

**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
Social Care, Health & Housing Scrutiny Committee**

9th February 2017

REPORT OF THE DIRECTOR OF SOCIAL CARE, HEALTH & HOUSING

Matter for Monitoring

Wards Affected: ALL

Report Title

Corporate Improvement Objective – Improving Outcomes, Improving Lives (IOIL) - Highlight Report – Quarter 3 (1st April – 31st December) 2016-17.

Purpose of the Report

To provide Members with the Improving Outcomes, Improving Lives (IOIL) Highlight Report – Quarter 3 2016-17 which provides a progress update for the first nine months of 2016-17 for one of the six Corporate Improvement Plan objectives which fall within the remit of Social Care, Health & Housing Scrutiny Committee. This will enable the Social Care, Health & Housing Scrutiny Members to discharge their functions in relation to performance management.

Summary

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. Our first point of contact provision will be further strengthened by the recruitment of a Deputy Manager and Contact Officer.

To date for the financial year the Authority has claimed back in excess of £180k from over supported Direct Payment packages. A stand-alone report detailing the actual situation is in the process of being written.

Grŵp Gwalia negotiations have concentrated on the Guaranteed Bed Commitment (GBC) for Phase II of the agreement (1 April 2016 until 31 March

2022). During October 2016 the Council agreed, following public consultation, a variation to the contract. Discussions with Gwalia are ongoing in relation to changes to the contract.

There are now three dedicated POVA coordinators, one full time and two secondments in place. The Adult Safeguarding Team currently sits under the same management as Children's Safeguarding. There are plans in place to establish an integrated team and confirm posts long term based on demand. We have also established an 'at risk' process at point of referral in line with the new Act. We continue to make good progress as evidenced in two recent audits and a review by CSSIW.

Projected outturn as at December 2016 indicates a saving of c. £612k across direct services.

Financial Impact

The performance described in the attached highlight report is being delivered against a challenging financial backdrop.

Equality Impact Assessment

There are no equality impacts associated with this report.

Workforce Impacts

There are no workforce impacts associated with this report.

Legal Impacts

To support the discharge of the duty placed on the Council, as contained within the Local Government (Wales) Measure 2009, to 'make arrangements to secure continuous improvement in the exercise of its functions'.

Risk Management

Failure to have robust performance monitoring arrangements could result in poor performance going undetected.

Consultation

No requirement to consult on this item.

Recommendation

For Members to note the progress report for the Improving Outcomes, Improving Lives (IOIL) corporate improvement objective as contained within the attached highlight report.

Reasons for Proposed Decision

Matter for monitoring. No decision required.

Implementation of Decision

Matter for monitoring. No decision required.

Appendices

Appendix 1 – Improving Outcomes, Improving Lives (IOIL) - Highlight Report – Quarter 3 2016-17

List of Background Papers

The Neath Port Talbot [Corporate Improvement Plan - 2016/2019](#) “Rising to the Challenge”;

Officer Contact

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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 | <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 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. Our first point of contact provision will be further strengthened by the recruitment of a Deputy Manager and Contact Officer.</p> <p>To date for the financial year the Authority has claimed back in excess of £180k from over supported Direct Payment packages. A stand-alone Direct Payments report detailing the actual situation is in the process of being written.</p> <p>Grŵp Gwalia negotiations have concentrated on the Guaranteed Bed Commitment (GBC) for Phase II of the agreement (1 April 2016 until 31 March 2022). During October 2016 the Council agreed, following public consultation, a variation to the contract. Discussions with Gwalia are ongoing in relation to changes to the contract.</p> <p>There are now three dedicated POVA coordinators, one full time and two secondments in place. The Adult Safeguarding Team currently sits under the same management as Children’s Safeguarding. There are plans in place to establish an integrated team and confirm posts long term based on demand. We have also established an ‘at risk’ process at point of referral in line with the new Act. We continue to make good progress as evidenced in two recent audits and a review by CSSIW.</p> <p>Projected outturn as at December 2016 indicates a saving of c. £612k across direct services.</p> |

Highlight Report – 1st April to 31st December 2016

| 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. Jarrett</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>The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over – 108.99 during the period 1st April 2015 to 31st December 2015 compared to 109.33 during the same period this year.</p> <p>The percentage of clients, who are supported in the community during the year, aged 65+ - 84.25% during the period 1st April 2015 to 31st December 2015 compared to 87.5% for the same period this year.</p> |

Highlight Report – 1st April to 31st December 2016

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|---|--------------------------|---------------------|--|
| <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. Jarrett</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 Information, Advice and Assistance (IAA) work stream to monitor the filtering and flow of calls into and out of the service. Our first point of contact provision will be further strengthened by the recruitment of a Deputy Manager and Contact Officer. Gateway Manager noted that their temporary re-location out of Gateway team was a contributory factor in the decrease of the percentage of referrals screened within 24hrs.</p> <p>Increase the percentage of referrals screened within 24 hours – Performance for 2015-16 financial year was 74%. Performance for the period 1st April 2016 to 31st December 2016 is 58%.</p> <p>Increase the percentage of people diverted into well-being services - 87% during the period 1st April 2015 to 31st December 2015 compared to 85% for the same period this year.</p> <p>Percentage of people contacting the Gateway whose</p> |
|---|--------------------------|---------------------|--|

Highlight Report – 1st April to 31st December 2016

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| | | | <p>needs can only be met by social services –13% during the period 1st April 2015 to 31st December 2015 compared to 15% for the same period this year.</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>A. Jarrett</p> | <p>Red</p> | <p>To date for the financial year the Authority has claimed back in excess of £180k from over supported Direct Payment packages. A stand-alone report detailing the actual situation is in the process of being written.</p> <p>Number of people receiving direct payments – This has increased from 271 during the period 1st April 2015 to 31st December 2015 to 339 during the same period this year.</p> <p>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. Further comparisons are 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.</p> <p>Number of people accessing care and support services from social services – 3,157 during the period 1st April 2015 to 31st December 2015 compared to 3,172</p> |

Highlight Report – 1st April to 31st December 2016

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| | | | for the same period this year. |
| 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 | <p>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.</p> <p>The percentage of clients who are supported in the Community during the year: Aged 18-64. – 94.8% during the period 1st April 2015 to 31st December 2015 compared to 99.1% for the same period this year.</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. | A. Jarrett | Green | <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 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-</p> |

Highlight Report – 1st April to 31st December 2016

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| | | | <p>out phase across Neath Port Talbot.</p> <p>The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over – 3.65 during the period 1st April 2015 to 31st December 2015 compared to 4.59 for the same period this year (see <i>Figures 1, 2 & 3</i>).</p> |
| 6. We will increase efficiency and value for money of direct services provided by the Council | N. Jarman | Green | <p>Projected outturn as at December 2016 indicates a saving of c. £612k 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> |
| 7. We will review the partnership arrangement with Grŵp Gwalia to ensure it remains fit for purpose | N. Jarman | Green | <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). During October 2016 the Council agreed, following public consultation, a variation to the contract. Discussions with Gwalia are ongoing in relation to changes to the contract.</p> |

Highlight Report – 1st April to 31st December 2016

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| <p>8. We will continue to implement the safeguarding action plan to further improve safeguarding practices.</p> | <p>A. Jarrett</p> | <p>Green</p> | <p>We now have in place three dedicated POVA coordinators, one full time and two secondments. The adult safeguarding team currently sits under the same management as children’s safeguarding. There are plans in place to establish an integrated team and confirm posts long term based on demand. There is also now an established ‘at risk’ process at point of referral in line with the new Act. All adults identified at risk will have enquiries completed in 7 working days and where appropriate referred on to POVA. The system for doing this is now deployed in terms of IT. A practice note has been distributed across the service outlining duties in terms of adult at risk and POVA. We continue to make good progress as evidenced in two recent audits and a review by CSSIW. Scoping and planning continues in relation to developing an integrated service that includes education, children’s and adults safeguarding. One of the factors for an increase in referrals is due to a small number of homes experiencing escalating concerns. Under these circumstances we tend receive more referrals as the threshold is lowered.</p> <p>Reduce the number of adult safeguarding referrals received – 162 safeguarding referrals received during the</p> |
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Improving Outcomes, Improving Lives

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

Highlight Report – 1st April to 31st December 2016

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|--|--|--|---|
| | | | <p>period 1st April 2015 and 31st December 2015 compared to 238 received during same period this year.</p> <p>The percentage of adult protection referrals completed where the risk has been managed - 100% during the period 1st April 2015 to 31st December 2015 and 100% for the same period this year.</p> |
|--|--|--|---|

Highlight Report – 1st April to 31st December 2016

Measures: Graphs

Figure 1

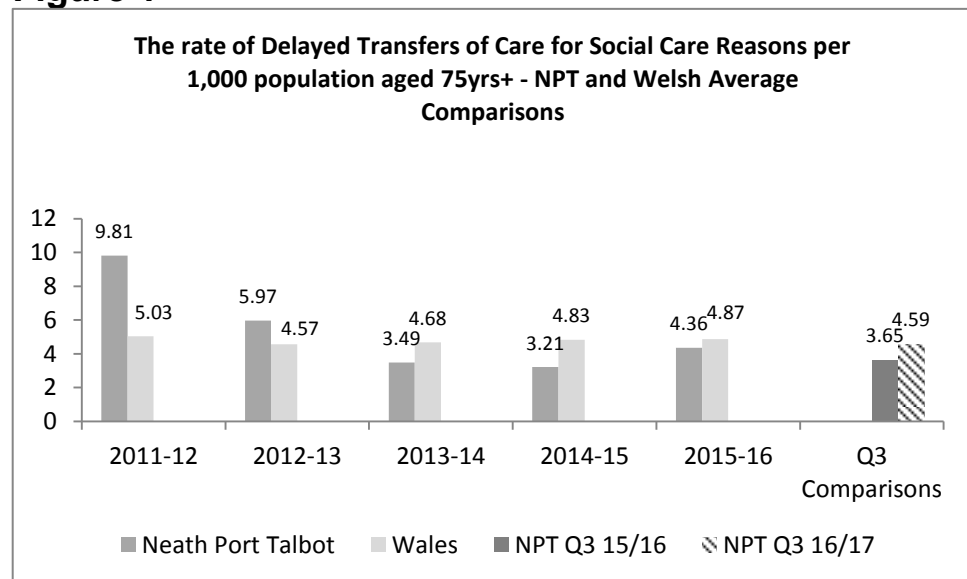
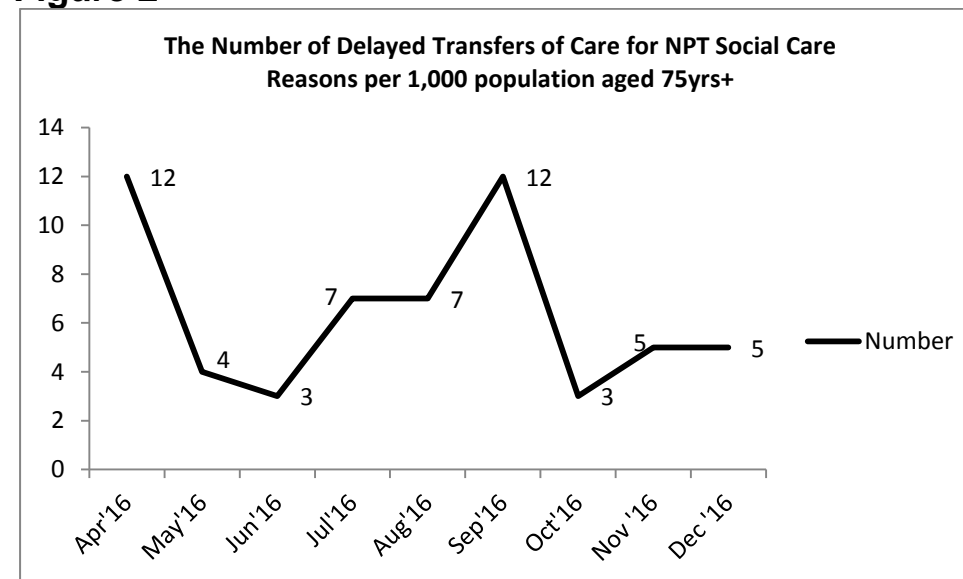
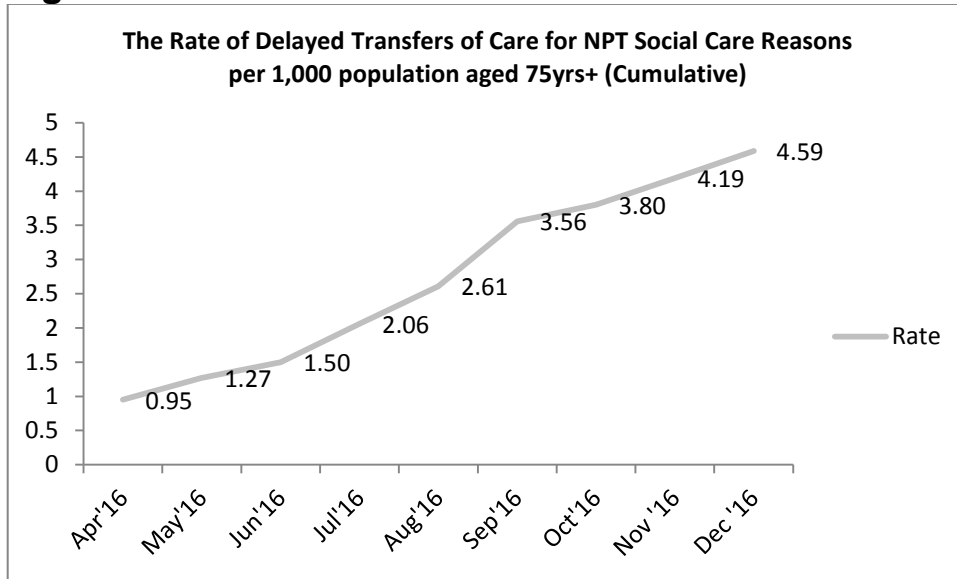


Figure 2



Highlight Report – 1st April to 31st December 2016

Figure 3



Highlight Report – 1st April to 31st December 2016

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. <i>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.</i> | 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, policies and | Regular safeguarding meetings at Head of Service level, close working with schools and Social Services, regular training, continuous | 2 | 5 | 10 M | 1 | Ongoing | |

Highlight Report – 1st April to 31st December 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 |
|-----|---------|---|---|-----------------------------|------------------------------|-------------------------------|-----------------------------|-------------|------------|
| | | procedures, vulnerable adults and children may be at risk of significant harm | review of policies and procedures, designated safeguarding officer. <i>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.</i> | | | | | | |

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: | | Likelihood | | | | | | |
|-------------------------------|----------------|------------|---|---|---|---|---|---|
| Key | | | | | | | | |
| Likelihood | Impact | | | | | | | |
| 1. Very Unlikely | 1. Low | | 5 | M | M | H | H | H |
| 2. Unlikely | 2. Low/Medium | | 4 | L | M | H | H | H |
| 3. Likely | 3. Medium | | 3 | L | L | M | H | H |
| 4. Very Likely | 4. Medium/High | 2 | L | L | M | M | M | |
| 5. Certainty | 5. High | 1 | L | L | L | L | L | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | |
| L | Low Risk | Impact | | | | | | |
| M | Medium Risk | | | | | | | |
| H | High Risk | | | | | | | |