



VALE of GLAMORGAN COUNCIL

# Strong Communities with a Bright Future



DIRECTOR of SOCIAL SERVICES  
ANNUAL REPORT

2015-2016

[www.valeofglamorgan.gov.uk](http://www.valeofglamorgan.gov.uk)

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This Annual Report can be made available in other languages and formats upon request. Please contact Jeanette Winter, Social Services Directorate at the Vale of Glamorgan Council, Dock Offices, Subway Road, Barry, CF63 4RT or electronically [jwinter@valeofglamorgan.gov.uk](mailto:jwinter@valeofglamorgan.gov.uk).

**The Heads of Service who manage the three divisions within the Social Services Directorate have each produced their own report. These are published separately and deal in more detail with all our key priorities, especially in the following areas.**

**Children and young people services:** services for children in need, children looked after by the Council, child health problems and disability, and safeguarding issues.



HOS - Children &  
Young People Service

**Adult services:** services for people with a learning disability, mental health problems, frailty because of ageing, a physical disability or sensory impairment or autism, and safeguarding issues.



HOS - Adult  
Services.docx

**Business management and innovation:** corporate and political support, leadership and culture, financial stability and resources, planning and partnerships, commissioning and contracting, workforce development, management and management structure, performance quality /information systems and management, equality and diversity, procedural protection services for vulnerable people.



HOS - BMI.docx

A Social Services End of Year Performance Report 2015-16 and Target Setting for 2016-17 is also available.



Social Services End  
of Year Overview Rej

## **Introduction**

I am delighted to welcome you to my annual report for 2015/16. Its purpose is to set out to people in the Vale of Glamorgan how social services are meeting the needs of service users and carers, how we have delivered on our priorities during the past year and what our focus will be for the next twelve months.

I am proud to report once again that we were able to make good our collective commitment to providing high quality social care services to our citizens. This report contains considerable evidence showing how most people experience very good care and support from Council social care services because of our focus on achieving positive outcomes for service users and carers, ones which improve their well-being and the quality of their lives.

This is achieved mainly through the sustained efforts of all those social care professionals who work directly with families and individuals in need of help across the Vale of Glamorgan and also through support from our most important partners. My thanks once again to all those who contribute such a wealth of experience, skills and dedication to this enterprise. We value highly the work done by staff, often in very difficult circumstances, and the transformational impact it can have on the lives of people. A series of videos illustrating this point can be seen throughout this document. Beyond the specific services that are highlighted in the report and in the videos, we remember too that many other teams and services can demonstrate substantial and sustained progress last year.

As in previous years, and in line with our strategic direction, we continue to respond to increasing demand for services and financial pressures by taking steps to modernise services and to make them more effective. This means working hard to co-operate and plan improvements with other parts of the Council such as housing and education and with our partners in the NHS, third sector organisations and independent providers of care. Welsh Government initiatives, such as the Regional Collaboration Fund and the Intermediate Care Fund, have provided good opportunities to deliver more joined up working across social care, housing and health services. In this way, we can look to develop the sort of services that people tell us they want and need.

Much of our time last year was spent in preparing to put into effect the new Social Services and Wellbeing (Wales) Act 2014, scheduled for implementation in April 2016. This work is described in more detail later in my report. We have sound reasons for believing that our preparations were the best they could be. This report itself is set out in a way which reflects the new law and its requirements and also our 2015- 2019 service plan.

***Philip Evans***  
***Director of Social Services***

## Summary

- A. Considerable work has been done to develop and improve services, to good effect and with clear benefits to service users and carers. In the face of well understood challenges to sustaining and improving levels of performance, much has been achieved.
- B. We are building on solid foundations and we have clear plans for further innovation as contained in the Directorate's service plan, budget programme and collaborative working agenda and the Council's Reshaping Services programme. Good progress is being made in remodelling some services: this is based upon considerable ambition, realistic plans and attention to detail.
- C. Sustained collaborative working with key partners, at both the operational and strategic levels, are assisting with this programme. The work is not confined to collaboration between or integration of health and social care services, although these are taking place on an unprecedented scale. It is also evident in excellent co-operation between adults' and children's services, between social services and other Council services, and across geographical boundaries with other local authorities, agencies and service providers.
- D. As a result of these programmes, users and carers are seeing improvements in their experiences of care and support and in well-being outcomes. They are increasingly involved in service review and redesign, although there is more to be done to ensure consistent involvement across the client groups.
- E. Internal and external evaluation confirms that most of the organisational factors which support effective service delivery in both adults and children's services are generally in very good order. This includes include strong collective leadership, good corporate and political support for social services, effective resource management, good performance management and increased attention to service planning, commissioning and contracting.
- F. Increasing demand and reducing resources mean that many services are under pressure. This is true for services that the Council provides directly (including family support), those we make available through external providers (including specialist nursing home placements), and services provided by partner organisations (including child and adolescent mental health services). There are plans in place to tackle these service gaps and good progress has been made but the challenges will persist.
- G. Despite our solid foundations and resilience, the year ahead is likely to be exceptionally challenging. There are growing pressures on our communities, service users and carers. The Council and its key partners face severe financial challenges and reduced capacity. We must find time and resources for embedding in practice the Social Services and Well-being (Wales) Act 2014, for making new efficiency savings and for further service remodelling.
- H. Some hard times lie ahead then. I think that it would be wrong for this report to provide unrealistic reassurance but we can take confidence from our many achievements to date and our proven capacity for tackling constructively a range of difficult problems.

## OVERVIEW

1. During the last year, a key priority has been preparing to deliver the Council's new duties and expectations under the Social Services and Wellbeing (Wales) Act 2014, with full implementation from 6 April 2016. The scale of the changes introduced by the new Act, regulations and guidance is substantial. In collaboration with our regional partners, much work has been done to ensure that staff are able to comply with as many of the Act's requirements as possible from the very first day.
2. We recognise that the changes made necessary by the Act will take time to become fully embedded. One of our main priorities in the preparatory and transition phases was to ensure service continuity so that we could providing, without too much disruption, the help on which people depend - often on a daily basis.
3. In making changes, we have sought to build on the regional work already started through the Integrated Health and Social Care Programme Board, grant-funded projects, the Fast Track Integration agenda for older people's services and the children's services integration programme sponsored by the Executive Group of the Local Safeguarding Children Board (LSCB). Key partners across Cardiff and the Vale of Glamorgan have demonstrated growing commitment to working together to improve the way in which our citizens receive care and support, ensuring a more joined up approach - one which achieves the best possible outcomes for people and meets the expectations and requirements of the Act.
4. Our aim is to ensure that we ensure that there is a consistent focus by public services on vulnerable people and those in need of help. It is essential that they receive the right support at the right time, whether they live in their own homes or in settings such as care homes and fostering services. In the past year, we have been particularly successful in changing patterns of services in line with new models of care, developing our commissioning strategies, providing joined up services and managing resources more efficiently.
5. During 2015/16, in children's services, we have:
  - continued to implement successfully the Children and Young People Services Commissioning Strategy 2013-18, alongside work to develop a Corporate Strategy for the Council as a whole;
  - commissioned a second, independent residential care home for children in the Vale of Glamorgan;
  - acted as lead authority for managing the new Regional Adoption Collaborative;
  - reduced the number of children placed in residential care;
  - increased the number of children placed within their wider family in kinship placements;
  - introduced new arrangements through the Cardiff and Vale Local Safeguarding Children Board to tackle all aspects of Child Sexual Exploitation, including prevention, protection and pursuit of offenders;
  - agreed with partner organisations, significant improvements in delivering joined up care and support for children with complex needs because of disabilities.
6. There is considerable evidence that looked after children and young people in the Vale of Glamorgan are receiving timely support and quality services. Every looked after child has an allocated Social Worker. In line with our strategy, we have been able to ensure that

more children remain within their families where it is safe to do so. We have also been successful in our efforts to return children formerly placed out of area.

7. Priorities for Children's Services in 2016/17 include developing and implementing a corporate policy on safeguarding practice, to provide a clear strategic direction and lines of accountability across the Council. Through the Cardiff and Vale Local Safeguarding Children Board, we will work with partners to develop a comprehensive strategy for dealing with Child Sexual Exploitation, including prevention. This is also a specific element in the Council's 2016/20 Corporate Plan.
8. During 2015/16, in adult services, we have:
  - supported 1,692 adults to live at home (compared to 1,665 in 2014/15);
  - provided personalised Telecare support to 332 people (compared to 309 in 2014/15);
  - helped 1,062 older people to live at home (compared to 1,027 in 2014/15);
  - helped more people to remain in their own homes and communities by supporting 374 frail older people in residential/nursing home care (compared to 392 in 2014/15);
  - experienced an increase in the rate of delayed transfers of care for social care reasons per 1000 of the population aged 75 or over - from 4.55 to 4.70.
9. For those adults requiring care and support, we have made good progress in working to put in place new models of service, ensuring that people can get access to the information and advice they need through a single point and that contact centre staff can easily refer cases when an adult has needs for care and support. The Council's Customer Contact Centre at C1V increasingly operates as the main access point for health and social care community services. Staff from social services, the NHS and the third sector are based here, to help us direct people to the right sort of help and to assist people in making contact with those services.
10. The locality model developed in the Vale of Glamorgan removes many of the traditional boundaries between health and social care services. We have implemented an ambitious locality plan for joining up and restructuring the help offered to older adults and people with a physical disability. The development of clusters where GPs and their practices work together has provided a new impetus for this way of working. Community services now operate more effectively by processing casework through either an integrated intake service or a longer-term care service. The Welsh Government Intermediate Care Fund has been used to support development of both the locality structure and improvements to the work of the Customer Contact Centre.
11. Priorities for Adult Services in 2016/17 include review options for providing older people with 'accommodation with care', in line with the Council's Corporate Plan for 2016/20. We will also develop our commissioning strategies for different categories of service user but focusing especially on exploring a range of options for older people who have different care and support needs.
12. The ongoing challenges for Social Services remain:
  - providing effective support for a rising proportion of very old people in the Vale population with increasing levels of need, for children and other people with increasingly complex health conditions and for families experiencing periods of difficulty and vulnerability;

- developing closer partnership working in order to deliver new models of care and support services across the whole range of need;
  - managing reductions in funding while minimising wherever possible the impact on front line service delivery;
  - meeting new service requirements with limited public sector resources available to implement the changes, including those arising from the increased statutory obligations that will be introduced by the Social Services and Well-being (Wales) Act in April 2016;
  - ensuring quality of care, managing risks of service failure and increased safeguarding responsibilities; and
  - reducing unnecessary bureaucracy so that we get help to people more quickly and provide staff with more time for direct work.
13. Looking ahead, I am confident that we are well placed to address these key challenges and deliver the areas of improvement we have identified. We have come to this conclusion because we are performing effectively in relation to our key performance indicators. Our customer experience results, our responsiveness and willingness to learn from a reducing number of complaints demonstrate that we are meeting our commitment to providing very good care and support. As recognised by the Care and Social Services Inspectorate for Wales (CSSIW), we are in a strong position to continue delivering our improvement programme.
14. We will continue to face considerable financial challenges. As a local authority, the Vale of Glamorgan is not unique in having to deliver high quality services within continued constraints on public expenditure. As well as dealing with increased demand for services, Social Services were also required to make cost savings of nearly £1.5m. As part of the Social Services Budget Programme, we did achieve our savings target and ended the year with a balanced budget. This was in the face of pressures arising from demographic changes in relation to older people and the need to increase the provision of social care to those who were becoming very frail. This resulted in an adverse variance of £412k on community care packages, which also includes the under-recovery of income received under the Deferred Payments Scheme.
15. While 2015/16 ended with a favourable financial position for the Directorate, managing expenditure proved to be immensely challenging and there is little prospect of any respite in the year ahead. Social Services will have to make further savings throughout the duration of the Council's medium-term financial plan, notwithstanding increasing costs and rising demand for care and support. The Directorate is currently required to find savings of £2.257m by the end of 2019/20 while the savings target for 2016/17 alone is £1.002m.
16. Despite the increase in demand for services, we are committed to responding positively in managing our budget pressures and rising demand for services, by taking effective steps to reshape our services. In support of this programme, the Council and its partners will carry out a major exercise to assess the needs people across the Vale of Glamorgan have for care and support. We will continue to focus on early intervention and preventative services in adult and children's services to provide opportunities for people to have a life where they are able to achieve as much independence as possible. People tell us that this is really important to them and it is also the only way to deal effectively with increasing demand for our services and reducing budgets.



## Delivering Excellence

17. This part of my report considers how we ensure that people get the help that they need in a timely and effective way. It also explains how we are able to deliver the range and quality of services required to achieve positive outcomes that promote independence and social inclusion and protect vulnerable people from abuse and exploitation.

### 3a) Getting Help

#### **Service Outcome 1: People in the Vale of Glamorgan are able to request support and receive help in a timely manner**

#### **Our service objective as set out in our Social Services Plan 2015-2019:**

- To ensure that people have access to comprehensive information about Social Services and other forms of help and support, and are appropriately signposted to help and supported by proportionate assessments, care and support plans, and services, which meet their individual, assessed needs.*

<b>What were our key priorities for 2015-2016?</b>	<b>What did we do in 2015-2016 to achieve these priorities?</b>
Co-operate with partners to establish effective information, advice and assistance services in accordance with the requirements of the Social Services and Wellbeing (Wales) Act.	A regional Information, Advice and Assistance (IAA) Service working group has helped to define the model that will be used for the Vale of Glamorgan and for Cardiff. They identified and mapped the range of information and advice services in place across the region. On this foundation, we are building a coherent IAA service including the Single Point of Access for Adults and Families First Initial Contact points. Work has been ongoing to put all the comprehensive regional information about relevant organisations on Dewis Cymru (the new national resource directory and on-line citizen information portal which covers Local Authorities, Health Boards, Third Sector and Independent Sector organisations involved in care and support).
Complete the review of current service models in Children's Services in the context of the requirements of the Social Services and Wellbeing (Wales) Act. This will include considering the role of the Resource Panel and its recommendations, with the intention of identifying a more effective means of responding to need and effectively signposting families to	We have reviewed the Resource Panel and put in place an advice line which enables us to respond more effectively to need and to signposting families to the right services at the right time. Successfully piloted during 2015/16, it is intended to continue this approach in the year ahead.

the right services at the right time.	
Continue to develop processes to ensure a full exchange of information between the Child Health and the Disability Team and partner agencies is completed in a timely manner.	<p>We have continued to work with Cardiff Council and Cardiff and Vale University Health Board on joint agreed priorities, including specialist equipment and continuing health care protocols.</p> <p>A Review of the Transition Protocol has taken place, in collaboration with Cardiff Council, health and education partners in order to promote a consistent regional approach to supporting young people in transition. The appointment of a regional Operational Change Manager has enabled the sharing of good practice across the two Councils and preparation of a regional delivery plan for children with complex needs moving into adult services.</p>
In partnership with the Cardiff and Vale University Health Board, consolidate integrated social care and health assessment and care management teams for Learning Disability to improve communication and information sharing.	We have established joint referral and screening processes with the relevant Local Health Board (ABMU), enabling a more streamlined and person-centred approach for citizens. Within the existing staff establishment, we have established a review team comprising health and social care staff. This has resulted in holistic reviews being completed in a timely manner. Joint training in respect of Continuing Health care has taken place, with agreement to develop further opportunities for integration throughout 2016/17.
Deliver on the Telecare Services action plan developed by the Scrutiny Committee Task & Finish group.	The action plan has been mostly completed and the numbers of people being supported by telecare has grown during 2016/17. There are some areas which require further development, probably on a regional basis.
Continue to develop the information and advice service to support individuals with Autistic Spectrum Disorder (ASD).	The Information and Advice Service has delivered social skills training for adults with autism. The service has continued to work with a group of adults initially brought together for an employment skills course. The group now meets as a regular daytime forum in Barry YMCA Hub.
Further develop the employment and skills information resource, <i>Working with Autism</i> .	Supported by funding from Welsh Government and the Welsh Local Government Association, <i>Working with Autism</i> has become a national resource. Over 600 Careers Wales staff have completed the course.
Through changes in the structure and processes of the Vale locality, further develop the integrated health and social care model so that a	The locality structure is now embedded as business as usual, with robust systems for the safe handover of care from the Contact Centre through to the Intake and Assessment Team or the

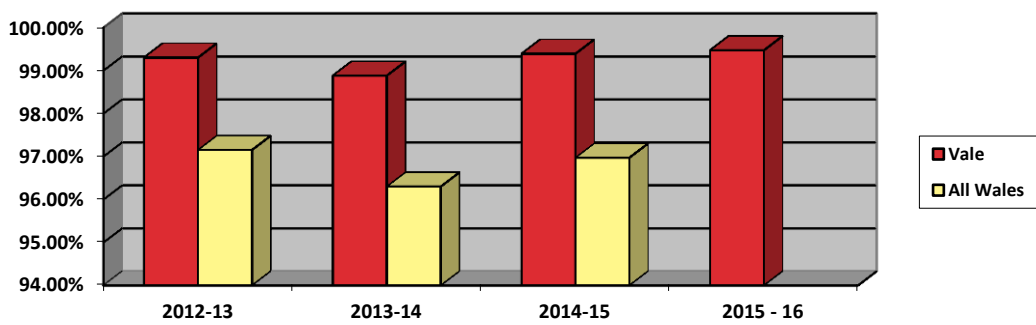
<p>service user's journey through the health and social care system is not impeded by organisational and professional boundaries.</p>	<p>Integrated Discharge Service and on to the Long Term Care Service when people require more sustained interventions. Processes have been streamlined and we are making best use of resources and professional skills.</p>
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**What impact did this have?**

**Children**

- 18. The intended outcome for children and young people is that they are engaged and supported and take full advantage of life opportunities available in their local community and beyond. There is a high and growing demand for children and family services in the Vale of Glamorgan and we are striving to provide support in a way which meets the requirements of the new Social Services and Well-being Act and ensures that people have access to clear information, advice and assistance and that their voice is at the centre of decisions about their care and support.
- 19. During 2015/16, we have been able to maintain staffing levels at the front-line, with a good level of stability amongst the workforce including experienced managers who provide clear leadership to staff teams. While we have experienced some difficulties in recruiting permanently to posts in the Intake and Family Support Team, we have remained committed to ensuring that staffing levels are maintained, where necessary through the recruitment of temporary staff. We are also reviewing our structures to determine the most appropriate allocation and arrangement of resources at the 'front door' or first point of contact with social services.
- 20. As demonstrated in Table 1 below, our staff continue to maintain high levels of performance during initial contact with families. We continue to perform above the All Wales average figure for decisions made on referrals within one working day; as in previous years, a figure of over 99% was achieved.

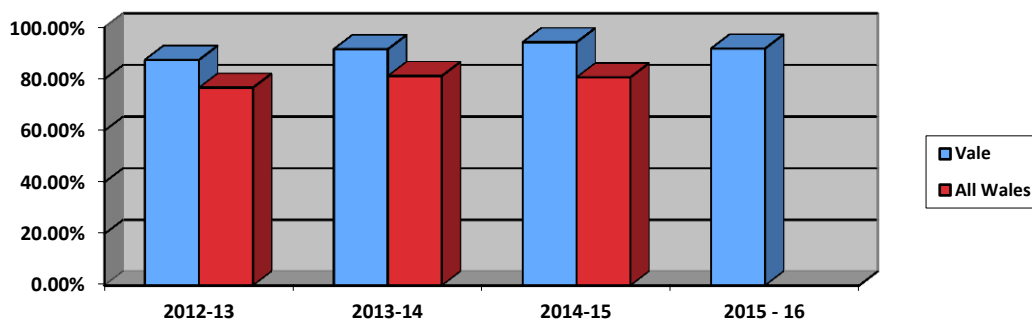
**Table 1: % of decisions made within one working day**



- 21. The National Framework for the Assessment of Children in Need and their Families provides the statutory timescales for work to be undertaken with families as well as ensuring involvement by other agencies such as health education and the voluntary sector where this is appropriate. The timely completion of both

Initial and Core Assessments is also critical to ensuring that appropriate support and services are provided to children and families 'in need.' Initial Assessments should be completed within seven working days and our performance has increased to 90% for 2015/16. Table 2 below also shows that we continue to perform well with regard to the completion of Core Assessments within the recommended 35 working days and our average during the year was 92%.

**Table 2: % of required core assessments completed within 35 working days**

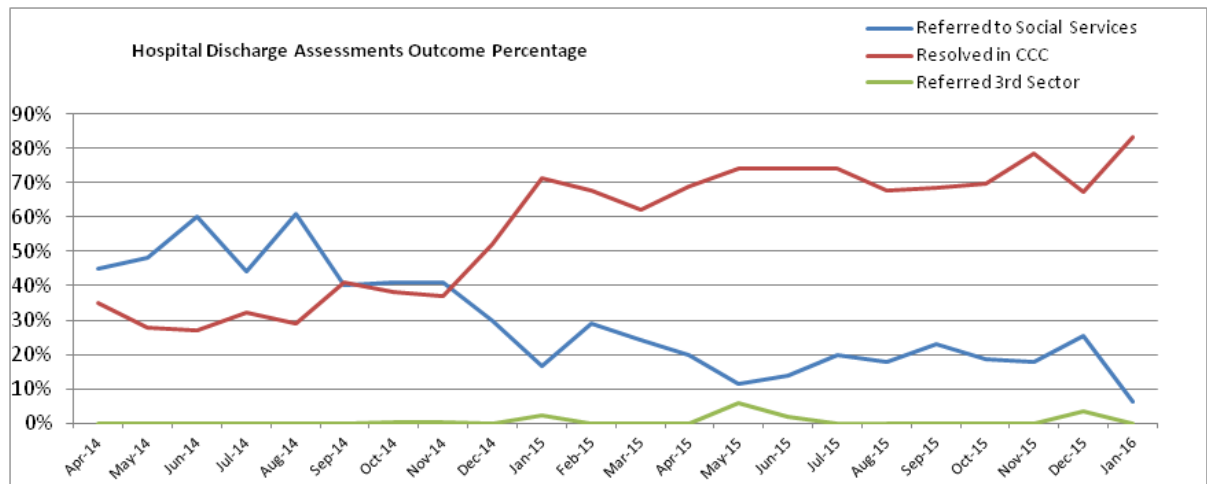


22. Under the new Social Services and Wellbeing (Wales) Act, ways of measuring performance in this area of work will change in the coming year and the Vale of Glamorgan is fully engaged in national programmes to simplify assessment, planning and reviewing processes for individual cases. It is anticipated that this will help to reduce bureaucracy and the disproportionate time staff spend entering information on to case management systems.

### Adults

23. In Adult Services, our efforts to integrate social care and community health services have been consolidated this year following implementation of an ambitious locality plan for joining up the help offered to older adults and people with a physical disability. The development of GP clusters has provided new impetus to this way of working.
24. We continued to receive funding from the Welsh Government Intermediate Care Fund to support the development of this locality restructure. The funding has been used to improve the Customer Contact Centre (CCC) at C1V, to ensure that people have better access to health and social care community services. In the Centre, staff from social services, the NHS and the third sector work together to deal with requests for help. This has allowed us to direct people to the right services first time. Changes in the way the locality operates started in September 2014 and there has a growing impact since that time, as demonstrated by the effect upon hospital discharge assessments shown in Table 3.

**Table 3**



25. The table shows that the number of social care referrals resolved in the Customer Contact Centre (CCC) has significantly increased, to over 70% of the total workload. Those referrals requiring longer-term intervention by care management teams have been reduced. This reflects the added value created through co-locating staff from different professions at the initial point of contact and putting more social worker capacity in the centre. However, the overall number of daily service requests has continued to grow, peaking at 36 in January 2016. It is anticipated that this upward trend will continue, although the impact of the Act on demand for services is not known.
26. There has been a reduction in both the volume and percentage of cases being referred on to the longer-term social work team. During 2015/16, only around 5% of total work volume or an average of 38 enquiries per month have been assigned to this team.
27. The integrated approach adopted by the developing Customer Contact Centre has made a real and noticeable difference to the way we are involved in people’s lives. Set out below is a recent case example to illustrate how the changes have improved the outcomes for a service user and her family.

**Case Examples**

**1) Digital Stories – Karen’s story**

*Karen received a call to say that her father had become unwell. He is the primary carer for her mother, Loris. Karen contacted C1V which was able quickly to assess her mother’s situation and to organise domiciliary care support. Loris was also able to get access to volunteers for befriending, shopping, etc. through the third sector broker in C1V. An occupational therapy assessment and help enabled her to remain in her own home safely. She also used the telecare service, with a pendant alarm to act as a safeguard should she need assistance when alone. Karen was offered and accepted a carer’s assessment. The support offered to the family enabled Karen to continue in her caring role and to remain in work.*

To view this video, please click below

<https://www.youtube.com/watch?v=e6j-yCIBpik&feature=youtu.be>

## 2) Multi- Response

*C is a woman, 83 years old and living with her husband. She has multiple medical problems managed by the district nurse (DN) team and her GP. Her husband was admitted to hospital following a stroke and she was struggling to look after herself at home. Social services provided a care package and the DN called daily.*

*A referral was received from the GP asking the reablement nurse to visit because of concerns about the safety of the patient while living alone. She was leaving the house inappropriately dressed and carrying a carving knife in her bag. Incidents included eating a bag of sugar and setting fire to a tea towel in the kitchen. The referral was triaged by the nurses based at the contact centre and it was established that the reablement nurse would not be required. This was because the nurses at the centre work alongside all the other community agencies involved and could co-ordinate the response from there.*

*The GP was contacted and a referral to REACT was made to address mental health and capacity issues. An internal referral was made to the Telecare service, based at the centre, to secure the most appropriate community alarm equipment. Family relationships had become strained so a meeting was arranged by the triage nurse with the social worker, DN, REACT, daughter and patient to discuss the situation and provide a multidisciplinary approach to providing safe and appropriate care.*

Improvements in our services for people with a Physical Disability during the last year included introducing a more streamlined process for assessing people who need a sensory impairment service. This has improved response times considerably. However, more work is needed to ensure that we can meet the demand for help from growing numbers of people with a visual impairment. In collaboration with the Housing Service, we continued to reduce the time it takes for both adults and children to get a Disabled Facilities Grant.

## Carers

28. Our performance in completing carers' assessments has remained at a high level during 2015/16. The Council continues to receive very positive comments from carers in relation to the support offered to them.
29. The Carers Measure Working Group continued to meet during 2015 and helped to prepare organisations for the changes anticipated in implementing the Social Services and Wellbeing Act, putting us in a good position to respond appropriately. The roles of our Carers Support Officers were reviewed to ensure that the service will be able to meet these new requirements. The posts are seen as essential in ensuring that carers received advice, support and assessment to enable them to continue in the caring role. During 2015/16, we successfully appointed additional Carers Support Officers and currently each care management team has a dedicated resource that they can access to support their client group.

30. Performance in terms of young carers known to the Council being assessed and also receiving a service remained at 100%. Funding from Families First and Carers Services was used to provide a Vale Young Carers Project which offers them opportunities to have a break from their caring role and to meet other young people in similar situations. During 2015-16, 50 young carers used the project and 15 of them received one-to-one support in their home. Feedback was uniformly positive.

### **Case Example: Young Carers Project**

*M has been receiving one-to-one support from the Vale Young Carers Project once a week at school. His mother has a personality disorder and struggles with substance misuse. He needs emotional support because difficulties in dealing with home life and the role of a young carer mean that he is reluctant to engage with those who can help. M finds it hard to move on from negative experiences in the past which still upset him and make him.*

*The Young Carers Project Worker decided to build a 'life journey' map to map out all the negative and positive experiences and memories in M's life and put them along a road to show the way this has happened. These were used at the beginning of every session to discuss any new experiences M wanted to add. This has enabled him to realise that some of the negative experiences were confined to the past. The school has seen improvements in his behaviour and he is looking to the future more positively. There is a visible improvement in M's emotional development. He is now coming out on group respite activities and able to enjoy the company of other young carers.*

### **What are the main challenges now?**

- Implementing new ways of working in keeping with the new Social Services Well Being Act, with a particular focus on the priority work-streams of:
  - Provision of information, advice and assistance services (IAA)
  - Becoming more focused on outcomes when we assess need and eligibility and make plans for matching needs and services
  - Planning and promoting preventative services and early intervention.
- Sustaining and improving levels of service delivery and performance while managing customer expectations in a context of diminishing resources.
- Keeping sufficient operational staff capacity to ensure that assessments and care plans are completed in a timely way.
- Meeting significant new legal requirements with reducing capacity and a requirement to make more budget savings.

## **What are our priorities for 2016-2017?**

### **We will:**

- further develop the Information, Advice and Assistance (IAA) Service by:
  - consolidating our work to put in place the DEWIS Cymru information portal to ensure that it has all the content for this region in place, especially information relating to preventative services for adults and children;
  - reviewing and amending processes at the Customer Contact Centre to support the provision of advice and assistance;
  - co-ordinating aspects of the service which focus on children and young people services (including the Family Information Service and the Families First Advice Line);
  - work towards better integration of the Information and Advice Service for people with Autism with the work of the IAA.
- ensure sufficient numbers of staff are appropriately trained in order to deliver those aspects of the Act which deal with improving the ways in which people are able to request support and receive help in a timely manner.
- make changes to our framework for assessment and planning in individual cases (including processes, practice and case management IT infrastructure) to ensure compliance with the requirements of the Act and to focus more on outcomes and matching needs and services.
- develop the single Point of Access for the integrated locality social care and community health service through improvements to the technical infrastructure and linking to an increased range of functions (such as the Cardiff & Vale UHB Elderly Care Assessment Service (ECAS), day hospitals and the Cardiff & Vale Integrated Discharge Service).
- improve support for frail and older people by better care coordination between social services, health, housing, and the third and independent sector throughout the system and strengthening whole system the resilience (including unscheduled care).
- further develop models of service that emphasise improving access to preventative services and early intervention, including adoption of commissioning practices which promote community resilience.
- develop a Long Term Care Review Team to ensure that service users have an annual review and a named contact for the rapid resolution of any problems.



### 3b) Providing Services

**Service Outcome 2: Social Services in the Vale of Glamorgan review, plan, design and develop quality services that deliver best value for money to improve outcomes for individuals**

**Our service objective as set out in our Social Services Plan 2015-2019:**

- To have in place clear planning and programme management processes, which are identified in commissioning strategies and annual commissioning plans, and help to ensure an appropriate range of services that deliver equity of access, joined up services and best value from a variety of providers with defined, proportionate budgets directed to meeting service priorities.*

<b>What were our key priorities for 2015-2016?</b>	<b>What did we do in 2015-2016 to achieve these priorities?</b>
Deliver actions identified in the regional plan for implementing the Social Services and Well Being Act	Nine work streams were developed to take forward the actions identified in the regional implementation plan. Senior officers from Cardiff and the Vale of Glamorgan were allocated to lead the work streams and a Regional Steering Group was established to ensure oversight of the programme. Regular update reports demonstrated the considerable progress made.
Fast track integration of services, particularly with the NHS and in the area of older people's services, to achieve better outcomes for service users and carers	The Integrating Health and Social Care Services Programme is in place to increase the scale and pace of work to join up health and social care services across the Cardiff and Vale region. An independent review of the existing integration arrangements across the region has been undertaken. The recommendations in the report will be used to generate an action plan for further significant developments in the pattern of integrated services.
Consider fully the implications of the Social Services and Well Being Act as they relate to looked after children and demonstrate our ability to respond to these changes	We have worked alongside statutory and third sector partners to prepare for the challenges we face in ensuring that new requirements can be met and have considered the implications of the regulations and guidance published during the year. We have developed an implementation plan and made significant changes over the last year to ensure good outcomes for looked after children are being achieved within the context of high quality, sustainable and stable placements. The numbers of looked after children has remained stable (193 on 31st March 2016) and only three children were placed outside Wales.
Co-ordinate preventative and	The focus on prevention and earlier intervention is

<p>early intervention services for families in the greatest need including Flying Start, Families First and Intensive Family Support Services</p>	<p>a key part of the efforts of the Council and its partners to change the way in which services meet need in line with the expectations of the Act. Working with the three partnerships, the Poverty Alignment Group has helped to second Communities First staff to help deliver the same family support models as Families First. Flying Start and Communities First have jointly funded a shared Health and Wellbeing Social Worker post. This model of working, joining up the three main poverty-related grant programmes and pioneered in the Vale of Glamorgan, is now being promoted at a national level.</p>
<p>Complete the review the Children and Young People Services Commissioning Strategy 2013-2018</p>	<p>We have reviewed the Commissioning Strategy, to ensure it continues to provide an appropriate focus on the needs of children and their families and makes the best use of resources in meeting those needs. The Strategy is now being developed as a Corporate Strategy, engaging all the Council's directorates.</p>
<p>Contribute to implementing the LSCB Integration Programme as it relates to agreed priorities regarding children with disabilities, CAMHS provision and models of entry into Children and Young People's Services</p>	<p>We have been working with our partners to develop costed proposals for a wide range of service reforms, to be undertaken on a regional basis. This includes: enhanced transition arrangements; an integrated complex needs service for children and young people; a co-ordination and support service for young people with neurodevelopmental conditions. The partnership is looking to establish ways of funding these proposals. Extensive changes are underway to the services for children with mental and emotional health needs.</p>
<p>Review the use of Families First funding, in the context of the requirements of the Social Services and Wellbeing (Wales) Act, to ensure our priorities our appropriately targeted and services are delivered effectively to families</p>	<p>We have reviewed the use of Families First funding, including the need to respond to a 12% reduction in Welsh Government funding for 2016/17. A number of changes have been introduced as a consequence, including launch of a Families First Advice Line to offer information, support and advice prior to signposting professionals and families to available services or confirming the need for an assessment.</p>
<p>Work with our statutory partners to review ICT support required and plan for the implementation of the new All Wales system</p>	<p>We have worked with our statutory partners in the region to begin the work needed for adopting the new Welsh Community Care Information System (WCCIS). It is being designed to allow information to be shared between different Health Boards and social services departments instantly. The new system will enable social services (adults and</p>

	children) and a range of community health services (including mental health, therapy and community nursing) to more effectively plan, coordinate, and deliver services and support for individuals, families and communities. The Care Director system is currently under development. Implementation in the Cardiff and Vale region is currently planned to take place in October 2017 and preparatory work is underway.
Review our commissioning arrangements for domiciliary care to ensure value for money and quality service provision	This work stalled during the year because of the need to respond urgently to the likely impact upon fee levels of policy changes in areas such as the National Living Wage. This work will resume in the next financial year and the need has grown more acute with evidence that the commercial sector is struggling to meet growing demand for domiciliary care services and changing expectations about the type of care required.
Continue to work with the Wales Co-operative Centre to develop accommodation services for older people.	A further workshop took place in January 2016. Changes within the housing sector associated with Welfare Reform have made it more difficult for third sector organisations and social enterprises to commit to specific proposals. The Vale of Glamorgan continues to engage with potential partners at a national and regional level. This action will be included in next year's improvement priorities.

### What impact did this have?

#### Children

31. Our focus in 2015/16 has been on ensuring that we continue to meet the growing demand for children and family services by offering a range of services which provide effective help and support to those vulnerable children, young people and families assessed as being "in need."
32. While continuing to meet the key strategic objectives set out in the Children and Young People's Commissioning Strategy 2013-18, we have started a review of the Strategy with the intention of implementing a Council-wide corporate strategy in 2016/17. Other significant changes in the last year include:
  - opening our second commissioned residential provision in the Vale of Glamorgan
  - acting as lead authority for implementing the Regional Adoption Collaborative
  - reducing again the number of children placed in residential care
  - increasing the number of children placed within their wider family by means of kinship placements.

33. There is considerable evidence that the needs of looked after children are being met. In contrast to many other local authorities, numbers of looked after children have remained relatively stable over the year: 184 at the end of March 2014 and 193 at the end of March 2015. This includes children who are subject to Court Orders but placed either with their parents or within their wider families in kinship placements.
34. We have been successful in our efforts to return children placed out of area to placements within Wales. In March 2016, of the 153 children placed in foster or residential care, only three were in (very specialist) placements outside Wales. Our recruitment strategy for increasing the number of local authority foster carers has continued to deliver against the targets set for the year. Over a two year period, the service has recruited an additional 15 foster carers. This should help to reduce our reliance on independent fostering agencies and promote our ability to place locally. Also, we are piloting a therapeutic function within the Fostering Service, to promote placement stability.
35. The Commissioning Strategy for Children and Young People Services 2013-2018 sets out how the Council intends to meet the well-being and social care needs of children, young people and their families within the resources available. It has been recently revised and includes an analysis of the need for services. The strategy describes the tiered model of services that is in place to guide the way in which resources are allocated and to help with decision-making in individual cases. The tiered model is reinforced within the Social Services and Well-being Act, which aims to promote delivery of the right services at the right time, working in partnership with families to help them achieve what matters most to them.
36. Work to implement the model within Children and Young People Services and in partnership with other directorates across the Council, the NHS, the third sector and the independent sector has produced significant results. By ensuring a focus on early intervention and preventative action across all service provision for children, we have been able to support families to stay together and to reduce the need for children to be looked after outside their families. This has helped us to manage demand for care and support at lower levels of intensity or intervention.
37. The use of Families First Funding has been reviewed within the context of the new Act and a reduced grant from Welsh Government. Central to this has been our ability to ensure best value and to protect frontline provision. The programme continues to deliver ten projects that are proven to be effective. There has been an increase in the number of families benefiting (270%) and in the number of children and young people (500%). Numbers using the schemes as a whole show an increase.
38. Key elements in the overall spectrum of services include:
  - **The Families Achieving Change Together (FACT) Team** which plays a critical role in supporting children and young people to remain living with their family networks minimising the need for more intrusive and costly intervention. 258 referrals were received across the Vale of Glamorgan in 2015/16 leading to 82 assessments. 92 families were signposted to alternative services and the project successfully ended involvement with 64 families.
  - **The Flying Start Programme** which aims to identify need and to intervene early through a multi-agency team that addresses issues having a negative impact on

the health and well-being of families. In 2015/16, provision included: 278 packages of enhanced Parenting Support; 312 packages of enhanced Early Language/ Play Support; 280 childcare places provided to children aged 2-3 years; and around 15 weekly opportunities for families to attend groups, clinics and open access play sessions.

39. Launched in July 2015, the Families First Advice Line takes initial requests for referrals to FACT and also offers information, support and advice - signposting professionals and families to available services or confirming the need for a social services assessment. Use of the Advice Line has been growing steadily and 114 calls have received a response. Discussions about future positioning of the Advice Line are underway, exploring links between the Family Information Service and the developing Information, Advice and Assistance (IAA) service required by the Social Services and Well-being Act.
40. During the last year, the Youth Offending Service (YOS) has delivered a range of activities identified within its Reducing Re-offending Action Plan. There has been a decrease in both the binary and frequency rate of re-offending. The majority of actions identified in the Custody Action Plan have also been implemented. As a result, the YOS has seen a reduction in the use of custody, from 0.49 per 1000 of 10–17 year olds to 0.25.

## **Case Examples**

### **1) Digital Stories – Claire and Malachi’s Story**

*Claire and her son, Malachi, were both feeling fearful and anxious about the situation at home. Neither wanted to reach out for support feeling that there was stigma attached to this. However, Claire approached her GP who made a referral to the Social Services Department. This enabled Claire and Malachi to access the FACT service (Families Achieving Change Together). They were able to use a range of services which helped them to recognise the strengths they had as a family and how to make use of the support available. Claire attended a parenting course which she found very beneficial and Malachi used the ‘Emojis’ programme run by the Vale of Glamorgan Youth Service. These courses, coupled with practical assistance and devising strategies to help them cope, enabled mother and son to develop stronger bonds and to feel relieved that they had reached out for support.*

**To view this video please click below**

<https://www.youtube.com/watch?v=pJlrac93qz8&feature=youtu.be>

### **2) Digital Stories - Romeo’s Story**

*Romeo became unwell with a very rare condition which resulted in life-changing surgery including amputation of both legs. To enable Romeo to continue taking part in activities with his family and friends, our occupational therapy service has supported him with equipment and home adaptations.*

**To view this video please click below**

[https://www.youtube.com/watch?v=OLnX\\_RTbyDc&feature=youtu.be](https://www.youtube.com/watch?v=OLnX_RTbyDc&feature=youtu.be)

### 3) Digital Stories – Flying Start

*A young parent, A lives with her two children and her partner and works part-time. During an introductory visit, a parenting worker observed A struggling to manage the behaviour of her two-year old son. He was displaying typical behaviour issues for a child of his age and stage of development, including temper tantrums and snatching. A shared some difficult feelings, about regarding herself to be a failure in her role as a mother and about her fears that this was affecting her relationship with her partner and her feelings towards her son. Although keen to attend the nurturing programme, A the behaviour of her two-year old son. He was displaying typical behaviour issues for a child of his age and stage of development, including temper tantrums and snatching. A shared some difficult feelings, about regarding herself to be a failure in her role as a mother and about her fears that this was affecting her relationship with her partner and her feelings towards her son. Although keen to attend the nurturing programme, A doubted anything could possibly change but she attended all ten of the weekly nurturing programme sessions; with her partner, she diligently tried out the family practice tasks. A embraced the programme fully and threw herself wholeheartedly into each and every new idea. Today, the parents are more confident and work as a team. Using the new strategies, it has been possible for them to manage their children's behaviour in a calm and positive way.*

#### Adults

41. In Adult Services, the service, staffing and management structure for the locality has been extensively restructured, creating further management roles which operate across traditional health and social care boundaries. This has enabled us to create a completely unified locality approach to delivering adult social care and community health services for older people. Prevention, early intervention, reablement, intermediate and long-term care are treated as part of a single, co-ordinated and community-based system. Community care services now operate with an integrated intake team and a longer-term care team.
42. The increase in demand for services continued during 2015/16. We expect that this upward trend will continue, although the impact of the Social Care and Wellbeing (Wales) Act is not yet known. The number of people supported to live at home has increased since last year (from 1665 to 1692). Also, the size of individual care packages has increased, indicating that we are meeting the needs of people with more complex difficulties and higher levels of acuity when they fall ill. This shift to supporting more people to continue living in their own homes is demonstrated too by the reduction in the number of older people living in residential or nursing care (from 392 to 374). For the Vale of Glamorgan, the rate for use of residential care per head of older people in the population remains well below the Welsh average.
43. Our services for people with a Learning Disability continued to undergo significant changes, particularly with regard to Day Services. Moving away from a model of provision largely based within fixed centres, we are seeking ways to deliver support which is more grounded in meeting the specific assessed needs of individual service users and their goals in life. This has involved working in partnership with a wide variety of organisations, including social enterprises and

stakeholder co-operatives. Pilot projects are already demonstrating the benefits of this person-centred approach. Further development of the Council's own day services, to support those with especially complex health and social care needs, will continue into 2016/17.

44. We have continued to make improvements in supported accommodation services. This has involved expanding the Adult Placement Service which offers people both long and short-term placements within a supportive family environment. In addition, our respite care provision is being reviewed. We are looking to put in place a model of service delivery which ensures that people with the most complex and challenging needs can get access to the most appropriate care and support.
45. The Council has worked alongside the Mental Health Clinical Board in undertaking a comprehensive review of Community Mental Health Services. With the NHS, we are looking for ways to share out a growing volume of work more effectively. It is our intention to continue playing a key role in helping to decide the future structure of adult mental health care across the Vale of Glamorgan and Cardiff, ensuring effective provision of social work interventions. The next twelve months will see us finalise details of the new model.
46. Significant changes in the structure and operation of Community Drug and Alcohol Services came into effect during 2015/16. Changing the balance between statutory sector and third sector provision has led to a more recovery-focused approach to supporting people with substance misuse problems.
47. Taking lessons from the Learning Disabilities Day Opportunities Strategy, New Horizons is developing a wider range of activities that people with a Physical Disability or Sensory Impairment that service users can use on a sessional basis. This approach will be developed further in 2016/17.

## **Case Examples**

### **1) Co-production in action**

*Mrs G is a 58 year old woman who suffers from scoliosis, a chronic degenerative spinal condition. Despite several operations, her condition has deteriorated rapidly in recent years, leading to depression, loss of self-confidence and low self-esteem. Mrs G has considerable help from various sources including NHS Staff (Consultants, Nurses, OTs and Physiotherapists), Social Services, the Third Sector Broker and the British Red Cross Community Support Service. However, she was becoming overwhelmed by the scale and scope of the support programme.*

*In the course of several visits, the British Red Cross support worker took time to explain to Mrs G the various roles of each worker, as well as drawing a diagram to help her understand the overall picture. Mrs G found this to be a great help and relief. In addition British Red Cross worked with Mrs G to ensure that she is receiving the correct benefits, to assist her with getting a Blue Badge to help with mobility issues and to give her emotional support during a health crisis.*

*This is a good example of co-production where each agency works within their professional boundaries but in a co-ordinated way and one which is negotiated with the service user. It also demonstrates how a third sector organisation can add*

*something extra....which is sometimes just time!*

### **What are the main challenges now?**

- Implementing the requirements of the Social Services and Wellbeing (Wales) Act in the context of reducing budgets.
- Maintaining the pace and scale of the service changes required while at the same time continuing to identify and make financial savings.
  - Continuing to meet increasing demand across all service groups.
  - Making use of the Council's "Reshaping Services" agenda to support our efforts directed at introducing new ways of providing care and support.
  - Exploring ways of safely reducing numbers of looked after children.
  - Managing with less capacity and capability to meet the needs of our most vulnerable clients given the potential for workforce reductions in some areas and the consequential loss of experience and knowledge.
  - Sorting out the HR and IT consequences of greater service integration across health and social care.
  - Adapting to the way in which some aspects of services (such as fostering, advocacy, adult residential care placements and autism) are being delivered increasingly at national and regional levels, as well as within local authority areas.

### **What are our priorities for 2016 - 2017?**

#### **We will:**

- Carry out a Population Needs Assessment in line with the requirements of the Social Services Wellbeing (Wales) Act, helping us to identify the range of preventative and well-being services available and see if it meets the needs of people who need care and support, identifying any gaps in provision.
- Continue to focus on developing reablement and family support services, to promote independence.
- With our regional and local partners, deliver the programme of service reform which is being managed under the Intermediate Care Fund.
- Review accommodation with care options for older people and redesign our Commissioning Strategy in partnership with Housing and the University Health Board.
- Continue to increase the provision of direct payments.
- Develop services that will enable us to reduce safely the numbers of Children who are Looked After.
- Implement a Corporate Strategy for children who need care and support, including work to maximise opportunities for joint working between services provided by Families First, Flying Start, Intensive Family Support and Communities First programmes.
- Identify ways of commissioning more effectively services where there are concerns about quality of care or sustainability especially domiciliary care and respite provision.



### 3c) Outcomes

#### Service Outcome 3: The Vale of Glamorgan Council protects vulnerable people and promotes their independence and social inclusion.

##### Our service objective as set out in the Social Services Plan 2015-2019:

- *Through the Council working in co-ordination with other organisations, to ensure that people are helped to achieve their best possible outcome and that people at particular risk have their wellbeing promoted and are safeguarded from abuse and exploitation.*

What were our key priorities for 2015-2016?	What did we do in 2015-2016 to achieve these priorities?
Respond in a timely way to increased requirements in the Social Services and Wellbeing (Wales) Act as they relate to children and adults, ensuring our responsibilities to vulnerable people in the Vale of Glamorgan are prioritised.	We have already established regional Safeguarding Children and Adult Boards, chaired by the Directors of Social Services, with representation from a range of statutory agencies including LAs, Health, Probation, the Police and the Third Sector. Board members have been made fully aware of their responsibilities in this new role. Work is ongoing to brief officers in the first points of contact on key safeguarding issues so that there is no delay in responding to any concerns as we begin to operate under the Act.
Explore with partner agencies ways of increasing the resources available to the regional safeguarding boards for children and adults.	Work has continued on developing regional safeguarding boards for children and for adults. A joint Business Support Unit has been proposed. Subject to all partners agreeing the funding formulas and forward work plan, the Unit will be operational within the next financial year.
Finalise and implement the revised structure for ensuring that concerns about vulnerable adults are dealt with in a timely and appropriate manner.	The Act introduces adult protection and support orders (APSOs). These are to be used only in exceptional circumstances. Key staff are being trained to ensure that they are aware of all new responsibilities in respect of vulnerable adults who are at risk.
Work with the police and other agencies to improve our awareness of child exploitation rates by developing baseline data that will inform a strategy for early intervention and also deal effectively with cases where multiple abuse is suspected.	We have started to collect more robust data in respect of children about whom there are concerns relating to child sexual exploitation, to inform assessment and service delivery. Child Sexual Exploitation has been and remains a key priority area for the Cardiff and Vale Local Safeguarding Children's Board. A new strategy has been completed to help consolidate emerging best practice. Police have developed a sophisticated

	database to help agencies gather intelligence about potential victims and perpetrators. We are engaged in a pilot scheme to gather data about the occurrence of CSE in Wales and the responses being made.
Lead on developing a corporate safeguarding policy for the Council.	A corporate safeguarding policy and procedure has been developed, ratified and launched to assist all staff in their responsibilities to safeguard and promote the welfare of vulnerable people. The policy has been launched and it has been placed on the StaffNet, alongside guidance to support staff. Training has been provided for Elected Members.
Consider the final recommendations of the strategic review of services for disabled children and their families, and develop a joint plan of implementation with our strategic partners, especially in the area of transition to adult services.	We have concluded an extensive review of the transition policy to ensure that children moving on from receiving support from the Child Health and Disability Team at age 18 experience improved continuity of support and services according to their needs from Adult Services.
Develop a Dementia Resource Service for service users and carers	Rondel House Day Services has received significant investment to develop a specialist day-time resource, offering people with dementia meaningful occupation and social contact. This also provides respite for families and carers. Staff are receiving specialist training to support people with more acute needs.
Ensure that the transition of the Independent Living Fund to Welsh Government and to service users in the Vale of Glamorgan is facilitated at the end of June 2015.	The transition has been managed smoothly with all users continuing to receive funds without delay. Monitoring information has been returned to Welsh Government as required.

## What impact did this have?

### Children

48. Protecting vulnerable children is at the core of what we do in social services. The service has maintained a high level of performance for decisions made within one working day, achieving a rate in excess of 99% for the year. When there are concerns that a child or young person may be at risk of being harmed or neglected, the assessment starts immediately. Although the number of children on the Child Protection Register has continued to fluctuate we know that multi-agency assessments, decision-making and planning are helping to ensure that the most

vulnerable children and young people are identified and supported appropriately. We have also ensured that children involved in child protection processes are offered an advocate.

49. The number of children and young people whose names are included on the Child Protection Register (CPR) has risen to 101 as at 31 March 2016 following a sustained rise from 73 in 2011, 114 in 2012, 124 in 2013 and a fall to 86 in 2014, then slight increase to 90 in 2014. During 2015/16, there were 1055 referrals to the Intake and Family Support Team, of which 229 progressed to a strategy discussion and 167 initial child protection conferences were held (compared to 178 during 2014/15). Our work in multi-agency assessment, decision making and planning continues to ensure that the most vulnerable children and young people are identified and supported appropriately.
50. A high proportion (95%) of initial and review child protection conferences have been held within statutory timescales. All children on the register have a child protection plan.
51. Child Sexual Exploitation continues to be a key priority area; the Vale of Glamorgan is well represented at the relevant national and regional planning and practice groups. The SERAF tool is now being used on a national basis to identify levels of risk for individual children in a consistent way and to ensure an appropriate response. We are piloting work to use these individual records to understand the scale of CSE activity in the area. This work is supplemented by considerable and increased sharing of intelligence with the South Wales Police and other agencies to identify specific localities where risks are higher and individuals who pose a risk to children so that CSE can be prevented or disrupted. All activity is reported to the Local Safeguarding Children's Board which co-ordinates the growing volume of work done in the region. We have introduced referral of lower level CSE concerns to the safeguarding unit to be considered for strategy discussions and we are addressing the need for more robust data collection on children and young people where CSE is a concern. We have weekly meetings with relevant agencies to share information.
52. The Child Health and Disability Team are focused on supporting social inclusion and enabling children to gain skills that will enhance their independence. The Disability Index newsletter is distributed on a quarterly basis to all families. It is produced to a very high standard, packed full of articles about events, play schemes and new opportunities. A publicly accessible web-site contains news on all the latest developments in services and support. This is part of our commitment to empowering people by providing information and signposting them where possible to help which improves their quality of life and ensures that their independence is supported.
53. There is also evidence of increasing demand for intensive support to older disabled children and young people. A small number of these young people require 24-hour care and support, needs which can be met only in a residential setting. This represents a significant long-term pressure on social care, health and education resources in coming years, as the cost of such provision is very high (on average, £113,000 per year). At the end of 2015/16, there were five children in these settings, plus four currently under the age of ten years old who are likely to require this provision in the future.

54. For those children looked after by the Council, we focus on promoting their wellbeing and life chances partly by minimising the number of placement changes a child might experience. Although our performance in respect of children experiencing three or more placements in a year has dropped slightly, from 7% to 9%, this is in part due to efforts to return children to the local area or with their wider family. The majority of looked after children in the Vale of Glamorgan are in foster care provided by in-house carers and by family and friends (kinship carers). These are often the most stable placements. In addressing the educational needs of looked after children, considerable work was undertaken to improve the Personal Education Plan (PEP) process, which captures the attainment of a looked after child and identifies the need for any additional support. Performance in 2015/16 has improved considerably to 98% of PEPs being completed within the required 20 days.

## Case Example

### 1) Digital story – Shannon’s story

*Shannon describes the support that the Young People’s Advisory Service has given her and what this meant to her. Shannon describes the journey she went through after leaving care and making a successful transition as an independent young adult. She was supported in acquiring budget management skills and undertaking responsibility for managing her own home. She has since become a mother, able to care for her family well and the future looks positive. Shannon has made good use of Flying Start services to improve her educational attainments and so recently reached one of her main goals when starting work as a part-time carer. She acknowledges the importance of the support from her Personal Advisor.*

**To view this video, please click below.**

<https://youtu.be/zxXNSDoUw8k>

## Adults

55. For adult protection, we are able to demonstrate that, in 100% of adult protection referrals, the risk was managed and vulnerable adults were satisfied or very satisfied with the protection service they received.
56. Collaboration between staff involved in Protection of Vulnerable Adults arrangements (POVA), complaints and contracting continues to operate well. There are good examples of working together to address the performance of nursing, residential and domiciliary care providers. Information is shared in a timely way in a quality assurance group that has been operational since late 2014.
57. The central safeguarding unit within the Directorate is now well established. Additional capacity has been brought into the central team to minimise the burden on the case management teams within adult services. The unit provides advice, guidance and consultation across the social services directorate and to other Council directorates. Cabinet and the Scrutiny Committee are provided with regular reports to demonstrate our effective operational and strategic management

of the multi-agency responses to allegations of abuse and neglect, our monitoring activity and plans for improving child and adult protection and safeguarding systems.

58. There are established single entry referral points in both Adult and Children and Young People Services. Where referrals include concerns about risk, these are progressed as a priority. Within adult services, access to services has been made easier with the introduction of a single telephone number. All contacts and referrals for Children and Young People Services are managed through the Intake and Family Support Team.
59. A corporate safeguarding policy and procedure has been developed, ratified and launched to assist all staff in their responsibilities to safeguard and promote the welfare of vulnerable people. While all staff has a responsibility to safeguard and promote the welfare of vulnerable people, the Director of Social Services is acknowledged as being the senior officer within the Council with final accountability for this area of work.
60. People continue to benefit from the reablement model that promotes independence, reducing the need for long-term, intensive packages of domiciliary care and the pressure to accommodate an older person inappropriately in residential care settings. The enhanced community resource service based in Barry Hospital has seen significant investments through the Primary Care Fund, the Intermediate Care Fund and the Regional Collaborative Fund. It has enabled us to bring social workers and occupational therapists together to complete joint reviews of packages of care. Through this joint approach many service users able to reduce the need to have carers in their homes as frequently; their assessed needs were met by alternative means. Feedback from service users was that the review was meaningful and engaging, with positive outcomes. This approach is being embedded across Adult Services.
61. We have ensured that service users living in supported and other accommodation can make full use of Telecare equipment, to live more independently. In 2015/16, the numbers of people being supported by Telecare has grown. The service still struggles with issues of resilience, although some areas of staffing have been increased. The Integrated Discharge Service continues to deliver safe discharges for patients from University Hospital Wales and University Hospital Llandough. It is establishing improved working systems with hospital wards, discharge liaison professionals and community services. Our delayed transfer of care (DTC) figures clearly demonstrates the improvements made.

## **Case Examples**

### **1) Digital Story – Catherine’s Story**

*Catherine receives support through Direct Payments. She requires help with many daily living activities. Support provided by a care agency and district nurses meant that she had to stay at home all the time as she could not be sure when they would be arriving. She describes the issues around dignity and trust when new people arrive to undertake tasks in her own home. Catherine decided to have her care provided through Direct Payments, giving her increased control and the ability to ensure consistent carers. She reflects on the ability to take her five children to the*

*cinema and wanting to get dressed properly to go out. Catherine feels that she is now able to have full access her community and to contribute effectively, supporting children and young adult learners.*

**To view this video please click below.**

[https://www.youtube.com/watch?v=6357Dz\\_bOEw&feature=youtu.be](https://www.youtube.com/watch?v=6357Dz_bOEw&feature=youtu.be)

### **What are the main challenges now?**

- At a time of financial and workforce challenges, the Regional Children's and Adults Safeguarding Boards need to ensure that all constituent agencies and partners commit sufficient resources to deliver effective programmes.
- Under the Escalating Concerns Protocol and also as a preventative measure, we are increasing support to a growing number of service providers struggling to maintain safe and effective services.
- The 'When I Am Ready – Planning Transition to Adulthood for Care Leavers' scheme aims to promote better support by extending a young person's transition to adulthood within a supportive family and household environment. This will increase the overall demand for foster care placements and require an increased range of specialist skills.
- The Welsh Government is likely to introduce higher standards for local authorities in their role as corporate parents to children who are looked after and to increase the remit by including groups such as children who have been adopted.
- For children with disabilities, we need to be conscious of the significant long-term pressure on social care, health and education resources in coming years by increasing numbers of those requiring residential settings.
- Embedding the new Social Services and Well-being Act requirements into some areas of adult services will require a fundamental shift away from a task and time care planning approach to outcome-focused assessment and care planning.

### **What are our priorities for 2016-2017?**

#### **We will:**

- develop and deliver a child sexual exploitation strategy for the Vale of Glamorgan that appropriately engages all relevant parties.
- implement the new statutory framework for protecting adults from abuse, including the Adults Protection Support Order.
- review the 'Escalating Concerns' provider performance protocol with partners and ensure that the actions outlined in the response to Operation Jasmine and the Flynn Report are completed.
- further develop the Rondel House Dementia Resource Centre through greater integration with specialist mental health services.
- continue to increase the use made of Direct Payments.
- implement The 'When I Am Ready – Planning Transition to Adulthood for Care Leavers' scheme.
- review our approach to the Council's Corporate Parenting role to ensure that we are effectively promoting the life chances of the most vulnerable groups of children and young people.

## Sustaining and Improving

62. This section of my report examines the effectiveness of the council’s approach to shaping services that meet needs and provide value for money and it sets out our financial, commissioning, planning and partnership arrangements designed to achieve this. It also considers our arrangements for leadership and the corporate and political context for supporting and scrutinising the council’s objectives for social services.

### 4a) Shaping Services

#### Financial Stability and Resources

63. Resource management is a key priority for Social Services. We have worked closely with corporate staff to design and implement a comprehensive budget programme, overseen by a corporate board. The budget programme has been based upon a strategic understanding that we need to reduce dependence wherever possible and focus services on prevention, using the strengths within families and communities as key resources. The accompanying plan rigorously identifies the actions required to meet the budget target for the year. Monthly meetings of the Budget Programme Board have ensured that the financial position within Social Services continues to be monitored and managed at a senior level across the Council. Regular reports to Cabinet, Scrutiny and Corporate Management Team have been ongoing throughout the year.
64. 2015/2016 proved to be a very challenging financial year for Social Services. As well as dealing with increased demand for services, the Directorate was also required to make cost savings of nearly £1.5m as part of the Social Services Budget Programme. All the agreed savings targets were achieved without undermining our ability to meet the Council’s statutory responsibilities for the provision of care and support. For all practical purposes, the Directorate achieved a balanced budget for the year. Effective and timely action was taken to tackle the factors that can generate considerable overspends and to ensure tight control over expenditure, despite the challenges posed by significantly increased demand for adult services care packages. Good use has been made of time-limited grants such as Families First and ICF (now managed by the Local Health Board) where we have worked very closely with other Council Departments. We have implemented commissioning strategies in services for older people, children and people with a learning disability services. The budget for 2016/17 has been agreed, including the savings target of £1 million and a plan is in place to deliver these further savings.
65. Detail of revenue budget for 2015-16 as against expenditure is shown in the Table below

<b>Service</b>	<b>Budget (£'000)</b>	<b>Spend (£'000)</b>	<b>Variance (£'000)</b>
Children and Young People	14,631	14,626	+5
Adult Services	37,874	37,875	(1)
Business Management and Innovation	361	364	(3)
Directorate Total	52,866	52,865	+1

66. In Children's Services, additional savings were achieved through favourable variances in to the Joint Budget for Residential Placements for Looked After Children and the staffing budget. In Adult Services, the key pressures were the demographic changes in relation to older people and the need to increase the provision of social care to those who were becoming very frail. This resulted in an adverse variance of £412k on community care packages, which also includes the under recovery of income received under the Deferred Payments Scheme. The Directorate claimed additional funding from the Intermediate Care Fund at the end of the financial year on a one-off basis. Within the Business Management and Innovation Division, there was a favourable variance of £72k, with a major contribution from the staffing budget where vacancies have been held during the year pending review of services. However, a contribution to the reserves to allow for cost implications of the Social Services and Well-being Act resulted in an adverse variance of £3,000.
67. While 2015/16 ended with a favourable financial position for the Directorate, managing expenditure proved to be immensely challenging and there is little prospect of any respite in the year ahead. Social Services will have to make further savings throughout the duration of the Council's medium-term financial plan, notwithstanding increased costs and demand for care and support. The Directorate is currently required to find savings of £2.257m by the end of 2019/20 while the savings target for 2016/17 alone is £1.002m. There will be increasing cost pressures in future years in relation to:
- implementing the Social Services Wellbeing Act requirements;
  - introduction of the National Living Wage from 1 April 2016 which will have a significant impact upon social care services, especially those commissioned from external providers.
68. In 2016/17, further work will be undertaken to assess the full impact of these and other challenges in order to identify ways of mitigating these and other cost pressures. We will look to develop a pilot scheme for commissioning domiciliary care services on the basis of outcomes. Priority will be given to working with the Cardiff & Vale University Health Board and other key partners to ensure that the Intermediate Care Fund can be used to benefit residents of the Vale of Glamorgan and to help us reshape the pattern of care and support services.

### **Commissioning, Planning and Partnerships**

69. Our commissioning strategies set out how the Council intends to secure the services that people will need (both now and in the future), whether these are provided by social services directly by the third sector, by the private sector or by organisations such as social enterprises. Commissioning is a key priority for social services and a number of actions within both the Corporate Plan and Service Plan relate to developing this area of work. There are strong bridges between services and financial planning. As a consequence, we can provide good evidence about our work in reviewing, planning and developing services that deliver best value for money and improve outcomes for service users and carers.
70. Our work to develop commissioning strategies in areas such as older people's services and children's services has been seen as exemplary. We have implemented a joint commissioning strategy for learning disability services with Cardiff Council. Relationships with independent sector and third sector providers of services are positive, despite our need to reduce unnecessary costs. We collaborate well in commissioning on a wider scale, partly through the South East Wales Improvement Collaborative.



71. We use the agreed Commissioning Strategies to assist in reshaping our services and regularly monitor our progress against the agreed intentions in the Strategies. A Market Position Statement for Older People Services has been developed, enabling us to share with our providers our intentions and how we wish to work with them in the future. A workshop was held during the year which was well attended with some good suggestions. However, we have been unable to progress this further because of competing priorities and changing policy direction from Welsh Government regarding housing.
72. One of our improvement priorities for 2015/16 was to resolve ongoing contract issues with Hafod Homes in order to secure better service and financial outcomes. The Council decided to bring the contracts to an end before the official date. Both parties agreed terms whereby the management of the two homes wholly reverted to the Council and the leases were surrendered. Savings have been achieved as a consequence. Delivery of the action plan ensured that the transfer of the homes was achieved within the timescale required and with minimal disruption to the residents. Work has started on a review of accommodation with care options for older people.
73. We also set out to review our commissioning arrangements for domiciliary care to ensure value for money and quality service provision. However, this work stalled during the year due to policy changes in such areas as the National Living Wage which meant priority was given to resolving these issues before the independent sector could commit to engaging in the process. The independent sector is keen to get involved and there are plans for this work to continue into the next financial year. We continued to work with the Wales Cooperative Centre to develop 'accommodation with care' services for older people. A further workshop took place in January 2016. Because of welfare reform within the housing sector, this project has been halted temporarily. However, there is a considerable amount of work going on nationally to which the Vale of Glamorgan is linked. This action will be forwarded into next year's improvement priorities.
74. We have been co-operating with the University Health Board and Cardiff County Council to develop an approach for jointly commissioning services as appropriate. This is necessarily long-term but progress is being made and, with our regional partners, we have appointed a regional Assistant Director for Integration, with a remit to identify opportunities for pooling budgets or developing joint commissioning intentions in keeping with the requirements of the Social Services and Well-being Act.
75. The Provider Performance Protocol was used on a number of occasions during the year as providers have failed to meet the quality standards required. The protocol enables the Local Authority and its partners to deal with issues of poor performance in a considered and timely manner. The Protocol was revised during 2014/2015 to enable the Authority to have discussions with providers who are experiencing difficulties prior to the issues escalating, which can result in risks for the individuals receiving services. This additional stage has been used well on some occasions, resulting in corrective action being taken and reducing the need to invoke the Escalating Concerns Process.
76. The Directorate has responded to the Flynn Report, In Search of Accountability, which followed the outcome of Operation Jasmine. We have contributed to a regional response and we are currently working through an Action Plan which tasks partners with working together closely to improve the lives of people living in care homes. Although Operation Jasmine relates to care within care homes, the lessons are also applicable to community settings and domiciliary care agencies. Our primary focus is safeguarding but we will use the opportunity to focus also on our duty to promote good quality care. This means

working collectively to improve performance monitoring and ensuring robust contract monitoring, developing joint protocols and information sharing opportunities.

77. The Council remains committed to collaborative working where this benefits our residents and helps to ensure good use of resources, effectiveness and consistency. The Directorate continues to show commitment and leadership with regard to partnership working with the University Health Board and Cardiff Council, the third sector and private providers of social care. Key partnerships in which Social Services play a lead role include the Health, Social Care and Well-being Partnership, the Children and Young People's Partnership, the Public Health and Wellbeing Board, the regional Adult Safeguarding Board and Local Safeguarding Children Board.
78. There is a comprehensive Collaborative Services programme, with representation from political leaders and corporate colleagues, and the Programme Board meets on a monthly basis. The Chief Inspector reports that our partnership working is strong and effective, as seen in shared management posts and costs, integrated services, regional/national services such as adoption. This is producing better experiences for service users. The Annual Evaluation by CSSIW provided a very positive endorsement about how we are facing up to the immense challenges that lie ahead for social services and for the Council. The findings show that we are building on solid foundations and that we have clear plans for further innovation. The fact that senior officers from social services have a prominent role in steering national initiatives (in areas such as adoption, fostering, the Independent Living Fund, information systems, integrated working and advocacy) helps to reassure stakeholders that the Vale is in the forefront of new developments.
79. Regional collaboration remains crucial to plans for remodelling services. Working closely with the other statutory partners prescribed for us (primarily Cardiff Council and the Cardiff & Vale Health Board), together with third sector organisations, we have been able to do more by pooling our expertise, resources and planning. Plans for establishing a Regional Partnership Board, as required by Section 9 of the Social Services and Well-being Act, are well advanced. We acted as the lead organisation with regard to the Delivering Transformation Grant, provided by Welsh Government to help manage preparatory work for implementing the Act. All work streams were completed on time and within their agreed budget.
80. We worked within the regional partnership arrangements to commission an external review of community health and local authority services for older people. Building on the findings from the review, it was agreed that the partnership will fast track a far-reaching integration programme which will focus initially on bringing together services for older people to prolong their independence in their own homes and provide sustainable care within the community. In the Vale of Glamorgan, staff from this Council (including Housing Services) and the University Health Board locality are already putting in place many of the changes required by the new programme. Staff have responded exceptionally well to the new opportunities and challenges involved in reshaping services across a wide range of service user groups.
81. An Assistant Director for Integration has been appointed across the region, with shared management of the post with Cardiff Council, Cardiff and Vale UHB and the Vale of Glamorgan Council. The person appointed started in the role in February. She will be supporting implementation of the Act through co-ordination of the Population Needs Assessment, in partnership with Public Health Wales, and development of the Regional Partnership Board. The Assistant Director for Integration also has oversight of the

Intermediate Care Fund and development of the joint commissioning/pooled budget arrangements outlined in Part 9 of the Social Services and Well-being Act. This means that we now have four senior posts that are joint appointments with either Cardiff Local Authority or Cardiff and Vale UHB. Additionally, most of the Vale's managers in adult social care now have dual responsibilities across social care and health services in the locality.

82. This collaboration has been greatly supported in 2015/16 by use of the Regional Collaboration Fund (RCF) and the Intermediate Care Fund (ICF).

i) 2015/16 was the third and last year of the Regional Collaborative Fund. With the reduced funding available (from £785,000 to £533,000), projects were realigned. The Programme focused on two projects.

- The Enhanced Services for People with Learning Disabilities project allowed us to carry out timely reviews of care and support packages for all people with learning disabilities. New models of working, to create supported living provision in the community, were developed with housing providers. People who were in residential provision out of area were given opportunities to move closer to home and live in properties that have been adapted. The Joint Day Opportunities Strategy was implemented.
- Reablement Services have been reformed through providing staff with joint training, single management, new equipment and one base. We have used RCF funding to 16 to enhance the service through extended opening times and increased staffing; reviewing the therapy component of complex packages of care, to achieve a more unified approach which will also reduce overall care costs; increasing the capacity to screening and allocate resources effectively, to help reduce the response times for the Community Resource Service and to promote timely assessment and discharge from support services; and continuing to fund third sector partners, Age Connects and the British Red Cross, to provide additional resources to accelerate the reablement of service users, using a preventative approach.

ii) The Intermediate Care Fund was used to out in place a number of regional schemes but also some that are Vale specific and having very positive outcomes for services users. These include:

- transforming the access arrangements to services, ensuring that people receive the support they require when they make contact;
- improved working with housing services to support people to live in their own homes and to return there following an episode in hospital, including use of a respite flat within Extra Care.

83. The changes in services brought about by use of Welsh Government helped to secure improved performance in respect of Delayed Transfers of Care (DTOCs). The Council and the University Health Board can demonstrate significant progress in this area over the last two years. The first two months of 2015 saw a marked increase in the numbers reported across the whole Cardiff and Vale but this was followed by a significant and sustained reduction since February 2015, achieving the target rate of a 25% decrease for the year. The Deputy Minister for Health met regularly with key figures from our health and social care community to receive monitoring reports for the shared DTOC delivery plan and to review performance. Further work is underway to map out and change operational processes which get in the way of timely discharge from hospital.

84. Other external funding streams such as Flying Start and Families First have helped us to proceed with improvements to our family support and children's services. The Head of School Improvement and Inclusion attends the Flying Start and Families First Management Board, which provides an effective multi-agency governance structure for these programmes. Representatives from Flying Start and Families First have engaged with the Partnership Team and Communities First in aligning anti-poverty strategies, including joint work around NEETS and low birth-weight babies. There is close collaboration between the two directorates in planning how to develop multi-disciplinary working in Ysgol y Deri, the new educational facility for children with disabilities.
85. On a regional basis, the intensive family support service is well established. Also, we now have a shared programme manager post and we are beginning to see progress made in respect of services for children with emotional and mental health problems and children with complex needs because of disabilities. These plans will be taken forward using new resources from the Intermediate Care Fund. We have become the host authority for the Vale, Valleys and Cardiff Regional Adoption, increasing the availability of adopters and enhancing the support available to adoptive families.
86. The Vale has established an excellent track record for pioneering initiatives, many of them involving key partners, and an increasing number of services are provided as joint enterprises. This is grounded in good relationships with the wide range of other providers in the commercial and third sectors, despite different perspectives on the scale of financial support which the Council is able to provide. We have made some progress in promoting greater use of social enterprises and cooperatives in the area of day opportunities for people with a learning disability; this will need to become more central to the collaborative programme.
87. We continue to be an active member of the South East Wales Improvement Collaborative (SEWIC) for social services. SEWIC brings together directors of social services from ten local authorities in the area to review and develop new services that require cooperation across the region. The collaborative now has an extensive programme including the Children's Commissioning Consortium Cymru (4Cs), which helps us to find good quality external placements for children who are looked after, an in-house fostering development project, regional adoption services, a regional brokerage and a procurement hub for high-cost adult placements. The work from 2014/2015 has continued into 2015/16 to include working with Health on high cost mental health placements, which is being undertaken as an All Wales project (CCAPS). This programme is underpinned by new models of service provision, improves the availability of appropriate placements for very vulnerable service users and helps to control costs.
88. Our improvement priorities for 2016-17 are as follows.

**We will:**

- review 'accommodation with care' options for older people and develop our commissioning strategy for future years.
- ensure that, through the completion of the population needs assessment, the Partnership identifies gaps in services and considers ways of filling these gaps through commissioning, co-production and the promotion of social enterprises.
- work with the Regional Partnership Board to deliver the programme of projects set up under the Intermediate Care Fund and relevant parts of the Social Services and Well-being Act.

- cooperate with the Assistant Director for Integration in identifying opportunities to pool budgets or develop joint commissioning intentions in line with Part 9 duties of the Social Services and Well-being Act.

### **Involving Service Users and Carers, Equality and Diversity**

89. We have in place good systems for ascertaining people's views about gaps in services and the effectiveness of support, including a planned annual consultation programme, individual assessments, inspections of individual service settings and complaints processes. These are used appropriately in service planning and design. We have undertaken the following range of consultations over the past 12 months.
90. In the Contact One Vale service:
- 97% of respondents felt they were treated with dignity and respect and felt listened to.
  - We did identify the need for some information to be more timely. Despite this, the majority of respondents said they would use the service again. Nearly all respondents were positive about the attitude/manner of the Customer Service Representatives and their ability to assist with their query.
91. We also asked for peoples' views on advocacy and we can report that:
- 80% of respondents felt that their Social Worker is easy to contact and 60% felt listened to by their Social Worker and the same proportion felt involved in decisions about their care.
  - Over half (57%) of respondents stated they would prefer to have one social worker during their contact with Social Services.
  - Some improvements were identified in relation to the introductions process when young people meet their new Social Worker.
92. In our adoption services:
- 100% of respondents felt that the training they received prepared them for the adoption process. 100% were very satisfied/ satisfied with the support they received from a Social Worker during the adoption process and information they received about the assessment.
  - 100% stated that they felt fairly represented at the Adoption Panel and that they were listened to.
  - 100% were satisfied/very satisfied with the communication and information they received.
  - 100% were satisfied/very satisfied with the support provided to the family as a whole and understanding the client's needs.
93. In delivering a service to address to respond to concerns around the protection of vulnerable adults:
- 80% of vulnerable adults sampled did not know to whom they should speak when they first had a concern and were not satisfied with the information available.
  - 40% said they felt supported during the process.
  - 80% of carers said that they were aware of who to speak to about any concerns and 60% said they were happy with the information they had receive during the process. 80% of relatives found the information to be helpful but only 40% of relatives found the information to be clear and relevant. Despite this, 80% of carers felt that the vulnerable adult was safer because of the POVA process.

94. The consultations show that overall, customer experience in relation to social services has been relatively positive with high levels of satisfaction in relation to service delivery, expectation and outcomes. Where areas of improvement have been identified, these are addressed in appropriate action plans. The consultation framework for the past year has been successful and accurately reflects service priorities. Each consultation exercise considers the most appropriate method of consultation for that service user group, with the flexibility to adapt methods for individual service users as required. Reports and issue logs are prepared and shared with service areas to identify recommendations and existing good practice to inform service improvements. Consultation exercises are now timed to support any service reconfiguration work being undertaken. Equality Impact assessments are completed to identify clearly the effects on individuals with protected characteristics and provision is made to mitigate adverse impact.
95. The Directorate has robust systems for managing complaints, through taking a proactive and ‘listening and learning’ approach. An effective and properly managed complaints and compliments system plays a key role in ensuring that users receive the services to which they are entitled. It enables the Directorate to:
- acknowledge quickly when mistakes have been made;
  - put them right effectively and apologise, where appropriate; and
  - ensure that we learn lessons from complaints and apply these lessons to improve services and performance.
96. The Annual Social Services Representations and Complaints Annual Report 2015/2016 shows that the Directorate received 87 concerns or complaints in the year. The breakdown across the service is shown below.

	Enquiries*	Complaints
Adult Services	18	26
Children and Young People Services	20	23
Business Management and Innovation	0	0
Total	38	49

\*An enquiry is an issue of concern to the service user, dealt with by the team, without escalation to a complaint.

97. The information shows an increase in the number of enquiries (34 in 2014/15), but a decrease in number of complaints (55 in 2014/15). Increased staff awareness about their responsibilities under the Complaints Procedure and their commitment to resolving concerns at the earliest opportunity are considered to be key factors in reducing the volume of complaints. All staff have received refresher training on the new Procedure and the Complaints Officer supports them in delivering compliance throughout the year.
98. To understand the volume of complaints vis-à-vis the number of service users, the figure was approximately 0.55% in adult services (4668 people receiving social services or referred during the year and 26 complaints). This shows a slight increase in the percentage compared to 2014-15, which was 0.49%. The figure for Children and Young People Services was 1.27% (1809 service users and 23 complaints), a slight decrease compared to 2014/2015. The Social Services Procedure includes timescales within which complainants should have received a response to their complaint. During 2015/2016,

there was a reduction in performance, with 24% of complaints not meeting the deadline. This is a significant increase on the 6% in 2014/15. A number of reasons contribute to this figure, including the complexity of complaints and a change in the way the figures are collated.

99. We planned and delivered a new range of events to celebrate Carers Week in 2015. Two events were organised at Cardiff City Stadium in a partnership between Cardiff and the Vale University Health Board, Cardiff Council and the Vale of Glamorgan Council. The events were split into two themes – Staying Safe and Staying Well. There is a range of carers' services, funded by the Carers Services Budget, available to carers of people with dementia which do not require an assessment of either the carer or the person for whom they care: Vale of Glamorgan Crossroads (respite), Age Connects (Hospital Discharge Service for Carers/respite), Carers Advocate, Carers Handyman, Training, Carers' Emergency Card.
100. We ensured that the new Carers Support Officers capacity was used across services, with a dramatic impact in areas that previously did not have a dedicated resource. Young carers are among the groups who have benefited. A full-time officer will support both parent and young carers in respect of their information and assessment needs. Work is ongoing to ensure young carers are identified and referred appropriately to the targeted support that the Council and its partners have in place. The Vale of Glamorgan externally commissions a Project delivered through Cardiff YMCA. Entitled 'Time for me', this service provides opportunities for young carers to participate in social activities, events and short breaks outside the school and home environment. Starting in late 2014, the service is jointly funded by the Children and Young People's Partnership (via the Families First Funding) and by Social Services. It builds on the previous delivery model by introducing more individual case work to support young carers to improve their educational attendance and attainment. Since April 2015, fifty Young Carers have been using the Project and we have received 100% positive feedback from participants.
101. The Social Services and Well-being Act places a strong emphasis on engagement of users and the public. We are working on the development of a Citizens Panel that builds on the successful structure for engagement already in operation within the Vale of Glamorgan. The Act also requires a significant annual exercise to obtain 'qualitative' data, a range of information about how we deliver our services and how we meet an individual's well-being objectives and outcomes. During the coming year, we will be focusing our efforts on getting baseline data in place and developing tools to ensure that we effectively engage with people and know how we use this information to support them better in future.
102. A key change that the Act introduces is that of an eligible need, as opposed to an eligible individual. This is a key shift in the way we work and we will be focusing training for our staff on ensuring 'Better Conversations' with people at the earliest opportunity, preventing duplication and appropriately signposting people to preventative services based within their own communities and networks. In future, there will not be the same distinction between service users and carers when assessing a need. We will consider them as individuals in their own right, carrying out assessments and care planning by means of 'co-production' (which is a much enhanced form of consultation).
103. The Family Information Service is a one-stop information service for parents and carers of children and young people aged 0-20 years in the Vale of Glamorgan, as well as for professionals working with families. It provides free information on a wide range of childcare options and activities for children, their families and carers. The FIS maintains a

database of over 1,000 services. Families and professionals can contact the service directly and the information is also available online via search facilities. The information is updated at least annually. During 2015/16, the FIS increased its use of social media to promote the service and to reach parents and professionals in the digital age. Facebook and Twitter are used on a regular basis to highlight campaigns and promote events and activities. The FIS continues to be a highly valued service with a very positive response when users are asked about satisfaction levels. It also administers the Disability Index, which is a directory of children and young people in the Vale who have specific impairments. Almost 400 children are now registered on the Index and their families receive regular information; this represents an increase of 18% in the last twelve months.

104. The Older People's Forum in the Vale continues to be very active advocates and provide an important voice in service development issues. The Council also has a Corporate Parenting Panel, to make sure that all the children and young people it looks after receive the support, care and protection they deserve.
105. In readiness for implementing the Act, an information portal has been developed called DEWIS Cymru. Regionally, we have worked hard to upload information about all our services and commissioned services onto this portal. The third sector has been helped to take part in this exercise complete this and we support health services to use it to maximum effect. The portal is a key cornerstone for the development of an Information, Advice and Assistance (IAA) service as stipulated within the Act, to support people to access information at an early stage and maintain their independence without the need for formal statutory services support.
106. Equality and diversity form an integral part of our service planning. The Council has a range of policies in place to ensure that we meet our obligations in areas such as the Welsh Language. The corporate centre monitors the effectiveness of the work done by the Directorate in complying with these policies. We continue to work on the 'More than just words' agenda, the Welsh Government policy for health and social care services. We have supported corporate colleagues in preparing for greater compliance with the amended Welsh Language Standards which will operate from April 2016. We continue to encourage Welsh speakers to undertake refresher courses and become more confident in their ability to use the language in their work environment. Service plans are being developed to ensure that each area is better equipped to responds to the needs of Welsh speakers.
107. As well as distributing information throughout the community, we continue to make available through the corporate contact centre a range of leaflets that provide enquirers and those referred to social services with a bespoke set of information. The Vale of Glamorgan Care Directory, available at a range of outlets, offers advice and signposting to people looking to address their own social care needs independently. The Directorate continues to work with its partners to produce joint information and signposting where practicable. Restructuring the Adult Services Division enabled us to provide enhanced services for people at their first point of contact, which has already brought about a significant change in the pattern of demand for adult services.
108. All service changes within Social Services have been the subject of an Equality Impact Assessment and these are now included as appropriate in Cabinet Reports, to help the Executive to make well-informed decisions.



109. Our improvement priorities for 2016-17 are as follows.

**We will:**

- continue to develop the Information, Advice and Assistance Service through use of the DEWIS Cymru portal.
- put in place a Citizens Panel that builds on the successful structure for engagement already in operation within the Vale of Glamorgan.

## **4b) Organising**

### **Workforce**

110. These were our improvement priorities for 2015/2016 and the progress made.

- We supported all front line staff to be trained in readiness for the implementation date of the Social Services and Well-being (Wales) Act 2014. This has involved helping to commission a national programme and then converting it for the local context. Staff were regularly updated via StaffNet and Core Brief. We also engaged 'change champions' to support staff at a practitioner level.
- We ensured that staff from across the social care sector were able to get access to e-learning opportunities.
- We continued to work with partners, especially Cardiff Council, to plan and deliver training on a joint basis, to meet the requirements of the Welsh Government Social Care and Workforce Development Grant.
- An operational group has been planning how to establish a joint Workforce Partnership for the Vale of Glamorgan and Cardiff and we intend to consult on a proposal in the autumn of 2016.

111. The Directorate continues to focus on good staff retention, successful recruitment and effective staff, despite the pressures of budget and staffing reduction. We have in place and deliver whole sector workforce plans which demonstrate that there is currently a sufficient, skilled, safe and focused workforce available to meet assessed needs. These plans address issues of recruitment and retention, qualifications vetting, registration, competences, skill-mix, training needs and support requirements.

112. The Performance Development and Review System (PDRS) was revised during 2014/2015 and staff from across the services are required to have an annual PDRS; this was completed for over 90% of the Directorate staff. An annual qualification and training needs audit is completed for all commissioned social care sector providers. Analysis of the audit material and PDRS data enables training to be planned on the basis of the needs of the whole social care sector in the Vale. The process assists us to monitor the qualifications of staff within regulated social care services and provide them with training to ensure that targets are met. We can demonstrate that over 30% of all training provided during 2015/2016 was delivered to the independent/voluntary sector. This was above the target but the proportion of staff receiving training is lower than in previous years, perhaps as an outcome of the requirement to focus on the national implementation modules for the Social Services and Well-being Act (Wales) 2014. Awareness sessions for the Act were made available to all our independent and third sector partners.

113. The annual training programme is responsive to the developmental requirements of the social care workforce. In the main, staff provide positive evaluations regarding training opportunities made available to them. Feedback from the Welsh Government about the

way in which the Vale uses central government workforce development grants indicates that the work in the Vale continues to move in the right direction. Further work is needed to evaluate long term effects on practice.

114. Resources are used to support staff who have to meet Welsh Government qualification targets and the percentage of qualified staff in the key groups continues to be stable. Managers and staff are very mindful of the need to promote a culture of continuous learning and evidence-based practice at all levels and to adapt social work practice in the light of relevant research. We have continued to work with ICT and Corporate Training to promote and encourage greater use of e-learning through advertising, presentations, direct support and reporting. We have also increased the level of access to the Learning Pool to support this initiative. This is a cost-effective and time-efficient method of delivering basic awareness training and some more intensive courses.
115. For courses which are not viable when run on a single local authority basis, training is delivered in partnership with other local authorities and/or professional bodies at regional or national levels. We have a Workforce Development training and development group which includes representation from the third sector, private providers, the local further education college and the wider Council. The Vale has continued to be actively represented on the Practice Assessment Panels and Programme Management Committees of our partners (i.e. Cardiff University, Cardiff Metropolitan University and the Open University) and contributes to the South East Wales Education and Training Group. These arrangements help us to secure a sufficient supply of qualified social workers and practice learning opportunities. We have worked to ensure that the Continuing Professional Education and Learning (CPEL) Framework for Social Workers is implemented effectively.
116. Other collaborative initiatives help to provide consistency, prevent duplication and ensure value for money. The social services training team works with colleagues from the NHS, the Care Council for Wales and the Social Services Improvement Agency (SSIA) to develop training programmes for a number of Welsh Government key initiatives. As part of its quality assurance processes, the team cooperates with corporate and equalities colleagues to ensure that Vale policies and procedures, as well as national legislation and guidance, are included in all training delivered.
117. The Council has a range of policies in place which provide support to staff, including flexi-time, special leave scheme, career break scheme and job share. These all contribute to creating a settled and productive workforce. The Directorate experienced a higher level of absence due to ill health during 2015/2016 than in the previous financial year. It rose from 12.65 average days lost per FTE in 2014/15 to 13.57 in 2015/16. Stress related absence was noted in 33.4% of absences recorded. The Council has introduced new plans to improve absence management and these were starting to have an impact in the last quarter of the year.
118. The Council has established a corporate safeguarding group to ensure that its personnel policies reflect the requirements for a safe workforce and take full account of the requirements that flow from the employment of a regulated workforce and registered individuals. The group produced an action plan and Cabinet agreed a Safer Recruitment Policy for the Council and Schools in January 2013. This continues to be monitored and reported. There has been an improvement in the level of compliance with the safer recruitment policy; no breaches have been reported during the last twelve months. To support the process and ensure sufficient information is available to all employees, a

dedicated page has been developed on the Council's StaffNet page and the StaffNet schools page; this provides easy access to the safer recruitment policy, supporting guidance and the risk assessment form.

119. The Workforce Plan for Social Services 2015-19 has helped us to identify our key developmental themes. Staff have responded well to major initiatives such as the Space Project and increased use of ITC to support agile working and to improve service delivery for the people they support. Through implementing the Team Manager Development Programme, we are helping to ensure that current and future managers are equipped with the skills required to manage modernised social services. Our use of agency staff continues to reduce and some major restructuring in adult services has increased resilience within teams and the level of integrated working with the NHS.
120. Other key developmental themes for the service going forward include ensuring staff can move fluidly within and across teams through a culture that supports them to become more flexible. We will be seeking also to increase resilience within teams through changes in the skill mix that enable us to use our diverse workforce appropriately and to operate services at the appropriate scale through collaboration with partners. This will include reducing the amount of routine work done by our most professionally qualified staff and taking advantage of increased qualification levels at lower grades. Greater integration of services across social care and health will require staff groups to work in different ways and across organisational boundaries. This will mean not only developing management structures and business systems but also changes in practice.
121. Our improvement priorities for 2016-17 are as follows.

**We will:**

- review the staff succession plans in place, as we have an ageing workforce in some key areas such as Team Manager tiers.
- help staff to increase their understanding of the major legislative changes and their implications.
- bring forward a proposal for joining up the social services training units across the Vale of Glamorgan and Cardiff.

**Performance Management**

122. Performance information systems are working well. The Directorate Service Plan 2015-18 was designed to focus on overall service improvement and the achievement of key objectives in the Corporate Plan 2013-17, the Outcome Agreement 2013-16 and the Improvement Plan Part 1 2015-16. It includes the improvement priorities contained in the Director's Annual Report and these have been monitored by CSSIW, with positive outcomes. For example, the performance for Delayed Transfers of Care improved significantly. More joined up access arrangements, discharge services and reablement have all helped support improvement in this area.
123. Our quarterly performance reports have been developed to reflect the Service Plan. Overall, the directorate has achieved the majority of its Service Plan priorities for the year. 84% of actions identified in the Service Plan have been completed. In terms of our contribution to the Corporate Plan, 88% of actions have been completed. Of the 6 actions relating to the Improvement Objectives, all 6 have been completed. Of the 80 Performance Indicators reported at end of year, 65% have met or exceeded target, 14% were within 10% of target, and 14% have missed target by more than 10%.

124. These were our improvement priorities for 2015/16 and the progress made. We have worked with our statutory partners to review the ICT support required and to plan for implementation of the new Welsh Community Care Information System (WCCIS). This is being designed to allow information to be shared between different Health Boards and social services departments instantly, helping to deliver improved care and support for people across Wales. The new system will enable social services (adults and children) and a range of community health services (including mental health, therapy and community nursing) to more effectively plan, co-ordinate, and deliver services and support for individuals, families and communities. It will support information sharing requirements, case management and workflow for Health and Social Care organisations across Wales. It will show where a patient is within their treatment journey and alert health professionals to key data, which will support the delivery of effective treatment.
125. Following a joint procurement process between Local Authorities and NHS Wales that began in March 2013, CareWorks has been identified as the preferred supplier of the WCCIS. Its Care Director system is currently under development to meet all of the requirements of the WCCIS. The result of the procurement process is that all Local Authorities and Health Boards in Wales can procure WCCIS and so it has the potential of becoming a National Community Health and Social Care Services system for Wales.
126. Cardiff and Vale regional implementation is overseen by the Integrated Health and Social Care Partnership which has agreed to appoint a regional project manager and to fund a regional 'technical' lead. The Programme Board has reinforced the fact that the key aim of the WCCIS implementation is to support health and social care integration. Until implementation of the WCCIS in our region, currently planned to take place in October 2017, services will continue to use current electronic patient/client records systems (e.g. PARIS, Swift, Care First). We remain part of the SWIFT Consortium, a group of local authorities that use the same management information system and work together in making sure that it can record all activity within the service and report in a timely manner on those activities. While we were not one of the Local Authorities directly engaged in the procurement process because of our current contract, we were involved in the evaluation process and the Director of Social Services is on the implementation governance board at a national level.
127. Managers within the Directorate have maintained effective systems for managing performance, monitoring outcomes, achievements and shortfalls, and taking corrective action as required. Audit, inspection and other external reports on performance are reported to Scrutiny Committee. In response to their findings, action plans are produced, monitored and reported to corporate management, the Executive and Scrutiny Committees. Performance is a regular item on the agenda for meetings between the Director and Heads of Service and for Divisional Management Teams. The management information reports are produced on a monthly basis and are widely circulated within the Directorate. We continue to report performance information to the Social Care and Health Scrutiny Committee on a quarterly basis.
128. Our improvement priorities for 2016-17 are as follows.

**We will:**

- continue to work with our statutory partners to prepare for implementation of the All Wales Social Care and Community Health IT system (WCCIS).
- co-operate work with Welsh Government to ensure that performance information is

reported in line with the new requirements of the Social Services and Well-being Act during this transition year.

## **4c) Providing Direction**

### **Corporate and Political Support and Oversight, Directorate Leadership and Culture**

129. We continue to benefit from stable and effective political support in delivering our responsibilities across the range of social services responsibilities. The Care and Social Services Inspectorate Wales (CCSIW) has consistently commended the way in which the Directorate contributes to very effective corporate governance arrangements. Managers work hard to ensure that the Executive, Scrutiny Committee and the Corporate Management Team receive the best possible professional advice and information on all Social Services matters. This has included agreeing the budget programme for 2015/2016, which required the service to reduce expenditure by £1.5m. There have been monthly meetings of the Budget Programme Board which Cabinet members and senior officers are invited to attend. Officers have made Members aware of the challenges posed for social care services through introduction of the National Minimum Wage for over 25s and other compliance challenges.
130. Providing good quality reports to Cabinet and Scrutiny Committees is an important feature of our accountability, and supports the responsibilities of Elected Members to scrutinise our performance. The WAO has confirmed that the Scrutiny Committee operates well. We have also ensured that senior officers and Elected Members have been regularly briefed at Cabinet Scrutiny Committee meetings and Corporate Management Team meetings on the plans for implementation of the Social Services and Well-being Act and how these changes will impact on Vale residents and providers.
131. Work also goes on at senior officer level across the Authority to ensure that appropriate knowledge and skills from all areas are used to influence and support change within social services. This includes identifying priorities, challenges and risks. The Directorate continues to contribute to the corporate work of the Council by being involved in many of the key workstreams. For example, during 2015/2016, we have strongly supported through extensive staff engagement:
- the Reshaping Services Programme
  - production of the Corporate Plan for 2016-20
  - preparation for the Corporate Assessment
  - implementation of the Welsh Language Standards
  - the work undertaken by the Corporate Safeguarding Group
  - co-production of the workforce development plan (corporately and at Directorate level) and the Staff Charter, which will be launched early in the next financial year.
132. The Council's Reshaping Services agenda, which began to take effect in 2015, has demonstrated that the Council recognises the need to operate differently if it is to meet the dual challenges of increasing demand and diminishing resources. The programme is very ambitious and tightly managed. Diverse service delivery models have been adopted, according to the context. This includes appropriate use of in-house provision, the third sector and commercial enterprises. Information and papers are shared with staff on Staff Net and in Core Brief documents.

133. The governance arrangements for managing the extensive programme of collaborative working with the NHS, Cardiff Council and the Third Sector have worked well during the year. We continue to ensure a coherent approach to this very diverse programme through the Directorate's Collaborative Working Programme Board, which meets on a monthly basis to oversee the major partnership reform programmes. The Leader, both Cabinet members, the Managing Director and other officers from across the Council are engaged in the work of the Board. Some changes have been made, to increase the scale and pace of our remodelling services agenda. The Leader of the Council became the chair of the revised Governance Board for the regional Integrated Health and Social Care Programme Board and the chief executives of the five constituent organisations formed a Strategic Leadership Team. This gave our work strong political and corporate engagement and ownership.
134. As a consequence of our corporate and strategic arrangements for social services, we are confident that the Council can act in a unified way to deliver social services objectives. Our partnership working is especially strong with the Learning and Skills Directorate (in areas such as Personal Education Plans for looked after children, Flying Start and Families First) and with Housing Services (in areas such as Disabled Facilities Grants and remodelling older people's services).
135. There is a strong professional culture within the Social Services Management Team. Our work with Welsh Government policy and professional leads, the service and workforce regulators, audit and inspection bodies is characterised by mutual respect and a willingness to cooperate in improvement activity. We have worked hard to reduce costs, reshape services to divert demand, regionalise some services and integrate services with the NHS and Cardiff Council. Difficult decisions have been taken and seen through to a conclusion. The Head of Adults Services has been the Chair of the All Wales Head of Adults Service Group. The Head of Children's Services heads up the Regional Adoption Collaborative and the Interim Head of Business Management and Innovation is the regional lead for the implementation of the Social Services and Well-being Act.
136. Through key strategic plans, we strive to ensure that there is a clear vision and direction for Social Services, partly in order to gain staff commitment to high standards and continuous improvement for the Directorate. The unified Directorate Service Plan provides a four year overview and sets out our contribution towards achieving the Council's key outcomes and objectives. The Service Plan aligned service planning with other key planning documents - the Social Service Budget Programme, the Director's Annual Report 2014/2015, the three Heads of Service Annual Reports and the recommendations from the CSSIW Annual Review and Evaluation of Performance. A new Corporate Plan has been agreed to set the 2016–2020 objectives and well-being outcomes for the Council. We have identified our contribution to the successful attainment of these targets. The Divisional and Team plans for 2016-17 will describe how we put into practice the 'golden thread' running through all our plans. Actions within the Directorate Service Plan are reported through the political process on a quarterly basis and the Budget Programme on a monthly basis.
137. CSSIW published its Annual Review and Evaluation of Performance for this Council in October 2015. Inspectors commented that the Council continued to be strong in leading on partnerships that provide integrated health and social care services. There is reference to the reconfiguration exercise in respect of locality services within the Adult Services Division, which helps to ensure that community health and social care services are delivered seamlessly across organisational and professional boundaries. The impact has

been to bring services, staff and management together under a single, community-based model of care. The Inspectorate found that early intervention and preventative strategies in both adults and children's services remained a priority, with good evidence of progress in these areas. This placed the Directorate in a good position to respond to new requirements outlined within the Social Services and Well-being Act. We continue to have good relationships with the independent providers of care (third sector and commercial) which allows us to be innovative and responsive to need.

138. Staff in the Directorate are willing to accept responsibility for their own practice and learning. They are encouraged to regard the Vale as a place where professional practice and skills in delivering citizen-centred services in partnership are valued and encouraged. The structures within the Directorate work well, with clear delineation of responsibilities but also recognition of the need to adopt a family-oriented approach and to deal effectively with transition issues where staff share responsibilities for working well with individuals whose needs cross organisational boundaries. This is demonstrated, for example, by the good outcomes achieved within the transitional arrangements for young people with disabilities as they move from children's to adult services. This culture has equipped us well for the new ways of working needed to comply with changed legislative requirements from April 2016.
139. Our track record demonstrates that the Directorate can achieve significant and sustained service change. Strong project management means that planned reforms are delivered, unless changes in context require us to rethink our approach or external factors get in the way. Corporate recognition of the need for additional support for staff and placing greater value on their contribution has generated a significant programme of staff engagement. In turn, this has led to production of a staff charter which will be launched early in the new financial year. We have ensured that communication with staff is timely and effective with regards to changes planned for services. Detailed engagement has taken place with staff in corporate and Directorate events to explain the rationale for the Reshaping Services Programme and to obtain views and ideas to support the implementation of change.
140. Our improvement priorities for 2016-17 are as follows.

**We will:**

- Look to find more ways of ensuring, through the Reshaping Services programme, that staff have the necessary skills and training to help them adapt to the changes in how services are planned and delivered;
- Make changes to the Directorate's structure so that it is fit-for-purpose in meeting new statutory requirements and the significant challenges facing social care.

## APPENDIX 1

### PROGRESS IN RESPONDING TO THE REQUIREMENTS OF THE SOCIAL SERVICES AND WELL-BEING ACT

#### **These were our improvement priorities for 2015/16 and the progress made.**

- During 2015/2016, we completed a significant amount of preparatory work in readiness for the launch of the new Act. The Delivering Transformation Grant enabled us to create a dedicated team with responsibility for helping to manage the programme of change.
  - Senior officers acted as leads for each of the nine workstreams. They each chaired a key priority area and the work was progressed on a regional basis.
  - Our regional co-ordinator was fully engaged with the national work programme, benefitting the region through her knowledge and expertise.
  - Front-line staff were given priority access for the national training programme. Change champions were appointed and they were instrumental in supporting staff to look again at their practice, translating national guidance into material specifically designed for the local context and helping to generate the shifts in organisational culture that were required.
  - The Vale of Glamorgan's Director for Social Services is the lead Director for the implementation of the Act across the region. The Head of Business Management and Innovation has led on planning the programme.
  - Elected members, corporate officers and key stakeholders were provided with monthly updates about progress towards implementation of the Act.
1. Public services need to remain responsive to the changing needs of the citizens they serve. The demographic, social and economic context in Wales is changing: people are living longer; demand for social care is increasing; there are economic pressures on family budgets and on those organisations which support people in need. We have not been able to put in place a sufficient range of community and preventative services to help people early enough or to stop problems arising. This means that when people finally do get care, it is more intensive and costly. Too much time, skills and resources can go into over-elaborate assessment that does not help people with the things they are concerned about or achieve the outcomes they want for themselves. The Social Services and Well-being (Wales) Act 2014 is designed to address these concerns. It is the most substantial piece of primary legislation enacted by the Assembly and it will have a profound impact on the provision of social care in Wales.
  2. The Act is very extensive, consolidating in one place much of the legislative framework for social services in Wales. It repeals many previous laws and guidance relating to care and support and replaces them within this Act. The new law builds on the White Paper, Sustainable Social Services for Wales: A Framework for Action, which called for modernisation of the law for care and support in ways that reflected the strengths of structures, systems and policy in Wales. It is intended to transform the way social services are delivered in Wales and covers adults, children and carers. The Act brings in new duties for local authorities, local health boards and other public bodies.
  3. The Act provides a new statutory framework for social services in Wales which will operate in its entirety from 6 April 2016. It consists of three main elements – the Act itself, regulations made under the Act, and supporting codes of practice and statutory guidance. In terms of intention, the cornerstone of the Act is putting individuals and the wellbeing outcomes they wish to achieve at the centre of their care. This means giving them a significant voice in, and control over, how these well-being outcomes can be achieved.



Local authorities are under a general duty (under section 5) to promote the well-being of people 'in need' and of carers. Well-being is defined widely in section 2. The guiding principles are about co-operation and partnership, prevention and early intervention, supporting people to maintain an appropriate level of independence and control. This co-productive approach should in turn lead to more people being supported without a need for eligibility assessments and case-managed social care support. This is seen as especially important to sustaining effective social services in an era of limited resources.

4. The key principles described in the Act can be summarised as follows.
  - We must support people who have care and support needs to achieve well-being.
  - People are to be put at the heart of the new system by giving them an equal say in the support they receive.
  - Partnership and co-operation must drive service delivery.
  - Services will promote the Prevention of escalating need and ensure that the right help is available at the right time.
5. A great deal of preparatory work has been done in this Council and in collaboration with regional partners, especially Cardiff Council. This continued right up to 6 April and beyond. The programme of change involves nine workstreams. It is managed through task and finish groups, each of them led jointly by the relevant heads of service from both councils. The Director of Social Services in the Vale of Glamorgan is the regional lead director for the programme. The Welsh Government has provided a Delivering Transformation Grant (DTG), since 2014/15, to support plans by local authorities for making the transition to the new arrangements. As required by this grant, regional governance arrangements are in place to monitor and oversee progress.
6. New services are being developed. This includes moves towards providing an Information, Advice and Assistance Service, as required by the Act. It is being designed to ensure that people can get access to the right help at the right time to meet their individual situation. Development of this service is still work in progress as we get a better understanding of what is required and what currently exists. An important part of this Information, Advice and Assistance Service will be single points of access for social care services which adults, children and carers can use easily. A national resource directory is being developed and it will help people to get accurate, up-to-date information at any time, either at home using the internet or by contacting a single telephone number or email address. This resource directory will be available across Wales and its success will depend on local authorities, health boards, third sector and the independent sector uploading details of the resources they provide to assist people looking for care and support. This national information portal for Wales has been named Dewis Cymru. Work on establishing the regional content for the Vale and Cardiff is progressing well.
7. Planning and Promoting Preventative Services is an essential requirement within the Act. The aim is to rebalance the focus of care and support to prevention and earlier intervention – increasing help within the community to minimise the escalation of needs to a critical level. Generalised guidance on the obligations which local authorities and Local Health Boards have in relation to the development of preventative services is provided in the Part 2 Code of Practice (General Functions). This new duty for local authorities is to ensure an appropriate range and level of preventative services which:
  - help prevent, delay and reduce the need for care and support;
  - promote the upbringing of children by their family;
  - minimise the effect of people's disabilities;
  - slow down deterioration for people with established conditions;

- help prevent abuse or neglect;
- enable people to live as independently as possible;
- promote re-ablement and rehabilitation; and
- reduce the need for care or supervision orders, criminal proceedings against children, or taking children into local authority care or secure accommodation.

8. Our third sector partners are vital in assisting with provision of preventative services while other council services such as schools, housing, leisure facilities and libraries also provide well-being services. It is intended that a full list of preventative services will develop as the national resource directory becomes more widely used and updated. The duty to undertake a population needs assessment by March 2017 will help authorities to identify the range of preventative and well-being services available. Local authorities and local health boards must:

- jointly assess the extent to which there are people who need care and support and carers who need support in the local area;
- identify the range and level of services required to meet those needs;
- assess the current range and level of preventative services and whether these are sufficient, including the match with the profile of the Welsh language community;
- for each local government electoral cycle, publish a population assessment report which is informed by engagement with a wide range of citizens, stakeholders and providers.

The population needs assessment will inform the future planning of services and identify any gaps in service provision. It will be carried out on a regional basis with the option to break down information to a locality level.

9. The Act requires local authorities to make significant changes to current Assessment and Eligibility practice, with a move away from 'identifying what services an individual needs' to an emphasis on what care and support they require to achieve the personal outcomes that 'matter to them'. The aim is to streamline assessments through a single process for children, adults and carers while recognising their different requirements. The duty to assess is mandatory if the person 'may' have a need for care and/or support (sections 19, 21 and 24). Once an assessment has commenced, then there is a duty to consider whether the person's needs meet the eligibility criteria, which consider (among other things) the availability of 'non-local authority' care and support. When undertaking the assessment, the Act and the regulations require the local authority to have regard to a wide range of factors. As long as these are considered, it is for the local authority to decide how wide and how deep the assessment ranges (i.e. what is 'proportionate in the circumstances'). This means that the local authority must look at the need for: support, preventative services; information, advice or assistance; and also whether the individual works or wishes to do so; whether they want to participate in education, training or any leisure activity, etc. Assessments must consider: (a) the person's circumstances; (b) the person's personal outcomes; (c) the barriers to achieving these outcomes; (d) the risks if these outcomes are not achieved; and (e) the person's strengths and capabilities (Reg 4). Copies of assessments must be offered to the person assessed (Reg 6) and reviews must be undertaken when there has been a 'significant' change in circumstances (Reg 7).

10. Having completed the assessment, if the authority is satisfied that the person has needs for care and/or support then it must decide if any of these needs meet the eligibility criteria: it is the need for 'support' that is the triggering issue, requiring that the authority take the assessment to the next stage. Section 32 states that, where an authority has carried out an assessment which has revealed that the person has needs for care/support, then it must decide if these needs meet the eligibility criteria and if they do, then it must meet

those needs by providing assistance in a variety of ways (listed in section 34). 20. The Care and Support (Assessment) (Wales) Regulations 2015 require that there must be a named person for every assessment and that she/he must have the skills, knowledge and competence to carry out the assessment and have received training in the carrying out of assessments. The Code of Practice stipulates the appropriate levels of qualification.

11. Eligibility is not about giving a right to a service; it is about access to care and support to meet personal outcomes. The individual has an eligible need for care and support if an assessment establishes that they can only overcome barriers and achieve their personal outcomes through the local authority preparing a care and support plan (or a support plan for carers) and ensuring that it is delivered. 22. The Act not only consolidates the existing three Carers Acts, it also removes: (1) the requirement to establish that the carer is providing or intending to provide 'a substantial amount of care on a regular basis'; and (2) the requirement that carers 'request' an assessment. The assessment obligation will be triggered by the appearance of need. The duty to assess applies regardless of the local authority's view of the level of support the carer needs or the financial resources he or she has or the financial resources of the person needing care. Specific consideration must be given to:
  - the extent to which the carer is able, and will continue to be able, to provide care, and the extent to which the carer is willing, and will continue to be willing, to do so;
  - whether the carer works or wishes to do so; and
  - whether the carer is participating in or wishes to participate in education, training or any leisure activity.
  
12. The assessment and eligibility process is one of the most important parts of the care and support system. It should not be viewed as a gateway to care and support, rather, a critical intervention in its own right that can help individuals to understand their situation and overcome barriers to achieving their personal outcomes. Each local authority is developing a new eligibility and assessment of need process to ensure compliance with the Act. This is being done through a series of workshops involving Change Champions and small groups of other practitioners. The old legislation contained exhaustive lists of services that could be provided for adults in need. The 2014 Act repeals these statutes and provides an illustrative list of 'ways in which a local authority may meet needs' (for people in need and/or carers), namely:
  - accommodation in a care home, children's home or in premises of some other type;
  - care and support at home or in the community;
  - services, goods and facilities;
  - information and advice.
  - counselling and advocacy;
  - social work;
  - payments (including direct payments);
  - aids and adaptations;
  - occupational therapy.
  
13. The Act (as with the previous legislation) places a duty on local authorities to meet the eligible needs of adults. However, it strengthens the nature of this 'right' in relation to 'children in need' and for carers as it converts what was formerly a 'power' into a duty to have their eligible needs met. In addition, there is a duty to meet the needs of people, who (although their needs are insufficient for the purposes of the 'eligibility criteria') are nonetheless considered to be at risk of abuse or neglect. Separate sections address the duties in relation to adults, disabled children, carers of adults and carers of children.

14. In part because of time taken to take the legislative framework through the Assembly, the timescales for implementing such changes will be especially challenging and some will take longer to implement than others. There will be a need also for organisations to achieve, in some areas, a cultural shift which alters the interaction between practitioners and individuals needing care and support. For example, professionals will need to help people to think about 'what sort of life I would like and what needs to change to make this happen?'
15. IT systems are being updated to reflect the new requirements and training is planned for all staff most affected by the changes, to be delivered during March. This work will also take account of the new and revised performance measurement requirements. Section 8 requires the Welsh Ministers to issue a 'statement of outcomes'. This is intended to be a strategic planning tool that will be used to assess whether the lives of people 'in need' in Wales are being materially improved by the new legislative framework. The code of practice in relation to measuring social services performance sets out six quality standards that local authorities 'must' achieve and on which their performance will be measured.
16. The Act aims to strengthen and build on existing safeguarding practice in Wales to ensure that people are able to live their lives to the full. There are new duties to report a child at risk or an adult at risk for all relevant partners of a local authority and also for a local authority to make enquiries if it has reasonable cause to suspect that a person within its area is an adult at risk or to make enquiries if they are informed that a child may be at risk (linking into section 47 of the Children Act); and to take steps to ensure that the child is safe. The Act introduces adult protection and support orders (APSOs). These are a new function designed to enable a local authority to properly assess whether a person is an adult at risk and, if so, to make a decision about any action that should be taken. To grant an order there needs to be reasonable cause to suspect that a person is an adult at risk and that the order is needed to be able to assess them, and that using the order will not result in their being at greater risk of abuse or neglect. APSOs are only to be used in exceptional circumstances where other attempts to speak to the adult considered to be at risk have failed.
17. The Act establishes regional Safeguarding Children and Adults Boards and these are already in place for Cardiff and the Vale, chaired by the Directors of Social Services. These Boards have two main roles - prevention and protection. There is representation on Boards from a range of statutory agencies, such as health, probation and the police, not just local authorities. Children's and Adult Safeguarding Boards have responsibility to review practice and to disseminate information on best practice. Safeguarding Boards should ensure that national policies and procedures are relevant and fit for purpose. Boards must publish a plan each financial year setting out what they intend to do, and a report on progress and work achieved at the end of that year. They can also ask for, and be asked for, information from partner agencies.
18. Children and young people are covered by all parts of the Act and there are specific duties for looked after and accommodated children and young people, and those leaving care. The Act replaces most of Part III of the Children Act 1989 (Appendix 1). The assessment of children in need and their families, and the delivery of any services to meet those needs, is being managed through the Eligibility and Assessment of Need work stream, seeking to develop a single and streamlined assessment process.
19. The numbers of looked after children and young people in Wales have been rising. The Act seeks to address this and aims to change the way children and families' care and

support needs are met. Key to the Act for children and young people is the importance of promoting their upbringing by their family. This means seeking to deescalate the need for formal intervention in their lives and to strengthen the capacity of families to care for their children wherever it is safe to do so. Where it is necessary to look after a child, the Act seeks to achieve greater stability for children by increasing the choice of placements locally, supporting continuation of important relationships and school life, and finding the right permanency solution sooner. Creation of the National Adoption Service and regional arrangements for delivering adoption services are a part of this approach. The Vale of Glamorgan is the host authority for the Vale, Valleys and Cardiff service.

20. The Act also introduces new duties, 'post 18 living arrangements', toward young people in foster care who wish to continue living with their foster parents after the age 18. The Welsh Government has developed the "When I am Ready" scheme through which the statutory duties to facilitate post-18 living will be fulfilled. We are currently working on the application of this scheme at a local level.
21. One of the key principles of the Act is collaboration, ensuring strong partnership working between organisations and co-production with people needing care and / or support. Part 9 of the Act focuses on Co-operation and Partnership setting out specific responsibilities for Local Authorities to fulfil, in partnership with Health Boards and third sector partners, and gives clear guidance on the oversight of Integrated Health and Social Care arrangements.
22. Local authorities and Local Health Boards will be required to establish Regional Partnership Boards to manage and develop services, to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective population. The purpose is to ensure that Local Health Boards and local authorities work together to maximise their influence to shape the future development of services. The Cardiff and Vale Integrated Health and Social Care Governance Board is to be converted into the Regional Partnership Board. The regulations set out which services will be integrated on a prioritised basis, including arrangements for pooled budgets.
23. The requirement in section 16 that local authorities must Promote Social Enterprises, Cooperatives and Third Sector Organisations to provide care and support and preventative service, including those that involve service users in the design and running of services is one of the most distinctive provisions in the Act. The attendant guidance stresses the importance of local authority awareness about procurement opportunities such as those which enable them to give preference to 'not for profit' organisations for certain contracts relating to administrative social, educational, healthcare and cultural services.
24. Workforce Development is an essential part of the change programme. Officers have been working with the Care Council for Wales, helping to develop national training materials for four core modules. External trainers were assigned through the national call off arrangements to deliver workforce development on a prioritised basis in February and March. A training plan was developed to include the period before 6th April 2016 and the months thereafter. Additional resources were available to help deliver awareness training to Elected Members and to provide support for the new Regional Partnership Board.
25. As the implementation date approached, briefings on the Act increased at a team level, to support staff through this period of transition. The delivery of services and business continuity remained the top priority but it was balanced by work to continue to deliver

changes in services and policy at pace over the over the next twelve months and beyond, in line with the core principles outlined in the Act. It was important to equip the Director of Social Services with the delegated authority needed to manage this balance as well as possible. The new Statutory Code of Guidance set out the duties and responsibilities of Directors of Social Services in Wales.

26. The Welsh Government has provided a Delivering Transformation Grant (DTG), since 2014/15 to support the transition for Local Authorities to the new arrangements. The Vale of Glamorgan and Cardiff will be allocated £425,220 for 2016/17 and, subject to Welsh Government's budgetary decisions, it is intended that this grant will be moved into RSG for 2017-18 in recognition of the ongoing changes which the Act is intended to drive. The grant is managed by the Vale of Glamorgan.
27. The Social Act sets a whole range of new challenges and service user entitlements which will have to be met at a time of severe financial restraints for local government and social services. It has been made clear that there will be no additional resources from the Welsh Government directly to local authorities for this purpose, apart from the transitional/transformational funding. Local authorities remain very cautious about whether there will be sufficient resources available to meet increased commitments and expectations in the face of growing demand for services. The Council will need to take into account the budget pressures that will be experienced by the Social Services Directorate as a direct consequence of the Act from the beginning of the next financial year.
28. Local authorities are empowered (but not obliged) to charge for the care and support they provide/arrange to be provided to meet a person's needs. The charge can only relate to the 'cost that the local authority incurs in meeting the needs to which the charge applies' (s59 (2)). This restriction is designed to ensure that local authorities do not charge for the actual assessment process – even if the person in need is a 'self-funder'. The Act also requires that the charge imposed be no more than is 'reasonably practicable for the person to pay'. The regulations stipulate that the maximum charge for domiciliary and some other forms of community care remains at £60.00 per week. The regulations and code of practice relating to Parts 4 and 5 of the Act, introducing the updated framework, include:
  - prohibiting charging for care and support for children;
  - one set of financial assessment and charging arrangements for non-residential and residential care and support rather than one for each at present;
  - maintaining the present weekly maximum charge and "buffer" for non-residential care and support, as well as the current capital limit used to determine who pays the full cost of their residential care themselves;
  - maintaining the current individuals, and forms of care and support, for which a charge cannot be made and introducing a new provision of up to six weeks free reablement 10 to enable a person to maintain or regain their ability to live independently so as to promote the prevention ethos of the Act;
  - introducing more transparency by extending the requirement for all those who receive a charge to receive a statement detailing this and its calculation;
  - introducing a consistent, universal review process to enable a person to query charges made and correct errors;
  - maintaining deferred payments in residential care to enable those whose property may need to be sold to pay for this to delay its sale until a time more appropriate for them; and by introducing the ability of a local authority to charge a low set rate of interest on the amount deferred; and
  - allowing authorities to recover charges and to create a charge over land where a debt occurs.

29. The charging arrangements for respite care will change so that the person will be assessed and charged as domiciliary care, rather than residential charging as at present. The estimated cost to the local authority will be approximately £107, 000. Some of the details of the new charging provisions are discretionary and officers are currently assessing the impact of the changes on current policies for residential care, non-residential care, deferred payments, direct payments and charging for carer services. We will continue to work with the existing policies until we have completed a full assessment of the changes required, in line with any additional guidance from Welsh Government.
30. Introduction of the Act is taking place within the context of the Sustainable Social Services programme. It is centrally focused on ensuring that the care and support needs of the population in Wales are not only met in the most effective way now but also in the future. Firstly, it will shift the emphasis away from responding to an individual's needs when they are becoming critical, to early intervention and preventative services to minimise the risk of those needs becoming critical in the first place. It also encourages us to make better use of resources and solutions already existing within the family or wider community, including the voluntary sector. The Act does not remove or diminish a local authority's responsibilities in any area but it is intended to reduce the reliance on more costly commissioned services over the longer term. The Act also places an emphasis on anticipating and influencing future need through better planning of services based on population needs assessments carried out jointly across the local health board footprint. The result will be targeted services that deal with the needs of the population proactively, thereby reducing the requirement for critical intervention services that would otherwise increase in a growing and ageing population.

#### **Our improvement priorities for 2016-17**

##### **We will:**

- apply the new national performance measurement framework and the introduction of underpinning systems, such as the Welsh Community Care Information System (WCCIS) and the national citizen portal (DEWIS).
- support the development of new approaches to practice and processes required by the Act in areas such as advocacy, assessment, the provision of Information, Advice and Assistance, etc.
- further develop our models of service to emphasise the role of preventative services and commissioning practices which promote social enterprises and community resilience.