house services is provided through QA groups which involves carers. There are opportunities for service users to provide feedback through Service User Councils and groups facilitated by advocacy services. All appropriate services are regulated and inspected by the CSSIW and inspection report recommendations responded to. Staff and service user questionnaires are also used to monitor the quality of services, as are focus groups and user and carer engagement as appropriate. Complaints, compliments, serious adverse incidents and safeguarding investigations are also used to understand the quality of services and address quality concerns.

In some areas there is a comprehensive range of services and effective joint working with health. In other areas, whilst the quality of services is good, the nature of services commissioned have been traditional and do not sufficiently support the outcomes of maximising independence and connecting people to their communities. There has been considerable change to this in 2013/14 with the development of, and extensive consultation on, a new model for day opportunities for people with disabilities which will be fully implemented in 2014/15. The new model is pan disability (with specialist services for people who need them) comprises 3 elements:

- Care and support
- Community Independence Service
- Employment and training

There has been incremental development towards this model through the COASTAL project which has been pan disability in nature and has delivered a number of successful supported employment and training projects to support people into long term employment. The new model across the commissioned

and direct services will ensure a sustainable exit from the ESF funding that will come to an end in December 2014.

A new model of service for day opportunities for older adults has also been developed based on care and support for people with high levels of frailty and dementia, reablement and community integration were people need support to access community activities and are at risk of social isolation. This model will be implemented fully in 2014/15 following robust consultation in 2013/14.

To ensure there is a clear direction for internal and external services in all areas, commissioning strategies have been developed, consulted on and reviewed in the last year.

Older (including Older Person's Mental Health) and Disabled People's Services

These services include residential care, home care service and day services. There is a clear commissioning strategy for older person's services and the business case for the intermediate tier of service will be a catalyst for change in commissioning intentions for care home and domiciliary care services as well as delivery of intermediate care.

Domiciliary care provision in the form of the in-house home care service and commissioned provision is the foundation to achieving the community care objective of supporting as many older and disabled people as possible in their own homes. Approximately 50% of domiciliary provision is provided through the in-house service and 50% through externally commissioned providers. The commissioning approach has been to ensure there is adequate provision of quality and sustainable domiciliary care across NPTCBC and that there is a choice of providers in most areas. The in-house service has been undergoing a major programme of modernisation for a number of years to ensure it maintains quality standards and delivers business efficiencies. There have been some quality issues and concerns with regard the stability of some external providers which culminated in the decommissioning of a provider following sustained failure to deliver a corrective action plan. All service users were successfully safeguarded and the escalating concerns policy operated effectively to ensure a smooth transition to new domiciliary care providers. There has been intense work to develop the local domiciliary care market which has resulted in an increase in the numbers of providers, an improvement in the quality evidenced in contracting monitoring, and confidence of the market resulting in a number of new providers establishing basis in Neath Port Talbot.

The modernisation of the in-house homecare service has continued in 2013/14 delivering £500k further cashable savings. The service improvements which have been taken forward are:

- technological – the benefits of the electronic call monitoring system are being realised in the form of improved efficiencies in the service
- Harmonisation of contracts for all community care staff – 13 different contracts have been rationalised to 2.
- Continued focus on sickness management with a joined up approach with Trades Unions to address issues within the service which has resulted in sickness levels of less than 5% in the service compared with over 10% a year ago. This compares very favourably with comparable occupational groups, for example, in the NHS.
- The expansion of the service to provide capacity and resilience and reduce the requirement for overtime within the service.

In relation to residential care services for older people, the Council's long term residential care homes and 1 short term respite care home were transferred to Grwp Gwalia on 1st April 2012, as part of a 25 year partnership arrangements which will see the development of 4 new care homes in the County Borough over the next 3 years. The first new care home, Llys y Seren in Port Talbot, will open in the summer of 2014. There has been positive joint working between the Council and Gwalia to plan the move of residents from the 2 existing care homes in Port Talbot and Cwmavon to the new home and innovative commissioning to make use of the capacity in the home – to reflect reducing need for traditional residential care one unit of 10 beds will be jointly commissioned by ABMU and the Council as a residential reablement unit.

There is a robust approach to managing the partnership with Gwalia to ensure that benefits are realised. There is a formal contract governance board which meets on a quarterly basis which oversees work undertaken by a number of sub-groups focussing on performance management and quality standards, the development of the new homes, developing new services and operational issues. There is an agreed principle that beds need to be used flexibly to address need rather than stick to the long term residential care model if need for that service is declining (the current homes are 85% occupied). In delivering that principle, the following services will be developed in 2014/15:

- Short term residential reablement – this is proven to reduce long term
- Short term convalescence/ step down
- More units will be designated for dementia (recognising the need for residential care is 80% to meet dementia need)

- Explore, with NHS colleagues, designation of some units in the new homes for nursing care, sooner than later

The partnership with Gwalia has been tested by the proposed changes to the terms and conditions of the care workforce shortly after the end of the protection of the TUPE plus arrangement agreement as part of the contractual arrangements. Following negotiations, the period of protection for staff transferred from the Council was extended by a further 18 months.

The policy for respite has been reviewed following a pilot into a new short breaks allocation tool to ensure equitable access across all service user groups, a new policy has been developed and is being consulted on in early 2014/15.

In addition to the care provided Gwalia's residential care homes, the Council continued to commission residential care in 33 independent sector homes (17 Residential/19 Dual Reg.). [There are 24 care homes in NPT]. As at 31st March 2014, NPT CBC contracted 576 placements within the independent sector.

The Council agreed in March 2011 an unprecedented 4 year strategy to increase the fees paid to the independent sector, working in accordance with the approach within the Social Care Commissioning Guidance issued to Local Authorities in August 2010. Work is now progressed to fully implement the 'open book' approach to understanding the business model and of care home providers and there are now positive relationships with providers, via provider forums and individually which have been built up following the judicial review. Work with Western Bay partners is also progressing to implement a care home quality framework. A high priority for the Council is to agree a new fee regime for 2015/16 onwards

Monitoring of the independent sector homes continues to be undertaken in partnership with ABMU Health Board. In general, the care provided in the independent sector homes is good. However, where concerns have been highlighted regarding the quality of care or sustainability of the business, the Council has led the Escalating Concerns process working closely with partners to address the issues identified. In 2013/14, 3 care homes were the subject of escalating concerns processes. The process has been improved in the last year as experience in managing concerns has increased and a formal risk assessment process has been integrated into the process. NPT CBC is now very experienced at managing escalating concerns processes and uses a sophisticated risk management system and robust contract management to address issues where they arise through contract management and care management. The NPT Head of Service chairs the Western Bay Safeguarding Adult Board Escalating Concerns sub group and a priority within the 2014 work programme is a regional escalating concerns policy which clarifies roles and

responsibilities of all involved and reflects the lessons learned in the 4 years since the section 7 guidance was issued.

One care home closed in 2013 (a small home where the owners gave notice following a series of action plans to address quality were highlighted during contract monitoring) and the transition for residents to alternative care was managed smoothly by a multi-agency Home Operational Services Group working in accordance with the escalating concerns guidance. There was very positive joint working with Gwalia who supported the management of the care home during the transition ensuring a smooth move for all residents to new care homes.

The Council provides 5 day services for older people and 11 social centres, 4 of the 5 day services are co-located with residential care homes. In preparation for the development of the new homes, work has commenced to review the service model and premises of the day services. Following extensive consultation, changes were made to services in Neath and Pontardawe in 2012 and changes are now being made in Port Talbot, Glyn Neath and Croeserw to reflect a model which focuses day centre provision on people with the high levels of physical frailty and personal care needs. The Port Talbot service will be co-located with day provision for learning disabilities in July 2014. The social centre provision that the Council has provided will be transferred to the third sector this year.

Extra care services have been developed in Port Talbot and Neath and an innovative approach to integrating housing and additional support in valley communities has been developed in the Dulais Valley and will be rolled out to other valley areas. Work is underway with NPT Homes who manage the waiting list for extra care and sheltered accommodation, and Coastal Housing who own the 2 main extra care schemes, to improve the system to match people with current and future extra care needs to vacancies as they arise in the scheme and to integrate consideration of housing options into the Community Gateway and Community Resource Team. There will also be a review of housing related support for older people commissioned as part of the supporting people programme with a view to ensure it is available on the basis of need, not tenure.

There are a good range of services in place for older people's mental health services. There remain some gaps in services around intermediate care for people with mild to moderate dementia which will be considered as part of the intermediate care remodelling referred to above. There is also a need to consider the right balance between care home and intermediate care hospital beds and enhanced community provision, including uptake of assistive technology and specialist domiciliary care provision. This work is being taken

forward as a priority in partnership with the Health Board, Swansea and Bridgend through the Western Bay Health and Social Care Partnership.

There has been good progress to accelerate uptake of assistive technology into more care packages for people with dementia in the coming year and in considering the need for specialist domiciliary provision. An integrated business case has been developed which will utilise health technology fund capital funding and Western Bay Collaborative fund revenue expenditure to deliver a major investment in assistive technology.

Advocacy

There are effective advocacy services for people who lack mental capacity provided through the IMCA service. Part 4 of the Mental Health Measure provides for an extended statutory scheme of independent mental health advocacy, both for patients subject to compulsion under the Mental Health Act 1983 *and* incrementally for those in hospital informally (in other words not subject to the 1983 Act). Following a joint procurement exercise undertaken by ABMU and partner Local Authorities, Mental Health Matters is providing this service.

Age Cymru Swansea Bay is providing advocacy for older people. The Neath Port Talbot Advocacy Group is made up of various stakeholders from the Third Sector, Health Service, Local Authority, along with Supported Housing and the Residential Care Sector. These organisations provide and support advocacy, advice, information and befriending services, mainly for older people. Their aim is to develop further the scope, availability and sustainability of those services. It is also providing an opportunity to network and refer service users across the whole range of reciprocal services. An important development has been an improved service for independent advocacy support to those being discharged from hospital or considering residential care.

Carer's Services

The Carers' Strategy has been updated – a collaborative effort between carers, carer representatives and a range of local partners. A positive outcome has been feedback from carers that services have improved as a consequence of the initial strategy that was put in place. The updated strategy provides clear objectives for the next three years which partners are confident can be achieved during a period of reducing financial resources. The progress in achieving the objectives will be overseen by the Health, Social Care and Wellbeing Executive Board. The Carers' Strategic group itself continues to have strong partner and carer engagement.

Officers from NPT are have been heavily engaged in the Carer's Engagement Strategy which has been approved by Welsh Government. The strategy builds on the local strategies and its delivery will ensure that training is delivered to all health and social care staff who have regular contact with carers. An innovative approach in Neath Port Talbot is being taken to use of the resource that is made available to implement the strategy in that a carers' worker will be embedded within the Community Resource Team to address carers' issues that are identified by the service.

A range of services are commissioned for carers in NPT. The NPT Carers' Service is highly effective at combating social isolation and providing respite. This service has been commissioned by the Council deliberately to outreach to people who do not otherwise access services and due to the narrow definition of the current national performance indication, this important activity can not be used to demonstrate provision of a service. The Alzheimer's Society provides specific services to meet the needs of carer's of people with dementia. Crossroads provides domiciliary provision and sitting services to meet carers needs. The future shape of services is being shaped by 'what matters' to carers through the qualitative interviews and regular engagement forums led by the Cabinet Member for Social Services, Health and Housing who is also the Carer's Champion.

Learning Disability Services

There is a mixed market of provision in learning disability services. There are a range of services which are commissioned from external providers, including residential care, supported living and day opportunities. There are also a range of services provided by the Council, including:

- Adult Placement Scheme
- Local Day Services
- Vocational Skills Centre
- Home Support Team
- Complex needs day services and respite care services

A Learning Disability Modernisation Plan was approved by Cabinet in July 2012 which has prioritised a rebalance of service provision in response to the changes to social work practice modernisation being delivered through the *Pathways to Independence* project. As a consequence the commissioning strategy for learning disabilities has been updated and is under consultation. Key priorities in service terms are:

- Implementation of the pan-disability model of day opportunities for people with disabilities in Neath Port Talbot which is based on care and support, community independence and employment and training;
- A new respite, Trem y Mor, will open in June 2014. This will be a state of the art facility with 16 units which will replace the current provision in Rhodes House and Beaconsview which is not fit for purpose. There has been a review of the workforce and implementation of a new staffing structure in advance of the move to the new facility. The special needs day service currently located in Cadoxton will be co-located with the respite service to ensure the optimal use is made of the fantastic resources provided within Trem y Mor;
- The model of residential care and supported living will be challenged by the review of care packages. New services will be commissioned, for example, supported living for people with complex needs as a consequence of the *Closer to Home* project. Other services will be decommissioned, particularly traditional residential care which does not promote progression;
- A business case for expansion of the adult placement scheme has been approved and a procurement exercise with BCBC will be taken forward to identify a provider to expand the adult placement scheme.

Adult Mental Health Services

A Western Bay Adult Mental Health Project Board has been established. This Board has delivered an overarching service strategy for adult mental health. There has been positive joint working throughout 2012/13 to implement the requirements of the Mental Health Measure on a Western Bay wide basis.

Mental health services offer a range of in-house support, combined with support from the health service and key third sector providers such as Hafal and Gofal. The work to 'repatriate' service users who had been placed out of county alongside the development of local alternatives is proving successful accompanied by the lowering of demand for new placements and reduced cost pressures.

There is well developed service user and carer involvement in mental health services, although the effectiveness of engagement is under constant review. Service users are encouraged to visit services before engaging. In addition to

service user questionnaires, service users are involved in recruitment and selection processes and planning groups. Advocacy groups are fully engaged in service planning.

The Day & Employment Service takes referrals from CMHT's for people who are recovering from mental illness who wish to regain confidence and social skills. The service provides a wide range of socially inclusive activities to meet the needs of the service user. The Mental Health Rehabilitation Service also receives its referrals from CMHT'S and concentrates its activities on assisting recovering mentally ill persons to regain social and domestic coping skills towards living independently in the community. The service carries out most of its work in people's homes, but for those with greater needs the service has a staffed supported housing project in Pontardawe for more intensive rehabilitation work, and two supported houses, one in Neath and one in Port Talbot.

Substance Misuse

2013/14 has been another busy year for all agencies involved in working with those who misuse both alcohol and drugs. The Council works in partnership with three main agencies, West Glamorgan Council on Alcohol and Drug Abuse (WGCADA); The Community Drug and Alcohol Team (CDAT); and Group 4 Services (G4S).

NPT plays an active role in the work of the Area Planning Board. A commissioning strategy has been agreed by the APB and the focus is on delivering the service model set out in the strategy. NPT plays a key role as the banker for the APB pooled budget. NPT is moving towards an integrated service with the NHS and the 3rd sector with the aim of 1 assessment through the Substance Misuse Action Team (SMAT). 4 short-medium term accommodation have been developed specifically for substance misuse service users supported by the Council's Housing Options service. A 'bond board' called 'Crisis Smartmove' has been set up to support people who misuse substances to access private rented accommodation. A joint project with Bridgend, Swansea and the Wallich Clifford has been established to support people with social housing tenancies who misuse substances to maintain their tenancies.

COASTAL

Disabled adults of working age can also access a range of services and in addition, can access support from COASTAL, a European convergence funded regional project to support people with disabilities towards employment. 2013/14 has been a year of huge progress for the COASTAL service with all

required performance outcomes being achieved, services continuing to develop and a number of micro enterprises being developed, and a sustainable exit plan developed. Successful partnerships developed include:

- The Leadbitter canteen – 5 job opportunities have been created on the site of the 2nd Swansea University campus providing catering to the workforce delivering this major construction project. The partnership has included COASTAL, Social Firms Wales and NPT CBC and has been recognised by Welsh Ministers as an example of innovative working between public and private sectors.
- Intandem bicycle project provides bicycle maintenance and a bicycle re-use service. The Wecycle and Baycle partnership with Swansea University has been formed and plans are underway for a bicycle commuting scheme across Neath Port Talbot and Swansea.

In performance terms, COASTAL has worked with 1250 participants, achieved accredited training outcomes with 645 people and employment outcomes with 116 people. All COASTAL participants are people furthest from the labour market many of whom will not have worked for decades, if ever.

Involving People and Their Carers in Service Modernisation

The Council has recognised it is undertaking a major programme of service change and transformation and meaningful involvement of people with care and support needs, carers and the internal and external workforce has been a major priority. Service user and care involvement and advocacy is well developed in learning disability services. All day services have quality assurance groups established to encourage feedback from carers. 'Your Voice' run a service user group within Vocational Skills Centre to provide opportunities for feedback and co-chair the Learning Disability Planning Group. Hafal has supported mental health service users involvement in the consultation and implementation processes.

There have been a variety of methods used:

- Large meetings to which all carers have been invited
- Service specific carers meetings
- Client group specific coffee mornings with the Cabinet Member for Social Services Health and Housing
- 121 meetings with anyone who has requested one
- Newsletters and written communication

- Events run by advocacy services

A dedicated planning and engagement officer has supported this process but the workforce at every level has been very involved in ensuring people are fully involved and informed during this time of change. This has been well received. It should be stressed this approach is not just limited to times of formal consultation but has is central to the way we deliver adult services in Neath Port Talbot.

Performance Indicators

In relation to relevant performance indicators the rate of older people helped to live at home increased from 99.98 per 1000 aged over 65 to 108.02. This is very positive in terms of maximising independence. The rate of older people supported in residential forms of care has remained steady increasing slightly from 23.36 to 23.86%.

Similarly the percentage of adults aged 18-64 and those 65 plus supported in the community (throughout the year) has increased from 91.17 to 92.45%.

Safeguarding Adults at Risk of Abuse

There are robust arrangements in place to safeguard vulnerable adults in Neath Port Talbot. The CSSIW inspection of adult safeguarding arrangements (published March 2010) stated “risk is being appropriately considered and necessary actions undertaken to ensure people are safe”.

The Western Bay Safeguarding Adult Board was initiated in April 2013 and has provided effective strategic leadership of adult safeguarding work. There is a sub-group structure which is taking forward the priorities of the Board. All partners are strongly committed to leadership of safeguarding through the regional board.

Operational responsibility for adult protection is with the principal officer in adult care who is the Senior Co-ordinating Officer for adult protection, supported by senior designated lead managers (DLMs) and DLMs who work across the range of community care management teams. The Protection of Vulnerable Adults (POVA) co-ordinator and deputy are also DLMs and all POVA activity is co-ordinated through a central POVA office.

The introduction of threshold management has resulted in a reduction of issues being managed as POVAs. The introduction of the ‘Alert Screen’ which gave us the opportunity to record details from referrals we receive which did not meet the POVA threshold. When social work staff looked on the ‘client index’ page there was a box that would now identify if the person was known to POVA, either from a referral or an alert. Through this process we have seen a drop in the amount of referrals that proceed to POVA. Risk assessment tools

have been embedded and prompt and efficient responses to adult protection referrals and multi- agency working continue to be apparent.

The coming together of the POVA and Deprivation of Liberty safeguards (DoLS) capacity has proved beneficial in co-ordinating responses from these related functions. An urgent review of processes and capacity is underway to ensure that the impact of the Cheshire West judgement is responded to in a managed way. Opportunities for regional working are being actively explored.

Strategically and operationally, POVA is a multi-agency responsibility. Operationally, we have a robust multi-agency assessment process that delivers clear decision making. Integration of POVA, care management and contracting processes that deliver clear decision making, clarity of responsibility and manage risk are important. A key priority has been to address the recommendations of the MR case review which was commissioned by the former NPT AAPC and reported to the Western Bay Safeguarding Adult Board. Training in sound analysis and judgment has been delivered to all DLMs and the NPT safeguarding forum for all DLMs is promoting a holistic approach to safeguarding. Processes around out of county placements and IMCA referrals have been strengthened.

Operational performance and trends inform the strategic direction for adult safeguarding. There is monitoring of referral rates by category and client group and this informs the strategic work required. The POVA business plan pulls these strands together. The NPT safeguarding forum receives a presentation on at least 1 complex practice issues to consider the policy and strategic issues arising from it at each meeting.

Vulnerable adults and carers are involved as appropriate in the POVA process, in determining the appropriate level of risk and all aspects of assessment and decision making.

CHILDREN AND YOUNG PEOPLE SERVICES

Introduction

In last year's Directors report the Director of Social Services in Neath Port Talbot assessed the prospects for improvement in Children and Young People Services (CYPS) in 2013/13 as strong:

"Through our very strong political and corporate leadership and the undoubted commitment and resourcefulness of our staff, we are in a position to meet all of the current and in some cases difficult challenges facing us".

This has very much been the case and through careful prioritisation of the tasks that needed to be completed, the improvement journey has moved from strength to strength dealing effectively with the many challenges that have arisen.

This report sets out the progress made against the things that CYPS said it would do last year and outlines the priorities for the coming year.

Progress Against Priorities From 2012/13

In November 2012 the CSSIW Inspection Report that led to CYPS being placed on the Serious Concern Protocol described a service that was struggling with key aspects such as workforce stability, operational clarity, performance monitoring and strategic oversight. CSSIW were clear that there needed to be immediate progress in these key areas and that they would monitor this carefully through quarterly visits by inspectors to the service. Since that time the Service has been positively transformed in all of these areas and the Director of Social Services has utilised his drive and determination to ensure that the required pace of improvement has been maintained.

In addition to the 22 Recommendations from the CSSIW Inspection of CYPS in September 2012, in its Annual Review and Evaluation of Performance Report 2012/13 CSSIW noted the following priority areas for improvement:

- Timeliness of quality of response to referrals to children's services.
- Quality of planning and support for looked after children and those leaving care.
- Resilience and competence of staff and managers in children's services.

It is positive to be able to report that the workforce issues that beset the service have largely been resolved. There are now minimal vacancies across the Service, lower than average long term sickness rates and very few grievances and suspensions. A full complement of managers have been in place for over twelve months and are now becoming a force for positive

change. Importantly, despite these improvements the CYPS is determined not to become complacent and processes are in place to ensure that we listen to staff. These include holding 'all staff' surveys, regular all staff meetings, and Senior Management Team visits keep abreast of morale and culture.

The operational issues that faced the Service at the beginning of last year were widespread and debilitating. A 'back to basics' approach was adopted where the service concentrated on doing the simple things well. In 2013/14 the Framework for Assessing Children In Need and their Families was reintroduced, new computer systems built to support good practice and an Intake Team and Common Access Point were introduced. All social workers have been trained in assessment, safeguarding, care planning and analysis. The use of the All Wales Child Protection Procedures (AWCPP) has now been universally re-embedded across the Service. A comprehensive set of Policies and Procedures are being introduced and new Placement, Performance and Out of County Panels have become common practice. Staff now have clear opportunities to influence and play a part in setting the strategic direction of the service through the setting up of a Practice Improvement Group and Looked After Children Group. These groups, chaired by the Head of Service, meet regularly and are made up of representatives from all tiers of the Service. The end of year performance results for the service in 2013/14 demonstrate that this has led to significant improvements across almost every facet of service delivery. These can be found at Appendix 1 but include:

- Re-referrals reduced from 35.9% in 2012/13 to 22.1%;
- 97.2% of referrals received a decision within one working day in 2013/14 against a result of 93.1% the previous year;
- 94.1% of Initial Assessments were completed by a qualified social worker in 2013/14 a significant improvement on the previous year's figure of 48.5%;
- The number of Initial Assessments completed in the 7 day timeframe rose from 38.1% in 2012/13 to 80.6 % in 2013/14;
- The number of Core Assessments completed in the 35 day timeframe rose from 48.7% in 2012/13 to 70.2 % in 2013/14;

Owing to the amount of structural, procedural and practice based changes that have been introduced it was to be expected that it would take time to translate into high quality practice that could be evidenced across all aspects of service user files. Whilst the improving quality of care planning and child protection work can be evidenced through case audits as the year has

progressed it is only recently that the quality of Care Planning can be said to have become consistently robust. This remains an area where the service needs to be extra vigilant. There is an effective Quality Assurance Framework in place which is underpinned by fortnightly Performance Management meetings with Head of Service (HOS), Principal Officers (POs) and Team Managers attending alongside a monthly Business Improvement meeting chaired by the Director of Social Services that focuses on monitoring standards of practice.

Providing Direction

Political support for CYPS has remained strong. Members have been supported by external specialists who have helped them to develop appropriate questioning techniques and the challenge they now provide to officers is amongst the best in the Local Authority. Members and officers are working with the Centre for Public Scrutiny and an expert senior manager to provide continued improvement in this area. The Leader of the Council has provided professional and personal support to the improvement journey and has led on the setting up of a panel of Members who have completed visits to teams and heard the front line experiences of social workers, support workers, managers and business support officers.

A Corporate Parenting Panel has now been in place for over a year. It is chaired by the Leader of the Council and has a number of Cabinet Member attendees. With such a high profile the Panel has been able to make a real difference to the lives of Looked After Children. In particular they have influenced the availability of high quality move on accommodation for young people leaving care and are planning to hold a LAC celebration event in July 2014.

Leadership and Culture

In April 2013 CYPS established a full management team at Principal Officer level and this has enabled the many improvements made to progress at pace. At Team Manager level there has now been consistency that has enabled an improvement of practice to be fully embedded. A reduction in looked after children and children on the child protection register alongside a review of children in need cases which led to a reduction of cases in that area has had a positive impact on caseloads numbers across all areas of the service.

The management team supported by the Director of Social Services has worked to a set of priorities over the past year. The CSSIW Inspection Report of

January 2014 acknowledges that positive and tangible changes have been made in service delivery and workforce development at a sustainable pace.

Through pace, focus and prioritisation, the workforce has been transformed through 2013/14. Vacancies at social work level are minimised at 1.5 across the whole Service. There are no vacancies at Team Manager level or PO level. Sickness has been another important focus and long term sickness is no longer a major issue in the Service. This work was supported corporately by the positioning of 2 Human Resources (HR) Officers into the CYPS Management Team. The progress made is evidence of the good practice that can be achieved when managers and HR Officers work closely together.

There has been a comprehensive programme of training delivered to all social work staff and managers over the past year. The focus has been on doing the basics well and in depth training has been given on Child Protection Process amendment and analysis and care planning. This mandatory training led to an improvement in performance and quality of practice over the year and has progressed.

Performance Management

There has been significant progress in the management of performance and this has resulted in much improved figures on the priority PIs. However, as performance management has been embedded in the Service we have also seen improvements in other indicators across the whole service (see end of year results at Appendix 1).

Performance and improvement have been hugely improved by much greater visibility of easy-to-use, up-to-date Data. This has enabled management to take timely, accurate actions. It has enabled staff and all stakeholders to see rapid progress being made, for themselves.

Quality Assurance Framework (QAF)

CYPS have developed a comprehensive and detailed QAF which incorporates the importance of training, consultation, workforce stability, supervision as well as regular case auditing in the consistent improvement of quality of work. Quality assurance procedures are now much more systematic and results are reported regularly to the Business Improvement Meeting chaired by the Director of Social Services.

Multi-Agency Working

As evidenced by the report of the CSSIW Inspection of the service in November 2013 there have been significant improvements in relationships between CYPS and multi-agency partners. There are regular meetings between senior managers in both the Health Board and Police with CYPS Principal Officers and Head of Service which have led to a common understanding of roles, responsibilities and a joint approach to future practice. There is now a peer review group with representatives from key agencies and the manager of the Intake team which reviews the quality of referrals into the service and the quality of the response from the Intake team. This has proved to be beneficial in setting common thresholds across those agencies particularly tasked with safeguarding children in Neath Port Talbot.

Priorities For 2014/15

The CSSIW Inspection report, from their follow up inspection in November 2013, sets out priorities for improvement and this provides the focus for the work to be completed in 2014/15. In particular, the service will be working hard to find ways of gaining the involvement and views of the public in general and service users in particular to the improvements being made. The quality of the plans that are put in place for Looked After Children, those on the Child Protection Register and those in need will continue to be monitored and improvements made where necessary. The policies and procedures website will continue to be added to and refined so that all workers have access to clear instruction and guidance on practice issues and the standards that are expected of them.

Conclusion

There has been significant improvement in the performance of the CYPS in Neath Port Talbot throughout 2013/14. This is evidenced through end of year results across the range of performance indicators, the findings of the CSSIW Inspection in November 2013/14, the stability and capability of the workforce, feedback from staff and agency partners, internal and external case file audits and reducing numbers of complaints from service users. There remains more work to do to ensure that the quality of the work being completed is consistently of a high quality and that the progress made to date is embedded and built upon.

Performance Indicators 2013/14

PAM - Public Accountability Measure;

NSI - National Strategic Indicator;

SID - Service Improvement Data;

ADULT SERVICES

Performance Indicator	2012/13 Performance	2013/14 Performance
SCA/001 (NSI)	2012 - 13	2013 - 14
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	5.97	3.49
SCA/002a (NSI)	as @ 31 st March 13	as @ 31 st March 14
The rate of older people (aged 65 or over): a) supported in the community per 1,000 population aged 65 or over at 31 March	99.98	107.80
SCA/002b (NSI)	as @ 31 st Mar 13	as @ 31 st March 14
The rate of older people (aged 65 or over): b) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	23.36	23.86
SCA/003a (SID)	2012 - 13	2013 - 14
The percentage of clients, in the following age groups, who are supported in the community during the year: a) Aged 18-64	91.17	92.45
Performance Indicator	2012/13 Performance	2013/14 Performance

SCA/003b (SID)	2012 - 13	2013 - 14
The percentage of clients, in the following age groups, who are supported in the community during the year: b) Aged 65+	79.37	81.98
SCA/007 (PAM)	as @ 31 st March 13	as @ 31 st March 14
The percentage of clients with a care plan at 31 st March whose care plans should have been reviewed that were reviewed during the year	76.1	81.7
SCA/018a (PAM)	2012 - 2013	2013 - 14
a) The percentage of carers of adults who were offered an assessment or review in their own right during the year	100	100
SCA/018b (SID)	2012 - 2013	2013 - 14
b) The percentage of carers of adults who had an assessment or review in their own right during the year	23.9	20
SCA/018c (SID)	2012 - 2013	2013 - 14
c) The percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service	44.6	66.7
SCA/019 (PAM)	2012 - 2013	2013 - 14
The percentage of adult protection referrals completed where the risk has been managed	100	100

Performance Indicator	2012/13 Performance	2013/14 Performance
SCA/020 (PAM)	as @ 31 st March 13	as @ 31 st March 14
The percentage of adult clients who are supported in the community during the year	82.5	85

CHILDREN'S SERVICES

Performance Indicator	2012/13 Performance	2013/14 Performance
SCC/001 (SCC/001a [PAM])	2012 - 2013	2013 - 14
a) The percentage of first placements of looked after children during the year that began with a care plan in place	58.4	100
b) For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence at the due date.	69.5	89.8
SCC/002 (NSI)	2012 - 2013	2013 - 14
The percentage of children looked after at 31 March who have experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March	15.8	15.7
Performance Indicator	2012/13 Performance	2013/14 Performance

SCC/004 (PAM)	2012 - 2013	2013 - 14
The percentage of children looked after at 31 March who have had three or more placements during the year	8.7	6
SCC/006 (SID)	2012 - 2013	2013 - 14
Percentage of referrals during the year on which a decision was made within 1 working day.	93.1	97.2
SCC/007 (SID)	2012 - 2013	2013 - 14
The percentage of referrals during the year:		
a) Allocated to a social worker for initial assessment	48.5	94.1
b) Allocated to someone other than a social worker for initial assessment	6.3	4.4
c) Did not proceed to allocation for initial assessment	45.2	1.5
SCC/010 (SID)	2012 - 2013	2013 - 14
The percentage of referrals that are re-referrals within 12 months	35.9	22.1

Performance Indicator	2012/13 Performance	2013/14 Performance
SCC/011 (SCC/011a - PAM), (SCC/011b - SID)	2012 - 2013	2013 - 14
The percentage of initial assessments that were completed during the year where there is evidence that:		
a) The child has been seen by the Social Worker	79.2	68.3
b) The child has been seen alone by the Social Worker	43.1	38.7
SCC/013 (SID)	2012 - 2013	2013 - 14
a) The percentage of open cases who have an allocated social worker:		
i) Children on the child protection register	99.8	100
ii) Children looked after	95.2	99.1
iii) Children in need	66.3	68
b) The percentage of open cases who are allocated to someone other than a social worker where the child is receiving a service in accordance with her / his assessment plan:		
i) Children on the child protection register	0	0
ii) Children looked after	0.6	0.9
iii) Children in need	29.4	31.8

Performance Indicator	2012/13 Performance	2013/14 Performance
SCC/014 (SID)	2012 - 2013	2013 - 14
The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion	67.8	93.5
SCC/015 (SID)	2012 - 2013	2013 - 14
The percentage of Initial Core Group Meetings due in the year which were held within 10 working days of the Initial Child Protection Conference	82.3	91.4
SCC/016 (SID)	2012 - 2013	2013 - 14
The percentage of reviews of child in need plans carried out in accordance with the statutory timetable	100	72.7
SCC/021 (SID)	2012 - 2013	2013 - 14
The percentage of Looked After children reviews carried out within statutory timescales during the year.	69.2	95

Performance Indicator	2012/13 Performance	2013/14 Performance
SCC/022 (SID)	2012 - 2013	2013 - 14
a) The percentage of attendance of looked after pupils whilst in care in primary schools;	90.1	93.1
b) The percentage attendance of looked after pupils whilst in care in secondary schools.	83.8	89.7
SCC/024 (SID)	2012 - 2013	2013 - 14
The percentage of children Looked After during the year with a Personal Education Plan (PEP) within 20 school days of entering care or joining a new school in the year ending 31 March	63.6	85.7
SCC/025 (PAM)	2012 - 2013	2013 - 14
The percentage of statutory visits to Looked After children in the year that took place in accordance with regulations.	68.3	86.9
SCC/030 (SCC/030a - PAM), (SCC/030b - SID)	2012 - 2013	2013 - 14
a) The percentage of young Carers known to Social Services who were assessed.	100	100
b) The percentage of young Carers known to Social Services who were provided with a service.	84.2	64.7

Performance Indicator	2012/13 Performance	2013/14 Performance
SCC/033 (NSI)	2012 - 2013	2013 - 14
a) The percentage of young people formerly looked after with whom the authority is in contact at the age of 19.	72.2	95.7
b) The percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable, no-emergency accommodation at the age of 19.	92.3	100
c) The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.	46.2	63.6
SCC/034 (SID)	2012 - 2013	2013 - 14
The percentage of child protection reviews carried out within statutory timescales during the year	87.2	97.5
SCC/035 (SID)	2012 - 2013	2013 - 14
The percentage of looked after children eligible for assessment at the end of Key Stage 2 achieving the Core Subject Indicator, as determined by Teacher Assessment.	52.9	42.11
SCC/036 (SID)	2012 - 2013	2013 - 14
The percentage of looked after children eligible for assessment at the end of Key Stage 3 achieving the Core Subject Indicator, as determined by Teacher Assessment.	33.3	55.56

Performance Indicator	2012/13 Performance	2013/14 Performance
SCC/037 (NSI)	2012 - 2013	2013 - 14
The average external qualifications points score for 16 year old looked after children, in any local authority maintained learning setting.	162	335
SCC/040 (SID)		
The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement	93	-
SCC/041 (SID)	2012 - 2013	2013 - 14
The percentage of eligible, relevant and former relevant children that:		
a) have pathway plans as required, and	20	69.8
b) have been allocated a personal advisor	96	100
SCC/042 (SID)	2012 - 2013	2013 - 14
a) The percentage of initial assessments completed within 7 working days	38.1	80.6
b) The average time taken to complete initial assessments that took longer than 7 working days to complete	30	18

Performance Indicator	2012/13 Performance	2013/14 Performance
SCC/043 (SID)	2012 - 2013	2013 - 14
a) The percentage of required core assessments completed within 35 working days	48.7	70.2
b) The average time taken to complete those required core assessments that took longer than 35 days	68	56
SCC/044 (SID)	2012 - 2013	2013 - 14
a) The percentage of children Looked After who were permanently excluded from school in the year 1 April - 31 March.	0	0
b) The average number of days spent out of school on fixed-period exclusions for children Looked After who were excluded in the year 1 April - 31 March	3.8	4
SCC/045 (PAM)	2012 - 2013	2013 - 14
The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable	-	82.2