

**Corporate Improvement Priority:** To maximise the number of adults who are able to live independently with or without support within the home of their choice within their community.

<b>RAG Status</b>	<b>Summary of Progress</b>
<b>Green</b>	<p>Overall we are on track to deliver what we have planned to deliver during 2016-17.</p> <p>Our preventative and first point of contact provisions are working well and under continuous development to ensure citizens have access to appropriate information and services. The focus has remained on ensuring compliance with the Social Services Well-being Act 2014 promoting choice and independence and developing community based models in partnership with Health, Voluntary Services and the 3<sup>rd</sup> Sector.</p> <p>The Direct Payments Team has been established and continues to be developed in order to enhance the take-up of this service via a measured approach. Progress is closely monitored to ensure work is on track and targets are achievable by year end.</p> <p>Negotiations on the Grŵp Gwalia contract has included remodelling of the Guaranteed Bed Commitment (GBC) to allow the Authority to agree to a block guarantee that will provide sufficient beds to meet its operational demand.</p> <p>A dedicated team of Designated Lead Managers (DLM's) to manage safeguarding referrals is in the process of being established. Work has also begun on developing a new protocol on meeting the requirements of the Social Services Well-being Act 2014 in terms of Adults at risk.</p> <p>Projected outturn as at June 2016 indicates a saving of c. £500k across direct services.</p>



What will be different? (Outcomes)	Lead Officer	RAG Status	Progress
<p>1. We will develop community based early intervention and prevention services to support people to remain as independent as possible without formal care and support.</p>	<p>A. Jarret</p>	<p>Green</p>	<p>There is continued effort made towards supporting citizens within the community and remaining independent through a variety of preventative services such as assistive technology, local area co-ordination and via an intake Reablement model. Where formal care and support is eligible, there is a dedication to ensure that packages are appropriately sized to meet the citizens' needs and encourage independence.</p> <p><b>The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over -</b> There has been a reduction from 116.54 in quarter 1 2015-16 to 110.77 in quarter 1 2016-17.</p> <p><b>The percentage of clients, who are supported in the community during the year, aged 65+ -</b> quarter 1 performance in comparison to the same period last year has been maintained at 83%.</p>
<p>2. We will continue to improve the Gateway Service so we can be sure that people are getting the right response when they first contact adult social services.</p>	<p>A. Jarret</p>	<p>Green</p>	<p>We continue to improve the resilience of Gateway to ensure the team is competent to appropriately deal with citizens' needs by ensuring full complement of staff across contact officers and the Multi-Disciplinary Team (MDT). Developments are underway in collaboration with the IAA</p>



			<p>work stream to monitor the filtering and flow of calls into and out of the service.</p> <p><b>Increase the percentage of new referrals screened within 24 hours</b> – Performance for 2015-16 financial year was 72%. Performance for quarter 1 206-17 of 71%, is lower than quarter 1 performance for 2015-16 of 77%.</p> <p><b>Increase the percentage of people diverted into well-being services</b> – this has increased form 48% in quarter 1 2015-16 to 59% in quarter 1 2016-17.</p> <p><b>Percentage of people contacting the Gateway whose needs can only be met by social services</b> – this has decreased form 52% in quarter 1 2015-16 to 41% in quarter 1 2016-17.</p>
<p>3. We will increase the take up of direct payments to support service users and carers in exercising their right to have a choice and control over the way in which their care and support needs are met</p>	<p><b>A. Jarret</b></p>	<p><b>Green</b></p>	<p>Ongoing development of the in-house Direct Payment support service includes recruitment and up-skilling of the team, a new framework for external DP support, the first of its kind in Wales, launch of the DPSS website, review of processes and identification of critical path to ensure and promote best practice, supported by more robust IT and financial systems and bespoke performance information.</p> <p><b>Number of people accessing direct payments</b> – this has increased from 214 in quarter 1 2015-16 to 294 in quarter 1 2016-17. As at 31<sup>st</sup> March 2016 there were 279 clients</p>



			<p>accessing direct payments</p> <p><b>Number of care and support hours met via direct payments</b> - relating to above clients, 4,893hours as at 31<sup>st</sup> March 2016. This has decreased to 4,321 as at 30<sup>th</sup> June 2016</p> <p><b>Number of people accessing care and support services from social services</b> - quarter 1 2015-16 was 2,629. Quarter 1 2016-17 was 2,604.</p>
<p>4. We will implement 'Pathways to Independence' across community care to ensure adults of working age with care and support needs are assessed and supported in a way which maximises their independence.</p>	<p><b>A. Jarret</b></p>	<p><b>Green</b></p>	<p>'Pathways to Independence' now feeds into the funding and resources panels (2) developed under the single work stream adults social care modernisation. This has been trailed within the complex needs teams and is due to be rolled out across community networks later in the year.</p> <p><b>The percentage of clients who are supported in the Community during the year: Aged 18-64.</b> - Quarter 1 2015-16 was 74%. Quarter 1 2016-17 is 88%</p>
<p>5. We will deliver full integration of community health and social care for frail older people, underpinned by the formal partnership agreement for intermediate health and care services.</p>	<p><b>A. Jarret</b></p>	<p><b>Green</b></p>	<p>Council approved a formal pooled fund arrangement for the delivery of the Intermediate Care Services between NPT CBC and ABMU HB in accordance with Section 33 of the National Health Service (Wales) Act 2006. Anticipatory Care Planning has been launched in the Afan Network Team in collaboration with GP practices in the area with the aim of proactively managing vulnerable patients with</p>



			<p>complex care needs who are at risk of losing their independence. Early indicators are showing positive results and consideration is being afforded to the next roll-out phase across Neath Port Talbot.</p> <p><b>The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over</b> – the rate has increased slightly for quarter 2016-17 to 1.51 in comparison to the same period last year which had a rate of 1.29.</p>
<p>6. We will increase efficiency and value for money of direct services provided by the Council</p>	<p><b>A. Jarret</b></p>	<p><b>Green</b></p>	<p>Projected outturn as at June 2016 indicates a saving of c. £500k across direct services. This is attributable in large to modernising provisions through a series of efficiency-improving exercises (e.g. sickness management, remodelling of service delivery), supported by management of change and ER/VR opportunities.</p>
<p>7. We will review the partnership arrangement with Grŵp Gwalia to ensure it remains fit for purpose</p>	<p><b>A. Jarret</b></p>	<p><b>Green</b></p>	<p>The fourth anniversary of the Grŵp Gwalia contract occurred in April 2016 and both parties are able at that point, to agree variations to the contract. These negotiations have concentrated on the Guaranteed Bed Commitment (GBC) for Phase II of the agreement (1 April 2016 until 31 March 2022). Since the original contract was signed, demand for residential care has reduced from the original estimates. This is largely owing to the success of Early Intervention and Prevention in stemming demand for residential care. Work, to date, has included remodelling</p>



			<p>the GBC to allow the Authority to agree to a block guarantee that will provide sufficient beds to meet its operational demand.</p>
<p>8. We will continue to implement the safeguarding action plan to further improve safeguarding practices.</p>	<p><b>A. Jarret</b></p>	<p><b>Green</b></p>	<p>We continue to develop a core, dedicated team of Designated Lead Managers (DLM's) to manage safeguarding referrals and promote quality care and risk assessment in individual teams. We are currently developing a strategic approach to safeguarding with partners to promote a preventative and collaborative approach to safeguarding adults at risk. We are also investigating ways to improve efficiency by streamlining processes, reducing the number of cases coming into POVA (protection of Vulnerable Adults) and completing a new protocol on meeting the requirements of the Social Services Well-being Act 2014 in terms of Adults at risk.</p> <p><b>Reduce the number of adult safeguarding referrals received</b> - between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016 , 230 referrals were received). The number of referral received during the first quarter of 2016-17 is 88, which is an increase on the 74 received for the same quarter last year.</p> <p><b>The percentage of adult protection referrals completed where the risk has been managed.</b> 100% performance for quarter 1 2016-17. The same as quarter 1 2015-16.</p>

**Corporate Risks (Corporate Risk Register):**





## Improving Outcomes, Improving Lives

*promoting high quality, responsive, citizen  
centred social care*

### Highlight Report – April to June 2016

Ref	Section	Risk Description	Mitigating Action	Latest L'hood score June 16	Latest L'hood impact June 16	Latest Total score at June 16	Latest Proximity at June 16	Target Date	Risk owner
SSH H15	Community Care	Loss of senior staff leading to failure of service delivery	Interim manager put in place; training and development of replacement staff. Plan to secure replacement staff to be developed.	5	4	20 H	1	Ongoing	Director of Social Services Health and Housing
SSH H02	Community Care	Improving Outcomes Improving Lives/Day Opportunities - remodelling of Day Opportunities - stakeholders resist proposals of changes to service delivery	Early and full stakeholder engagement plan to be established in support of each change project	3	5	15 H	1-4	01/09/2016 (updated)	Head of Community Care
NPT1 1	All	Safeguarding – despite the Council's safeguarding arrangements, policies and procedures, vulnerable adults and children may be at risk of significant harm	Regular safeguarding meetings at Head of Service level, close working with schools and Social Services, regular training, continuous review of policies and procedures, designated safeguarding officer.	2	5	10 M	1	Ongoing	Director of Social Services, Health & Housing



**Highlight Report – April to June 2016**

SSH H16	Business Strategy and Housing	Performance of delivering Disabled Facilities Grants will deteriorate as consequence of NPT Homes transferring cases back to the Council	Negotiate with NPT Homes to reduce these cases	3	3	9 M	1	Ongoing	Head of Business Strategy

**Risks are assessed in terms of proximity i.e. when the risk would occur. Estimating when a risk would occur helps prioritise the risk.**

**The proximity scale to be used is:**

- 1. Zero to one year**
- 2. One year to two years**
- 3. Two years to three years**
- 4. Three years plus**