Improving Outcomes, Improving Lives
promoting high quality, responsive, citizen centred social care

Highlight Report – 1st April to 30th September 2016

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**.**

RAG Status	Summary of Progress
Green	Overall we are on track to deliver what we have planned to deliver during 2016-17. 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 and Well-being (Wales) Act 2014, promoting choice and independence and developing community based models in partnership with Health, Voluntary Services and the 3rd Sector. 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. 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. 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 and Well-being (Wales) Act 2014 in terms of Adults at risk. We are also currently developing an overall team framework and future requirements in terms of resource commitment. Projected outturn as at Sept 2016 indicates a saving of c. £541k across direct services.

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What will be different? (Outcomes)	Lead Officer	RAG Status	Progress
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.	**A. Jarrett**	**Green**	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. **The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over** - There has been a slight reduction from 112.37 in quarter 2 2015/16 to 110.6 in quarter 2 2016/17 (*see Figure 1*). **The percentage of clients, who are supported in the community during the year, aged 65+** - quarter 2 performance has decreased from 84.3% in 2015/16 to 82.5% in 2016/17.
2. We will continue to improve the Gateway Service so we can be sure that people are getting the right	**A. Jarret**	**Green**	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

response when they first contact adult social services.			contact officers and the Multi-Disciplinary Team (MDT). Developments are underway in collaboration with the Information, Advice and Assistance (IAA) work stream to monitor the filtering and flow of calls into and out of the service. **Increase the percentage of new referrals screened within 24 hours** – Performance for 2015-16 financial year was 72%. Performance for quarter 2 2016-17 of 67% is lower than quarter 2 performance for 2015-16 of 77%. **Increase the percentage of people diverted into well-being services –** this has increased from 82% in quarter 2 2015-16 to 85% in quarter 2 2016-17. **Percentage of people contacting the Gateway whose needs can only be met by social services** – this has decreased form 18% in quarter 2 2015-16 to 15% in quarter 2 2016-17.
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	**A. Jarrett**	**Green**	Ongoing development of the in-house Direct Payment Support Service (DPSS) 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

needs are met			path to ensure and promote best practice, supported by more robust IT and financial systems and bespoke performance information. To date for the financial year the Authority has claimed back in excess of £115,000 from over supported Direct Payment packages. **Number of people receiving direct payments** – this has increased from 256 in quarter 2 2015-16 to 310 in quarter 2 2016-17. As at 31st March 2016 there were 279 clients accessing direct payments. The trend going forward is for substantial increase in the numbers of DP recipients on target to achieve 40% uptake of Direct Payments by 31.3.17. **Number of care and support hours met via direct payments -** 4,893 hours as at 31st March 2016. This decreased to 4,321 as at 30th June 2016. Comparison between quarter 1 and quarter 2 is not possible as in the intervening period a new method of calculating the value of care packages has been adopted which uses cash values rather than an hours based calculation.

			Number of people accessing care and support services from social services - quarter 2 2015-16 was 2,918. Quarter 2 2016-17 was 2,936.
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.	**A. Jarrett**	**Green**	A Pathways to Independence approach now feeds into the funding and resources panels (2) developed under the single work stream Adults Social Care Modernisation. This has been trialled within the complex needs teams and is due to be rolled out across community networks later in the year. **The percentage of clients who are supported in the Community during the year: Aged 18-64**. - Quarter 2 2015-16 was 93.4%. Quarter 2 2016-17 is 98.6%**.**
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.	**A. Jarrett**	**Green**	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 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. **The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over** – the rate has increased slightly for quarter 2 2016-17 to 3.6 in comparison to the same period last year which had a rate of 2.49 (*see Figures 2, 3 & 4*).
6. We will increase efficiency and value for money of direct services provided by the Council	**N.Jarman**	**Green**	Projected outturn as at September 2016 indicates a saving of c. £541k 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.
7. We will review the partnership arrangement with Grŵp Gwalia to ensure it remains fit for purpose	**N.Jarman**	**Green**	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

			the GBC to allow the Authority to agree to a block guarantee that will provide sufficient beds to meet its operational demand.
8. We will continue to implement the safeguarding action plan to further improve safeguarding practices.	**A. Jarrett**	**Green**	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), the overall team framework and future requirements in terms of *resource commitment* and completing a new protocol on meeting the requirements of the Social Services and Well-being (Wales) Act 2014 in terms of Adults at risk. **Reduce the number of adult safeguarding referrals received -** between 1st April 2015 and 31st March 2016, 230 referrals were received. The number of referrals received during the 2nd quarter of 2016-17 is 168, which is an increase on the 112 received for the same quarter last year.

			The percentage of adult protection referrals completed where the risk has been managed. 100% performance for quarter 2 2016-17. The same as quarter 2 2015-16.

Measures: Graphs

Figure 1

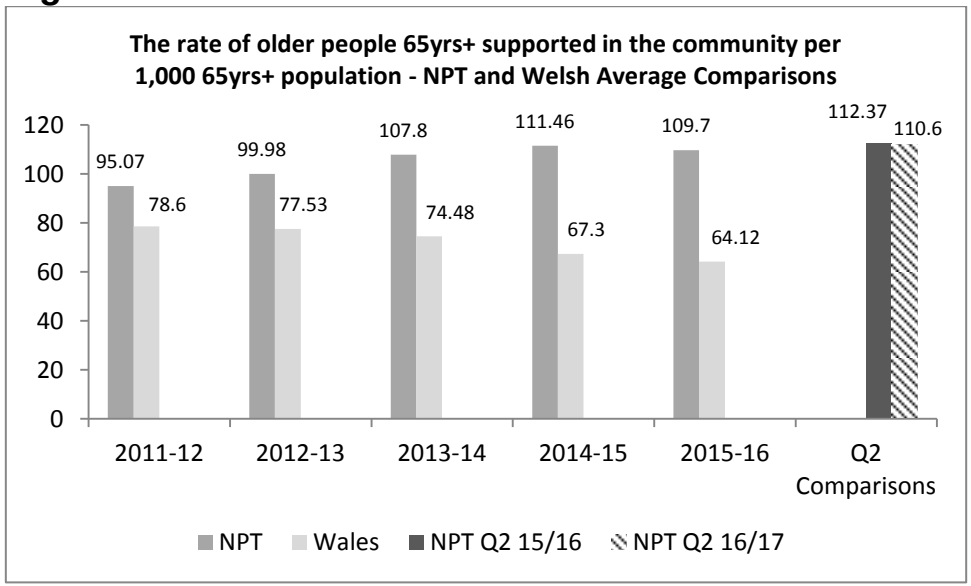

Figure 2

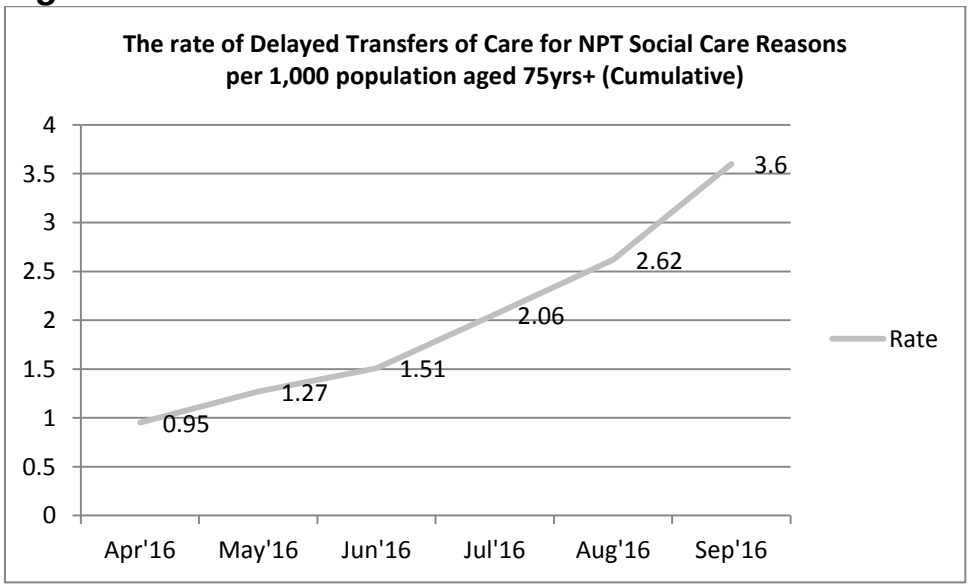

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Figure 3

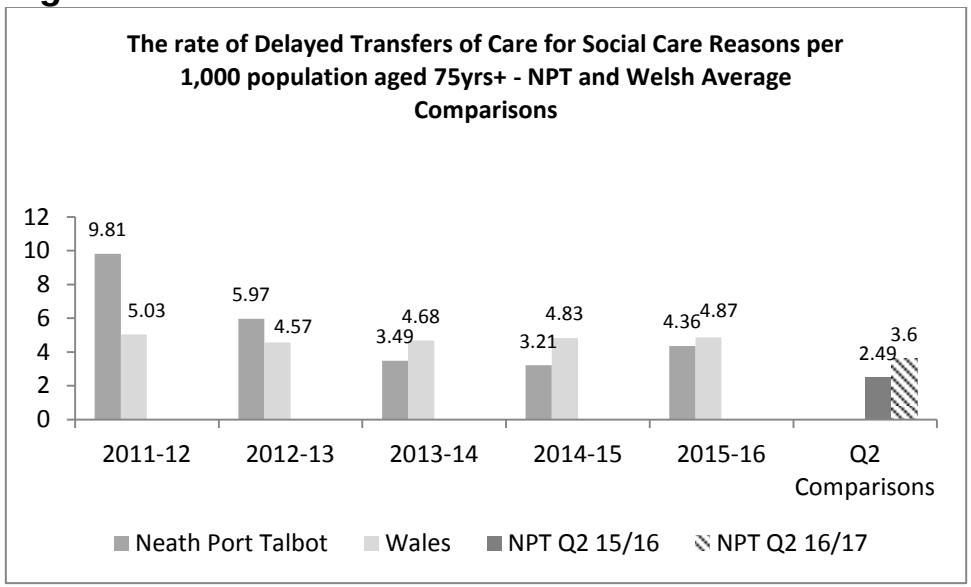
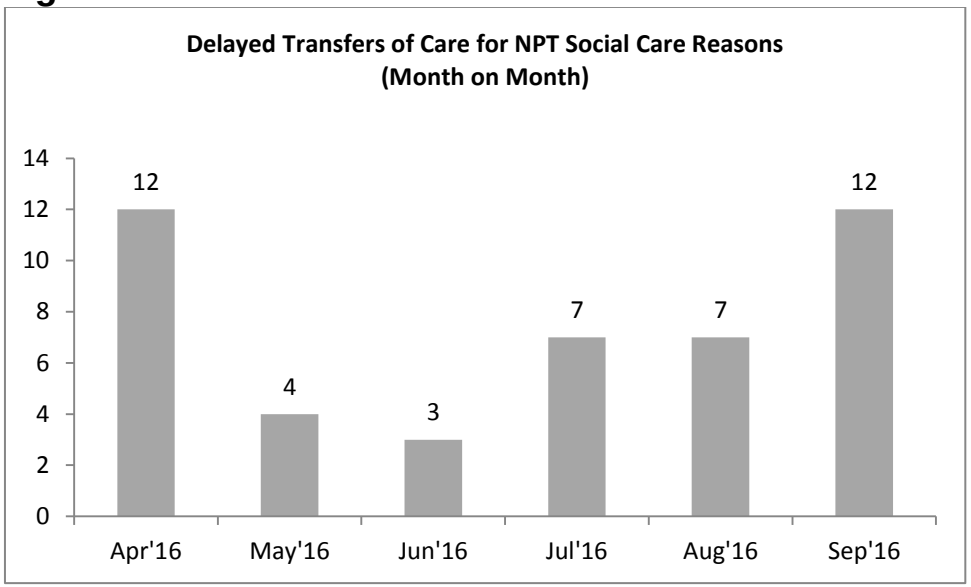


Figure 4



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Corporate Risks as reported to Cabinet 19th October 2016:

Ref	Section	Risk Description	Mitigating Action	Latest L'hood score Sept 16	Latest L'hood impact Sept 16	Latest Total score at Sept 16	Latest Proximity at Sept 16	Target Date	Risk owner
SSHH 15	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	On - going	Director of Social Services Health & Housing
SSHH 02	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.** *Updated Sept 16 – the changes are being made and there is some stakeholder resistance as was expected. At this stage, the process remains on track although the FFP savings will need to be monitored carefully to ensure that the changes do not create pressures elsewhere.*	3	5	15 - H	1 – 4	01/04/ 2017	Director of Social Services Health & Housing
NPT 11	All	Safeguarding – despite the Council's safeguarding arrangements,	Regular safeguarding meetings at Head of Service level, close working with schools and Social Services,	2	5	10 M	1	Ongoing	

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		policies and procedures, vulnerable adults and children may be at risk of significant harm	regular training, continuous review of policies and procedures, designated safeguarding officer. *Update Sept 16 – Corporate safeguarding group meet regularly. Annual programme of safeguarding audits in place including DBS checks, administration of medication and safe recruitment. Clear lines of accountability to ensure that all relevant safeguarding in employment checks are in place.*						

Proximity - 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 used is:

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

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5x5 Risk Matrix below:	
Key	
Likelihood	Impact
1. Very Unlikely	1. Low
2. Unlikely	2. Low/Medium
3. Likely	3. Medium
4. Very Likely	4. Medium/High
5. Certainty	5. High
L	Low Risk
M	Medium Risk
H	High Risk

Likelihood						
5	M	M	H	H	H	
4	L	M	H	H	H	
3	L	L	M	H	H	
2	L	L	M	M	M	
1	L	L	L	L	L	
0	1	2	3	4	5	Impact