



Neath Port Talbot CBC The Director of Social Services Annual Report 2014-2015

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The Director of Social Services
Annual Report
2014-2015

ANNUAL REPORT 2014/15

Introduction

This is my annual report as Director of Social Services, and reflects on the financial year of 2014/15.

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

The report is intended to reflect on progress in delivering our priorities for 2014-15 set out in last year's annual report, our performance for that year, and maps out the key areas for development and improvement in 2015-16.

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

The format of the report is a matter for each Director and Council, but it must report on performance and risk and set out plans for improvement in relation to getting help; services provided; the effect on people's lives; shaping services; delivering social services; and providing direction.

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

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

We need to respond in the following ways:

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

During these challenging times both in terms of the transformational change and financial austerity, the reliance on strong and resilient leadership from Members, Corporate Directors and Service Management has never been more evident, and the efficient management of Social Care, for the second year running has seen the budget finish the year with an underspend of approximately £900,000.

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*Nick Jarman
Director of Social Services,
Health and Housing*

Local Context

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

In the 2011 Census 97.3% of the County Borough's population were from a white background, compared to an average across Wales of 93.8%.

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

The current rate of child care service users is 50 per 1000 population aged 0-17. With regards to looked after children, NPT continues to have a significantly higher number than other Welsh authorities. With regards to the increase in the number of looked after children, between 1st April 2003 (255) and 1st April 2015 (434), there has been a 70% increase in the number, reflecting the demand placed on budgets through the increase in the looked after children population.

We have a higher rate of adult service users aged 65+ at 111.46 per 1,000 population aged 65+ than the latest published Wales rate of 74.48 (2013/14).

National Context

NPT Continues to deliver and commission social care against the backdrop of:

- a) The new Social Care and Wellbeing Act, by planning and delivering services shaped by the requirements of the Act.
- b) The continued reduction in finances and the need to deliver more, more efficiently, for less.

Overview

Our driving aim continues to ensure we deliver services which are modern, efficient and responsive. As this report shows, there is good evidence that we delivered well and improved on these aims during 2014/15.

There were, and continue to be, ambitious programmes during 2014/15; Adult Social Care Services' TASC (Transforming Adult Social Care) has transformed and shaped the future of Social Care for adults; following a review, this is now being taken forward by the "Improving Outcomes, Improving Lives" initiatives, recognising that outcomes are an important unifying theme between assessment, care planning, commissioning and provision.

The service has undertaken significant consultation in shaping and strengthening its services, with the successful implementation of modernising day opportunities for people with disabilities; modernising day opportunities for older adults; assisted transport policy; charging for day services; and community meals.

The further narrative within this report, along with accompanying key performance indicators provides significant evidence in achievement of goals, progress and improvement.

In the case of Children's Social Care and its programme of improvement, our two year journey has seen the service come out of the CSSIW Serious Concerns Protocol. By working with, rather than against, CSSIW, their support to us has

been invaluable in helping us at every stage to focus clearly on what we needed to do next, and affirming our own analysis of where we had got to, and where we were to go next.

In order to support this we decided to commission a Peer Review, from the Social Services Improvement Agency (SSIA). The review team was made up of professionals who each brought a wealth of expertise and knowledge.

Not only did the Peer Review exercise confirm what we anecdotally suspected in terms of progress made, it also gave us the confidence to move beyond the 'back to basics' ethos and strive to become an exceptional service, adopting the new strapline – "Achieving quality, supporting families, managing risk".

Considerable developments have been made in NPT in terms of integrated Health and Social Care Services and early intervention for adults, the frail elderly and children. These principles are integral to the Social Services and Wellbeing (Wales) Act and make us well placed to respond to the requirements of the Act. Progress has been made in areas such as setting up of the Regional Safeguarding Boards and the establishment of a regional adoption service; however, some areas will need significant culture change and investment to implement (not only internally but within partner organisations and the public).

The Western Bay Health and Social Care Programme's key aims are to promote prevention and well-being, integrate services more effectively, outcome focussed, change models of care, ensure sustainability and safeguard adults and children by working together.

We have jointly produced and developed with our colleagues/partners in the Western Bay Health & Social Care Collaborative:

- a first iteration of the Regional Self-Assessment Tool of our readiness to implement the Act

- a *draft* Regional Implementation Plan which provides an overview of the programme arrangements that are planned to support the implementation of the Act. This regional plan will complement our local plan and collaborative work.

We have responded to the first tranche of consultation of Codes of Practice and Regulations, and are preparing a response for the consultation on Performance Measures. A Conference was organised by NPT re: awareness and consultation.

Good progress is being made with Early Intervention and Prevention within Children's Services; the NPT Think Family Partnership is now fully operational and there is a steady rate of appropriate referrals into the team. We should shortly begin to see fewer children coming into care; and families that didn't meet the children's social care threshold criteria in the past but who still need support, receiving a service so that they become more resilient.

Throughout 2014/15 Members were committed to improvement, and in the example of Children's Services, the recovery and understanding of the scale of the issues and what was needed. Our Members will continue this commitment, give every assistance and resource to ensure Social Care is the number one priority for the Council.

Welsh Language

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

A profile statement is being prepared and will be available early in 2015-16.

Community Care Services

Overview

This year has seen an acceleration of pace, and delivery of, a number of significant service changes as part of the transformation of adult social care in Neath Port Talbot. Despite continued resource pressures, community care has delivered improved performance in most key areas, delivered significant savings and made considerable progress modernising traditional models of care and support. The transformation programme is integrally interlinked with work to implement the Social Services and Well-being (Wales) Act with an overarching focus of making real the shift in practice and culture to early intervention, prevention and well-being.

There is full integration of intermediate care services in the Community Resource Team and integrated management of long term health and social care for older people within the Community Networks. Performance has improved, in terms of both the timeliness of assessments and 'flow' of people to the right service outcome. This is evidenced in historically low level of delayed transfers of care. Considerable progress has been made in working collaboratively to lead health and social care service across the Western Bay region. The Western Bay Health and Social Care Partnership has provided robust strategic leadership to adult safeguarding through the Western Bay Safeguarding Adults Board. The community services project, led by the Neath Port Talbot Head of Services, has delivered through Intermediate Care Fund investment, a scaling up of community services to meet needs of increasing numbers of frail older people in their own homes. This has resulted in a reduction of care home placements.

Positive progress has also been made in collaborating in regional contracting and procurement (also led by Neath Port Talbot for the year 2014/15), mental health and learning disability services. Neath Port Talbot has been identified by partners as the lead authority for substance misuse commissioning in the region, reflecting the recognition that the Authority is well placed in this service area.

The policy for the transformation of adult social care in Neath Port Talbot, *Connecting People and Communities*, was approved unanimously by NPT Council in December 2013 continues to drive the modernisation of the way we do business. The policy is the Council's response to the Social Services and Wellbeing (Wales) Act setting out the series of step changes required to deliver the transformation, whilst recognising the considerable resource constraints within which social care in Neath Port Talbot is operating. The policy sets out the actions required not just within the Council, but with partners, communities, people with care and support needs and their carers and communities. It is the blueprint for the transformation required. The transformation programme for adult social care service, TASC, which has been the engine to deliver the changes that have occurred over the previous 3 years, has been reviewed and a new programme, "Improving Outcomes, Improving Lives" initiated, recognising that outcomes are an important unifying theme between assessment, care planning, commissioning and provision.

Following consultation on the areas set out below in 2013/14, all have been successfully implemented in 2014/15

- Modernising day opportunities for people with disabilities
- Modernising day opportunities for older adults
- Assisted transport policy
- Charging for day services
- Community meals

The new day opportunities model is pan disability and includes 3 component services: complex needs (for people with high levels of health and social care needs), community independence (a floating support service to enable people to gain skills and benefit from targeted support for a period of time) and employment and training. Day opportunities for older people have similarly been remodelled and where possible co-located in community facilities to ensure they are integrated in the community. A new assessment policy is in place for assisted transport, which supports people to independently transport themselves if they have capability and means to do so. Similarly a new policy for community meals has been implemented which again links to the provision of a meal to the need for that care and support.

In 2014/15, several major consultations have taken place with people with care and support needs, carers, partners and the public regarding policy and service changes proposed as part of the transformation programme. The 12 major consultations taken forward were:

No	Consultation	Start Date
1	Mental Health Service Commissioning Strategy	June 2014
2	Social Work Model	July 2015
3	Market Position Statements (Physical Disabilities)	Sept 2014
4	Market Position Statements (Mental Health)	Sept 2014
5	Market Position Statements (Learning Disabilities)	Sept 2014
6	Market Position Statements (Care Homes)	Sept 2014
7	Carers Strategy	Jan 2015
8	Physical Disability Commissioning Strategy	Jan 2015
9	Coastal Housing subsidy withdrawal engagement	Feb 2015
10	NPT Shared Allocation Policy	Sept 2014
11	Consultation on the future of Mental health Residential and Respite	Nov 2014
12	Proposed Re-alignment of Grwp Gwalia care home provision	June 2015

Apart from the Gwalia consultation which is currently live, all are now moving to implementation phase following approval of the consultation outcomes by the Cabinet.

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

- **The Western Bay Health and Social Care Partnership** – between NPT CBC, BCBC, CCoS and ABMU Health Board to deliver strategic leadership, collaboration and integration in key service areas: frailty and dementia, learning disabilities, contracting and procurement, mental health, youth offending and regional adoption services
- **Integrating Community Services Programme** – this programme has delivered the full integration of intermediate care services in Neath Port Talbot in the form of the Common Access Point (Community Gateway) and Community Resource Team (CRT). The next phase of work is, to formalise the integration through a section 33 agreement and take forward anticipatory care planning in community networks to ensure people at risk of losing independence have a single care co-ordinator and anticipatory care plan in place.
- **Improving Outcomes, Improving Lives (Formerly TASC) Programme** – the focus of the TASC programme is the modernisation of social work practice, commissioning and service provision. A number of projects together form the programme some of which are now at an advanced stage of delivery, and others of which are newly initiated to reflect the stage of remodelling of the programme. These are:
 - Prevention and well-being
 - Cultural change and practice improvement
 - Performance management and business systems
 - Alternative models of provision
 - Service integration (joint with ABMU HB)
 - Direct payments
 - Commissioning

Underpinning these projects is a service wide cultural and practice change programme and a programme to improve deficits in business systems, performance and financial information.

Access to Services

In 2014/15 the benefits of the development of the integrated Community Gateway team were realised as the common access point for all adult social care and community health services. The Community Gateway provides an information advice and assistance and multi-disciplinary assessment and triage into a full range of health and social care services. There is an Emergency Duty Team which responds to emergencies out of hours. There are a wide range of access and information services in place to manage the high demand for services.

The Gateway comprises of a number of contact officers and a multi-disciplinary team who holistically screening referrals to progress people to the right service at the right time. A third sector brokerage role, provided by the British Red Cross is integrated into the Gateway service. The broker is able to connect citizens to local voluntary services within the community as a way of meeting needs mitigating the need for statutory service and promoting wellbeing and resilience. Initial contacts will receive one of 3 responses:

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

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

The Gateway service has clear performance standards for telephone response and electronic referrals to the service will be maximised. Calls are answered in

a live environment (meaning that people do not need to leave answer-phone messages) meaning the majority of calls are answered first time. Quality standards have been developed and will be closely monitored moving forward. The service aims to ensure that people requiring help will know how to contact us and will receive a consistent, equitable and timely response to their enquiries. Public information continues to be reviewed and developed, in print, online and in other formats. A Council wide *Access to Services* Project is modernising access to all Council services and community care is benefiting from being a key priority for this programme, with the aim of ensuring as much information as possible is available on the intranet. The third sector has received investment to develop an advice directory – *Infoengine* - which will be accessible by the public and professionals to enable people to obtain the information that they need to meet their own well-being outcomes. This is linked to a Council wide digital inclusion strategy to ensure people who do not have access to the internet are not excluded from accessing the information they need.

Out of hours, the Emergency Duty Team (EDT) responds to emergencies but is also reliant on back-up and specialist advice and authorisation from working day staff and management in community care. Documentation on referrals forwarded to day-time staff by EDT is timely. There was also a priority related to the establishment of an EDT strategic group and this has been put in place. Additionally a senior management support rota for the EDT service is now in place and provides greater resilience for staff requiring advice and assistance in decision making. Established Approved Mental Health Professional status is part of the emergency duty system which operates out of hours. A social worker is part of Home Treatment Team which will respond to crises as part of a joint health and social care response in responding to contacts, there is a joint health and social care duty system for adult mental health which is logged and recorded.

The Gateway team has a well-developed approach to risk assessment which is effective in identifying safeguarding or priority cases which require immediate actions. Robust risk management and clinical governance arrangements exist

and are critical to its safe delivery. Flexible service responses without a full assessment and a managed care response, have been developed through the third sector brokerage embedded within the Gateway service and in 2015/16 we will be building local area co-ordinators into the front door so that people can receive the support they need to connect them to well-being services and receive unnecessary professional assessment if outcomes can be met in other ways.

Service leaflets are provided for care management and direct services which are available on the Internet and at public contact services. There is a public care directory which gives advice and information as well as details of every care service in Neath Port Talbot. Service leaflets are in accessible format but further work is required to develop a more inclusive communicative format.

Assessment, Care Management and Review

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

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

A major review of social work systems and practice was concluded in 2014/15. This has resulted in a new model of social work practice that promotes good relationships and strengths based dialogue with people so we can understand what their skills and resources are available to them to achieve their goals. This includes families, friends and community resources.

To implement this model for assessing, supporting and enabling people in the last year, there has been significant change in the way assessment, care management and review happens in Neath Port Talbot. Significantly there is:

- A new team structure of community networks (integrated with health) and a single managed care (pan disability) team for people with the most complex health and social care needs
- A new assessment framework which is outcome focussed and holistic
- A new supervision framework which ensures every case is actively supervised and is clear outcomes planned
- A new quality and performance framework to ensure the timeliness and impact of social work assessments and interventions is understood
- Embedding the positive risk taking framework in practice across all social work teams
- A new approach to proportionate and outcome focussed reviews, building on the approach undertaken through the Pathways to Independence project

- Network of citizens and carers forums established to ensure feedback on assessment and review process.

The model of social work is fully aligned with the direction of the Social Services and Well-being (Wales) Act. Neath Port Talbot is one of 7 authorities who are part of the national outcomes pilot with a team in both adult and children's services participating in the pilot. Work is well advanced to integrated assessment for complex care for older people.

The new social work structure also includes a new cohort of consultant social workers to support quality in practice, and provide a specialist resource around priority areas such as transition, safeguarding and mental capacity. Experienced social workers are working to a competency framework and are fulfilling roles in safeguarding and mental capacity as core to their practice. A number of posts within teams have been ring-fenced for newly qualified social workers to support succession planning. Care Management Assistants have new roles as Community Well-being Officers with a focus on community connection to enable people to achieve maximum independence through community resources.

Much of the work to modernise practice is being driven by the frontline social work workforce. The change and development group operates as a community of practice for practitioners. It is a network of individuals with common problems or interests who get together and explore ways of working to identify common solutions and share good practice and ideas. It currently includes social workers at all levels of the hierarchy and from all community care areas. The benefits of the change and development group lie in providing a collaborative environment that connects people to other people, information and knowledge.

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

provided. The quality assurance framework is overseen by a Quality Assurance Panel.

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

Direct payments are widely promoted and supported across community care services to give service users more control and flexibility over their care and support. Giving people who do require managed care more choice and control over the service they receive through a direct payment is a major priority in 2015/16. The regional direct payments contract has been reviewed and was re-commissioned in 2014/15. Dewis is the provider of this service.

There is full participation in assessments for CHC eligibility and a priority has been to review the implementation of new CHC guidance issued by the Welsh Government. There has been additional comprehensive CHC training provided to all care managers, and other staff with an interest. A community of practice approach has been developed to sharing issues for care managers in participating in the CHC process and a practice guide to support them professionally in fulfilling their duties in DST (Decision Support Tool) meetings. One of the consultant social workers specialises in complex care supports individual practitioners and teams in undertaking their CHC responsibilities.

Adult safeguarding has been effectively integrated into care management systems and processes. There is integrated working with commissioning and contracting and internal services to ensure any quality of services with providers are addressed. Further work will be undertaken this year to embed

new ways of working with a focus on cultural and practice change and act preparation. There is a sustainability plan in place to roll out the outcomes training across all team.

We have systems in place to monitor assessments, process and standards. All teams now undertake assessments in a timely manner and historic backlogs have been eliminated. In previous years there have been pressure points in the older person's team and occupational therapy service. Additional peripatetic resources have been established to enable pressure points in the system to be addressed. Processes have also been reviewed. There is close working between the long term care teams and primary care and allocations now occur on the basis of the general practice with which someone is registered. The occupational therapy service has also changed the way cases are allocated and managed. In addition, considerably improved performance in waiting times for Disabled Facilities Grants means the whole service is far more responsive to demand as it arises. DFGs are now a realistic option for someone who is in critical and substantial need who may have been unable to wait in the community when waiting times were longer. The Intermediate Care Fund in 2014/15 allowed a pilot of a system of low level adaptations being allocated by the Community Gateway and also to commission step down housing from NPT homes to ensure that no-one experiencing a delay in a major adaptation (e.g. due to planning permission) will wait in hospital or a care home. This was successfully evaluated and has continued without grant funding into 2015/16.

Performance Indicators measure the processes to deliver agreed of outcomes achieved. The standard for allocation days has been simplified to 1 day or 7 days and risk assessment supports the emergency assessment of individuals requiring immediate assessment. Supporting timely discharge from hospital is a priority to prevent the adverse impact on independence of a longer than necessary hospital stay. In terms of hospital discharge arrangements, the rate of delayed transfers of care for social care reasons per 1000 aged 75 or over significantly reduced in 2014/15 compared to the 2013/14 position continuing a sustained improvement over a number of years. The rate of delays for social care reasons was 3.21 in 2014/15, from a rate of 3.49 in 2013/14 (5.97 in

2012/13 & 9.81 in 2011/12). There is consistently good performance in relation to average days delayed. The overall number of delays demonstrates the effective implementation of the joint Health Board and Council policy in resolving delays where these are for choice reasons.

Good progress has been made in developing a model for the joint assessment between health and social care of older people's mental health, which needs further development with the implementation of care and treatment planning and care co-ordination in the older people's mental health team. Work on the integrated assessment, pathway and service model for dementia services is a priority for Western Bay. A major priority is rolling out integrated anticipatory care planning for people who are at high risk of losing their independence. This work is being supported by the former chief executive from Torbay where it proved highly effective in driving up quality standards and improving outcomes for people. Each person who the MDTs agreed is at high risk of losing their independence will have a single care co-ordinator and anticipatory care plan which will be actively managed.

Intermediate Tier Services

There is a fully integrated intermediate care service in Neath Port Talbot. The service now forms part of the Community Resource Team which comprises community reablement, community occupational therapy, sensory support and nurse practitioner led clinical teams. This Community Resource Team has developed from the CIIS team which was established in October 2009, bringing together the Reablement and Early Response Teams. These teams prevent hospital admissions and facilitate earlier discharge through a 4-6 week reablement programme for people who normally live independently at home but who may for a variety of reasons have lost confidence or physical ability. The service enables service users to remain in their own homes for as long as possible.

The integrated CRT is co-located in Cimla Health and Social Care Resource Centre which is providing considerable benefits for joint working of the health

and social care workforce in team. Cimla is also the community hub for Neath and Swansea Valleys and the Port Talbot Resource Centre and Neath Port Talbot Hospital are already the integrated bases for the Port Talbot and Afan community network services. There has been a massive expansion of intermediate care services in Neath Port Talbot in accordance with the business case that has been developed and agreed across Western Bay partners. This has delivered an expansion of the acute clinical service, reablement (ensuring that there is an intake model in place and there is capacity for people to be referred for reablement at the point of review as well as initial assessment), the commissioning of a residential reablement unit at the Gwalia care home in Port Talbot, expansion of the acute clinical team and embedding the multi-disciplinary approach of the Community Gateway. In terms of outcomes, acute admissions for over 75s (per 1000 population) are the lowest of the Western Bay authorities) and there has been a considerable decrease in care home placements. Domiciliary care provision is on track to realise the benefits in the business case.

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

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

involved in all aspects of the assessment process with reference to family focused planning.

Allocation of assessments is provided in a timely manner. There can be inconsistencies in delivering assessment timescales e.g. awaiting input from members of the multi-disciplinary team such as psychology or psychiatry. A system has been agreed with the NHS for continuing health care assessments where the learning disability directorate will lead on all aspects of continuing health care for client group and a project board has been established to oversee the process for all complex cases. Issues regarding timely decisions on joint packages of care are being worked through with health colleagues. Whilst the model is pan disability, the operational principles for integrated working for people with complex disabilities is being implemented.

Work continues to progress very positively in improving outcomes and delivering more cost effective services. The pathways to independence work has succeeded in transforming practice to a model based on progression which has been a key influence in the social work model being implemented across adult teams. 'Over servicing' assessments and care plans which did not promote independence resulting in over reliance on residential care and 24/7 supported living continues to be addressed in line with the Learning Disabilities Modernisation Plan was approved by Cabinet and the *Pathways to Independence* initiated, focussing on developing and implementing new practice in assessment, review and care plans with the ethos of 'progression' at the heart of practice. *Pathways to Independence* is very much owned and driven from within the workforce. *Pathways to Independence* is being rolled out across all teams to build on the good practice that started in learning disabilities.

Good progress has been made in the last year to improve the transition arrangements for young people with care and support needs who are nearing adulthood. A transition protocol has been developed and is now operational. A multi-agency tracking and planning group is ensuring that there is no delay in allocation of adult social workers and this is supporting improved multi-agency

working. A consultant social worker for transition is currently being recruited between adult and children's services and this worker will be the case manager for the most complex cases as well as providing professional advice across teams.

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

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

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

There is consistent use of care and treatment planning documentation in CMHTs to support care plans and risk assessment. Different needs are taken

into account through use of interpreters, signers and advocates. Service user and carer involvement is in-built to assessments and review systems. Assessments are undertaken within prescribed timescales. Joint assessment procedures are in place where applicable. A protocol is in place for individuals who do not fit the diagnostic eligibility criteria of the health services but fit community care eligibility criteria. This is an escalation policy which involves referring up to managers for decision making if eligibility is unclear.

Carers' Assessment

Separate carers' assessments are offered to all and carers are strongly encouraged to have their needs assessed as well as being fully involved in the assessment and care planning of the person they care for. There has been a very significant increase in the uptake of assessments in the last year. These increased from 20% in 2013/14 to 40.48% in 2014/15. There has also been an increase in the number of carers receiving a service in their own right following an assessment.

There is now very effective working with the third sector with the Carer's Service commissioned to undertake carers assessments on behalf of the Council, giving another option to people who would prefer not to have their assessment undertaken by a social worker. There is also a carers worker embedded in the CRT and this is proving hugely effective at providing timely assessment and support at a time when often the person they care for is newly diagnosed or has a condition which is exacerbating. There is a positive relationship between care management teams and the NPT Carers' Service in terms of reciprocal referrals depending on the needs of the carer concerned. There is further work to do to improve the uptake of assessments but there is strong evidence of carers involvement in the assessment of the person they care for and also regular carers forums, coffee mornings and engagement events. The number of carers known to the Carers Service has increased considerably with particular success in hard to reach groups accessing the service.

Reviews

Ensuring that all social work reviews are undertaken in a timely way remains an area of challenge. The percentage of clients who had their needs reviewed during the year has decreased slightly from 81.7% to 79.3 % in 2014/15. Whilst this decline in quantitative performance is disappointing, there has been considerable progress in the quality of reviews as the *Pathways to Independence* work is fully implemented, with full engagement of carers and providers in ensuring all the information required to undertake an in-depth review is available. Proportionate reviews are undertaken and in care home settings there is a focus on quality and safeguarding where this is the predominant need. A detailed action plan is in place to increase the timeliness of reviews and continue to increase the quality. The action plan covers a range of issues, some of which are around performance, and others of which are looking at innovative ways of ensuring that the review process is meaningful. This includes use of different forms of media to inform the review process.

A new care home quality and review team has been established within the safeguarding team as a consequence of the changes to social work model. The work plan for the team is based on a holistic approach (joined up with contract monitoring and ABMU nurse assessors) to ensure that every care home is reviewed against a planned timetable. This team now plays a crucial role in supporting safeguarding and escalating concerns processes, by carrying out sensitive reviews with service users where there have been concerns with particular providers or members of staff delivering services. As indicated above, the system of reviews implemented by the *Pathways to Independence* project to ensure that reviews consider progress and how independence can be promoted and enabled in addition to ensuring that people are safe and happy with services they are receiving. Reviews are not mechanistic but enabling and personalised; a key part of the relationship between the social worker and the individual.

Commissioning a High Quality and Range of Services

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

The Head of Community and Commissioning from Neath Port Talbot is also leading regional work around care home quality improvement. An integrated approach across Western Bay partners has been successful in responding to the Older Person Commissioners enquiry into care homes, and the requirements for action locally are informing a regional commissioning strategy. This builds upon regional care home market position statements that have been developed through the care home work. The Head of Community Care and Commissioning also leads the regional work around 'escalating concerns' in care homes. This has delivered a regional policy for escalating concerns and has provided an effective forum for dealing with issues with providers which cross more than one local authority area in Western Bay. A regional care homes quality framework has also been developed and is currently being implemented. This was produced in partnership with *My Home Life* and is the result of extensive engagement with all stakeholders. It is a person centred, holistic tool which will be an important tool in continuous quality improvement.

Quality assurance (QA) of in-house services is provided through services and in some service areas through well-established QA groups which involves carers. In 2015/16 we will ensure all in-house services have qualitative feedback mechanisms. There are opportunities for service users to provide feedback

through Service User Councils and groups facilitated by advocacy services. All appropriate services are regulated and inspected by the CSSIW and inspection report recommendations responded to. Staff and service user questionnaires are also used to monitor the quality of services, as are focus groups and user and carer engagement as appropriate. Complaints, compliments, serious adverse incidents and safeguarding investigations are also used to understand the quality of services and address quality concerns.

There has been a considerable focus on market development over recent years to ensure that there is a comprehensive range of services and in many cases effective joint working with health. There has been particular progress in the last year to improve the quality and quantum of domiciliary care services in Neath Port Talbot. This has resulted in an increase in the number of providers and a decrease in the number of quality concerns and corrective action plans necessary. Whilst the financial difficulties and eventual insolvency of a significant provider in both learning disabilities and domiciliary care provision presented a high degree of risk, there was capacity in the market for good quality alternative providers to transfer the workforce and ensure a seamless transition of care. 80 highly vulnerable people were effectively safeguarded in the most difficult of circumstances.

Domiciliary care provision in the form of the in-house home care service and commissioned provision is the foundation to achieving the community care objective of supporting as many older and disabled people as possible in their own homes. Approximately 70% of domiciliary provision is provided through the in-house service and 30% through externally commissioned providers. The in-house service has been undergoing a major programme of modernisation for a number of years to ensure it maintains quality standards and delivers business efficiencies. This has seen a rationalisation of management structures and implementation of electronic call monitoring. There continues to be a focussed drive on maximising attendance at work within the service and this is proving successful as sickness levels of 5% are at best industry standards.

There has been good progress in modernising traditional types of service provision, both internally and externally commissioned services. Market position statements for all areas were consulted on in 2014 which set out a clear model for all providers to be cognisant in developing their businesses. The model is based on high quality services, which support progression and are community based. Providers have been advised to prepare for an increase in people receiving direct payments and that flexibility is therefore essential. Detailed commissioning strategies for mental health and physical disabilities have been consulted on and are now being implemented.

Internally, this year has seen the full implementation of new model of modernised day opportunities. This model was able to deliver a successful transition from the ESF funded COASTAL project which has been pan disability in nature and has delivered a number of successful supported employment and training projects to support people into long term employment. The new model of service for day opportunities for older adults has also been implemented based on care and support for people with high levels of frailty and dementia, reablement and community integration where people need support to access community activities and are at risk of social isolation. Social centres which were provided by the Council up until this year are now self-financing independent entities, with transport provided, where needed by community transport organisation. This is a model of alternative provision which will very actively be explored in the coming year.

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

people to return to their own homes rather than move to a residential care placement.

There is a robust approach to managing the partnership with Gwalia to ensure that benefits are realised. There is a formal contract governance board which meets on a quarterly basis which oversees work undertaken by a number of sub-groups focussing on performance management and quality standards, the development of the new homes, developing new services and operational issues. There is an agreed principle that beds need to be used flexibly to address need rather than stick to the long term residential care model if need for that service is declining (the current homes are 85% occupied). In accordance with the timescales in the contract, a formal contract review has commenced. As part of this review, a consultation is currently underway into the use of beds within the new Plas Bryn Rhosyn in Neath with a focus on assessment beds and more residential reablement capacity. This consultation also covers proposals for the future provision of residential respite. The proposal is to relocate respite for people with high level needs to Dan y Bryn Care Home in Pontardawe. This will reduce capacity and discussions around more flexible solutions, using direct payments, are being explored with more able respite users. This is in line with the policy for allocation of short breaks which has been consulted on, and has now been implemented to ensure equitable access across all service user groups, a new policy has been developed and is being consulted on in early 2015/16.

In addition to the care provided Gwalia's residential care homes, the Council continued to commission residential care in 33 independent sector homes (17 Residential/19 Dual Reg.). [There are 24 care homes in NPT]. As at 31st March 2015, NPT CBC contracted 598 placements within the independent sector.

The Council agreed in March 2014 a 3 year strategy to continue to increase the fees paid to the independent sector at a rate above inflation, working in accordance with the approach within the Social Care Commissioning Guidance issued to Local Authorities in August 2010. This was informed by work

undertaken to obtain an 'open book' approach to understanding the business model and of care home providers. There are now positive relationships with providers, via provider forums and individually. This is reflected in the new a new care home contract which was developed in a co-produced way with Care Forum Wales and at the time of writing has been signed by all but one provider.

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

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

There has been good progress to accelerate uptake of assistive technology into more care packages for people with dementia in the coming year and in considering the need for specialist domiciliary provision. There is a robust action plan to increase uptake of assistive technology in the coming year.

Advocacy

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

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

Carer's Services

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

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

In terms of services to adults with complex health and social care needs, the practice to commissioning model which the *Pathways to Independence* work has accelerated. The pan disability approach based on need rather than diagnosis is proving successful. Following consultation the new state of the art respite facility at Trem y Mor is providing a service for people with mental ill health and physical disabilities as well as learning disabilities. The move to Trem y Mor was not just about the modernisation of the building, but represented a major shift in the culture and practice of the workforce. There has been a review of the workforce and implementation of a new staffing structure in advance of the move to the new facility. The complex needs day service currently located in Cadoxton is also co-located with the respite ensuring that optimal use is made of the fantastic resources provided within Trem y Mor.

A further positive development is the regional procurement to appoint a partner to manage the extension of the adult placement scheme. It is early days for the new provider but initial signs are that this will prove a successful partnership in delivering better outcomes and alternative options for people.

The Western Bay Adult Mental Health Project Board continues to implement the requirements of the Mental Health Measure on a Western Bay wide basis. Mental health services offer a range of in-house support as part of the pan

disability model, combined with support from the health service and key third sector providers such as Gofal and Mind. The work to 'repatriate' service users who had been placed out of county alongside the development of local alternatives is proving successful accompanied by the lowering of demand for new placements and reduced cost pressures.

There is well developed service user and carer involvement in mental health services, although the effectiveness of engagement is under constant review. Service users are encouraged to visit services before engaging. In addition to service user questionnaires, service users are involved in recruitment and selection processes and planning groups. Advocacy groups are fully engaged in service planning.

Substance Misuse

2014/15 has been another busy year for all agencies involved in working with those who misuse both alcohol and drugs. The Council works in partnership with three main agencies, West Glamorgan Council on Alcohol and Drug Abuse (WGCADA); The Community Drug and Alcohol Team (CDAT); and Group 4 Services (G4S).

NPT now leads the work of the Area Planning Board. A commissioning strategy will be consulted on shortly and then drive a number of major procurement exercises to deliver that strategy. NPT is moving towards an integrated service with the NHS and the 3rd sector with the aim of 1 assessment through the Substance Misuse Action Team (SMAT). 4 short-medium term accommodation have been developed specifically for substance misuse service users supported by the Council's Housing Options service. A 'bond board' called 'Crisis Smartmove' has been set up to support people who misuse substances to access private rented accommodation. A joint project with Bridgend, Swansea and the Wallich Clifford has been established to support people with social housing tenancies who misuse substances to maintain their tenancies.

Involving People and Their Carers in Service Modernisation

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

There have been a variety of methods used:

- Large meetings to which all carers have been invited
- Service specific carers meetings
- Coffee mornings with the Cabinet Member for Social Services Health and Housing
- 121 meetings with anyone who has requested one
- Newsletters and written communication
- Events run by advocacy services

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

Performance Indicators

In relation to relevant performance indicators the rate of older people helped to live at home increased from 107.8 per 1000 aged over 65 to 111.46. This is very positive in terms of maximising independence. The rate of older people supported in residential care has decreased from 23.86 to 21.71.

Similarly the percentage of adults aged 18-64 and those 65 plus supported in the community (throughout the year) has increased from 92.45 to 93.27.

Safeguarding Adults at Risk of Abuse

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

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

All experienced qualified social workers undertake DLM duties and also social workers and other suitably competent members of the adult social care workforce undertake non-criminal investigations. There has been learning internally and with key partners following an ombudsman investigation which found too close a working relationship between those undertaking a non-criminal investigation and the provider being investigated. Risk assessment tools have been embedded and prompt and efficient responses to adult protection referrals and multi-agency working continue to be apparent. The links between safeguarding and domestic abuse MAREC processes have been strengthened.

The coming together of the POVA and Deprivation of Liberty safeguards (DoLS) capacity has proved beneficial in co-ordinating responses from these related functions. As with other Authorities and Health Boards, there has been a dramatic increase in DoLS activity post the Cheshire West judgement. In 2014/15 there were 441 DoLS referrals compared to 7 the previous year. A risk

matrix is in place to ensure there is a clear rationale for decision making. Through a combination of business management and development of a pool of in-house BIAs and SB signatories, the number of breaches has been minimised. An action plan is being delivered to ensure that all providers understand and comply with their responsibilities as managing authorities and ensure there are clear processes for reviews and managing requests from domestic settings. The resource implications of the DoLs responsibilities, without the same level of support available to Authorities in England, cannot be underestimated.

Strategically and operationally, POVA is a multi-agency responsibility. Operationally, we have a robust multi-agency assessment process that delivers clear decision making. Integration of POVA, care management and contracting processes that deliver clear decision making, clarity of responsibility and manage risk are important. Training in sound analysis and judgment has been delivered to all DLMs and the NPT safeguarding forum for all DLMs is promoting a holistic approach to safeguarding. Processes around out of county placements and IMCA referrals have been strengthened.

Operational performance and trends inform the strategic direction for adult safeguarding. There is monitoring of referral rates by category and client group and this informs the strategic work required. The POVA business plan pulls these strands together. The NPT safeguarding forum receives a presentation on at least 1 complex practice issues to consider the policy and strategic issues arising from it at each meeting. Vulnerable adults and carers are involved as appropriate in the POVA process, in determining the appropriate level of risk and all aspects of assessment and decision making.

CHILDREN AND YOUNG PEOPLE SERVICES

Introduction

The Children and Young People Service (CYPS) in Neath Port Talbot has made significant improvements over the past two years. The service now has a stable and more experienced workforce; practice that is procedurally sound and performance that is amongst the best across Wales. The “back to basics” work has now been completed and it is time for the service to fulfil its aspirations to move from the good service it is now to an excellent service. With continued support and a comprehensive understanding from Councillors and Senior Managers across the Local Authority, CYPS is now in a position to become a centre of excellence and good practice within the Welsh context. It is an exciting time and there is huge potential within the service if the priorities for the immediate future can be approached with the same rigour and clarity that has been applied to workforce, practice and performance issues. This Strategy aims to set out the vision and priorities for 2015-16 in an accessible and concise format in order that it can be easily referenced and understood. This strategy is an addendum and update to the overarching Children and Young People Services Strategic Improvement Plan 2013-16 and should be read in this light.

Vision

Our vision for Children & Young People and the service remains:

- All children and young people in Neath Port Talbot are protected and grow up in supportive families to achieve their potential.
- The children and young people services department is highly regarded by children, young people and the wider community and is a great place to work.

This vision is underpinned by the values we have and our work will be rooted in the values of the social work profession and the United Nations Conventions on the Rights of the Child:

- To hear the voice of the child or young person in everything that we do.
- Promoting social justice.

- Acting with integrity.
- Treating all people with compassion, empathy and care.
- Ensuring the proper stewardship of scarce public resources.

Alongside our vision and values CYPS has agreed a common articulation of the way in which we expect to practice in the future. We are clear that on an individual, team and service basis we stand for:

“Achieving quality, supporting families and effectively managing risk”.

These are the key themes we will continue to reflect upon as we measure the positive impact of the service going forward.

Progress Against Priorities From 2014/15

A lot of work was undertaken by the Service in 2014/15 which culminated in a further inspection by The Care and Social Services Inspectorate Wales in February 2015. The CYPS in NPT agreed with the findings and were very pleased that as a result the Minister and Chief Inspector agreed to remove the Service from the Serious Concern Protocol.

Given that this inspection was able to review almost the entire year's performance against the priorities set in 2014/15 the conclusions are set out below for ease of access.

The inspection primarily focussed on the progress made by the local authority in implementing the 22 recommendations made in the last inspection report. The recommendations fall into four themes which are outlined below.

Theme 1: Providing Direction

Strong political and corporate support for the improvement plan was evidenced by the clear priority which had been given to its implementation. There had been sustained targeted investment in the workforce and resources

which had resulted in a much improved and consistent delivery of children's services. Elected members and the corporate management team demonstrated a common understanding of the direction and drive needed to ensure the service effectively supported improved outcomes for children and young people in NPT. Elected members were knowledgeable about performance and were able to identify areas which still required improvement. Scrutiny arrangements had been further developed and strengthened. The corporate parenting panel had raised its profile across the authority and some progress in improving outcomes for looked after children had been made. Partner agencies were well engaged strategically and evidenced good understanding of the complex issues facing the authority. Whilst there were some inconsistencies between the effectiveness of strategic and operational arrangements in both areas, there was evidence of improvements being made in working together. Strong support was expressed for the commitment needed to ensure there would be a continuous improvement agenda, with an acceptance that the authority face a challenging economic environment with a legacy of the highest looked after population in Wales and continued demanding levels of need.

Leadership of children's services showed significant improvement from the time of the last inspection. The senior management team enjoyed a high level of respect and credibility from the workforce, who in turn believed they were listened to and valued for the enormous amount of effort being made to improve timeliness and quality of services. Workers had a greater common understanding of the approach being used to manage high demand for services; support children to live in the community; and reduce the number of children looked after.

Theme 2: Delivering Social Services

Sustained stability in the workforce, including reduction in the use of agency workers to cover staff sickness absence rather than vacancies, had made a significant contribution to improvements in continuity and consistency of practice. Better induction, relevant training and staff guidance had supported positive workforce development. There was some vulnerability noted in certain

teams and a need to further support the development of the team manager group. These issues had been identified by senior managers and additional supportive arrangements were in place. While workers were much clearer about the roles and responsibilities within teams, there was inconsistency in these arrangements across the service, which could impact effectiveness of consistent supervision and decision making.

Morale was high and there was no evidence of the bullying and oppressive culture reported at every previous inspection. There was a high degree of optimism that the improvements in the delivery of an effective and timely service would continue to progress. Workers were confident that the level of corporate and management support for the service would continue should the serious concerns protocol be lifted. Sustaining stability in the workforce, together with building on the experience throughout the operational management structure, will continue to require considerable effort and resource.

The implementation of the quality assurance framework appeared to be inconsistent. File audits were not systematically completed and learning from complaints or service user feedback to improve service provision was not clearly evidenced. A 'Performance Improvement Group' with membership from across the service was in operation and the outcomes from this work had led to some improvements in the quality and consistency of service delivery. There was an engagement and participation plan in place to roll out the strategy which was developed in 2013 but was yet to be implemented. Two posts had been agreed to help address this area for development.

Theme 3: Shaping Services

Making good use of the local needs analysis had resulted in positive progress being made in the planning and shaping services, which had the potential to manage the high demand on statutory services and reduce the 'looked after population'. The joint review of all support services including those commissioned appeared to have been amended in an effort to quicken the

pace of change. This had resulted in some fragmentation of the overall progress of the whole model. However, newly commissioned services appeared tailored to meet the identified needs with sound monitoring arrangements. It was too early at the time of the inspection to evidence how successful this service provision would be in reducing the need for children and young people to become looked after.

The demand for family support remained high and the volume of contacts with children services particularly with respect to domestic violence was marked. Managers and social workers were optimistic about the Team around the Family (TAF) service which had taken on 'child in need' cases helping to make team caseloads more manageable. There were plans in place to improve access to this service by way of a common gateway within children's services. TAF had become fully operational only three months previously and additionally the full range of 'edge of care' services were still in development. It will therefore be some time before this model can evidence success in better supporting families in the community and reducing the demand for statutory intervention. The degree to which workers and partner agencies were engaged in the development of the revised family support strategy was variable. However the majority had been kept informed about the progress. There was still some confusion for workers around the exact remit of the 'edge of care' services and how the loss of general support services such as parenting for those in need and counselling for looked after children would have an impact on outcomes. Further analysis of how the needs of families, particularly those with older children and young people, could be better supported at an early stage would benefit the effectiveness of the family support strategy.

Theme 4: Assessment Care Management

The arrangements for managing contacts and referrals were mostly timely and effective. Thresholds between 'early help' and statutory social services interventions were generally appropriate and operating effectively. Consistency in the quality of initial assessments had improved and arrangements for signposting to TAF or other support services were better organised. The needs

of the child were kept at the forefront of assessments but the recording of children's and families views remained inconsistent. It was noted that a number of older children and young people who were referred did not receive a timely assessment or appropriate early intervention.

Children and young people who were or were likely to be at risk of harm were identified and work completed appropriately to help keep them safe. The arrangements for child protection enquiries and investigations were timely and showed improvement in consistency and quality. Managers were aware that a need for more continuity and better information in preparation for strategy discussions had been identified by partners. The quality of risk assessment although improved from the previous inspection was still variable. Workers had completed appropriate training but further support and guidance particularly for risk management arrangements was needed.

Core group working was more effectively completed but the quality of child protection planning was variable. Workers appeared to lack confidence to fully develop the initial child protection plan which was agreed at the case conference. Partner agencies were sometimes hesitant to agree to children's names being removed from the child protection register (CPR), despite progress having been made to minimise risk. Case conference chairs did not always manage this challenge effectively. Although there has been a strong focus on multiagency training for child protection work, joint understanding of thresholds through the service remains an area for development. There had been a focus on reviewing the profile of children on the CPR reducing drift and escalating concerns where appropriate. Families did not always appear to be well engaged in the child protection planning and were not always clear about its purpose.

Transfer arrangements from the intake team to the community children's teams had improved significantly. Workers were clear about the process with the majority expressing satisfaction with the transparency and fairness of case allocation. Workloads were reported to be far more manageable and

proactively reviewed. It was evident that some teams had more capacity to reflect on practice, carry out more dynamic assessment and increase direct work. Supervision was regularly completed but the quality of support and management oversight was variable; reported to be related to lack of capacity rather than the ability of managers. Overall management oversight had improved since the last inspection.

The threshold for instigating the Public Law Outline (PLO) was appropriate and arrangements to seek legal advice were effective. The numbers of cases with this status had decreased significantly in the previous 12 months but several cases reviewed appeared to have drifted in the 'pre-proceedings' stage. The lack of consistent effective planning with little identification of outcomes against which progress could be measured could hamper timely decision making. The format of plans had improved which had facilitated better recording. However, care planning remained an area for development.

Social workers had a better understanding of the purpose of statutory visits and some very good direct work was evidenced on files seen by inspectors. The majority of looked after children's cases were appropriately allocated and permanency was more effectively reviewed. Considerable work had been completed to better equip the independent reviewing team to play a more active part in challenging the effectiveness of plans and to better quality assure arrangements. Children and young people were not being regularly seen by Independent Reviewing Officers before their reviews and consultation documents had been identified as needing significant improvement if they were to be used consistently.

There were a total of 15 recommendations arising from the Inspection which have been built into an Action Plan.

Current Situation

CYPS has made large advances in improving its practice, stabilising and

developing its workforce, developing strong leadership and transforming its performance. Following a positive Peer Review in September 2014 commissioned through the Welsh Local Government Association (WLGA) it was agreed that CYPS should expand its aspirations to move from providing a good service to an excellent one. The new standard will be one in which the service can evidence the positive impact its interventions make on families and recognise and move quickly to address any deficits identified. To this end the well-rehearsed mantra of back to basics will be replaced with that set out in above:

“Achieving quality, supporting families and effectively managing risk”.

Although the service remains on the Welsh Government Serious Concerns Protocol it has now resolved to set out a new set of priorities which, when achieved, will place NPT CYPS amongst the best in Wales and England. This does not mean that we will not continue to monitor and develop previous priorities such as workforce, social work practice and performance management.

For example, we will continue to deliver the workforce strategy to ensure that we have a stable, experienced and well trained staff group. We will maintain stability by continuing to follow good people management and leadership practices such as timely recruitment, good induction, regular supervision, performance management, maximising attendance, minimising the use of agency workers, succession planning, effective two way communication between staff and managers and partnership working with the Council's recognised Trade Unions.

To ensure that the service can fulfil its aspiration to move from being a good service to being an excellent service, we will seek to develop the workforce in a targeted and systematic way in order to achieve continuous improvement in quality and practice and to comply with current legislation. We will continue to promote a workforce culture that is supportive, that rewards success and achievements and is focussed on the outcomes of the families we work with. Capability, disciplinary and grievance issues will be promptly and appropriately

dealt with. Our actions will continue to be underpinned by the CYPS Recruitment and Retention Strategy and the NPT People Charter.

In relation to performance management the service remains committed to maintaining and developing the use of accurate and timely information which will inform our workforce about the work it is doing. Having taken time to embed this practice the Service will now seek to link this with the Outcomes based approach discussed in the priorities section of this paper.

Priority Areas

The service has made considerable improvements over the past 2 years by having collective clarity over which areas of work were absolute priorities. The service understood that although there was much work to be done on a wide and diverse agenda significant impact would only be made through the adoption of a limited number of priorities. In the past these have included the development of a workforce that was properly trained and had a balance of experience, the reintroduction of basic policies and procedures, supportive IT structures and building a comprehensive performance management framework.

Having achieved success in these areas, we intend to further build on this progress and develop and implement individual strategies to support the priorities we intend to focus on over the next 2 years. These priorities are as follows:

Ensuring a Consistency and Depth of Quality in the Work That We Complete on a Day to Day Basis

Since its launch in 2013 our Performance and Quality Assurance Framework has continued to be implemented across the service. This has incorporated the setting of the high quality standards we endeavour to achieve consistently across the service, the establishment of methods for measuring and evaluating the quality of our interventions with families and using findings to identify priorities for improvement and further develop services.

All staff participate in an induction and receive supervision and training that explicitly demonstrates our approach to delivering services and assessing children, young people and their families. We will implement a consistent approach to staff appraisal across the service.

On a routine basis we continue to undertake audit activity through the scrutiny of cases, supervision and feedback mechanisms established in the Independent Reviewing Service. We will train team managers to develop their skills in auditing and we will embed routine audit activity across the service including extending peer review audits across the teams. We will establish a suite of feedback and consultation mechanisms for children and young people, parents, carers and partner agencies, and we will develop a method for collating and reporting information to assist with service delivery and development.

We have recognised that there was a need for dedicated resource in order to undertake a further step change and equip the service to embed quality assurance throughout its everyday activity. We have established a Performance, Quality and Practice Development Team – Performance, Quality and Practice Manager; Complaints Officer; Engagement and Participation Officer - to drive this forward.

Evaluating Outcomes Based Upon a Framework That Will Evidence That We are Making Significant Positive Differences in the Lives of the Children and Families We Deal With

Having achieved significant improvements against quantitative measures, such as KPI's; we are mindful that performance indicators are essentially a measure of activity, and not outcomes. We recognise the importance of developing systematic methods to evidence whether we are making a positive difference in the lives of children and families that we deal with.

We intend to establish an Outcome Based Framework which captures and acts upon the views of children, parents, carers and professionals. The framework will complement the proposed requirements placed upon Local Authorities in the '*Social Services and Well-being (Wales) Act 2014*', such as co-production and goal setting with families. It will also draw strength from the SSIA pilot on developing an outcome based framework.

Care planning and review mechanisms will be key to measuring outcomes, to this end; it is our intention to develop ICT Systems to support this function and ensure we can monitor the 'direction of travel' at key junctures during the intervention process.

A Safe and Measured Approach to Reducing the Number of Children Looked After

We have developed a Looked After Children strategy which sets out the intentions of the Service to achieve best possible outcomes for Looked after children, young people and their families. We recognise the impact of the high number of children who are looked after and we have set out our target for safely reducing the LAC population in the Looked after children strategy.

We intend to further strengthen our procedures for admissions to care, and to extend this to making improvements to the way we support children on the edge of care through commissioning arrangements and by establishing an edge of care panel.

Where children can be safely returned to their families we will support this to happen, and where children cannot return we will ensure that they have permanency plans in place. Wherever it is possible we will ensure that children who cannot return to their families have the opportunity to be cared for without remaining in the care system.

For those children who need to be looked after we will ensure that our fostering services are developed and structured in a way which can provide a

choice of high quality, stable, local placements for children and young people, including those with specialist or complex needs. We will develop a foster carer recruitment strategy.

Developing and Delivering a Robust and Effective Family Support Strategy Which Will Ensure a Targeted Approach To Supporting Children, Young People And Their Families

We have developed a Draft Family Support Strategy (FSS) to assist in delivering targeted support services to children and families. The FSS supports joint working with the Think Family Partnership to ensure a joined up approach through the Tiers of need from early intervention through to Tier 4 specialist support. We will remodel a number of support services including Action for Children support and Dewis housing support, taking into consideration the needs for our most vulnerable children and young people. This will ensure we deliver targeted support to the families most in need.

The Think Family Partnership commissioning of Family First Services is in place and new contracts will be established by April 2015 incorporating services which include Family Group Conferencing, Young Carers Support and Counselling Support for families.

We have worked with partners to refocus services and ensure that we have a shared vision for priorities:

- Team Around the Family (TAF) has become a crucial support to families and a key part of Children's Services partnership working. The development of a robust Step Up/Down Protocol has ensured the right supports are in place. By April 2015 a TAF social worker will be part of the common front door for the Intake Team to ensure that all referrals access a single point of contact.
- YOT has actively participated with CYPS utilising their Prevention Team and this support will become formalised within social work practice.
- IFSS has been operational since April 2013 in Western Bay and has recently been formally reviewed. Discussions are underway to have a re-focus on the strategic needs of CYPS.

- NSPCC – following negotiations the NSPCC Neglect Programme will be part of the prevention strategy.
- CALAN DVS Project will be in place by April 2015 offering direct support to families and basing a number of supports within children's' services.

An Approach to Participation and Engagement of Children, Young People and Their Families Which Takes Account of Their Views and Where Co-Production of Service Delivery is the Goal

We have reviewed our Participation, Engagement and Advocacy Protocol which describes our mission to support the children and young people we work with to have a strong voice. We have established a Performance, Quality and Practice Development team which who will now formulate and implement an action plan to deliver the Protocol.

An Engagement and Participation Officer will be appointed to increase capacity and ensure its swift, consistent implementation of the action plan across the Service. The plan will include promotion of the UNCRC ; mapping of existing consultation forums/workshops; a more coordinated approach to the running of existing and new consultation for a; information for Children and Young People which raises their awareness of their rights/role (s) in decision making alongside service improvement and development; the adoption of age appropriate tools and methods to facilitate meaningful engagement.

CYPS is resolved to approach these priorities with the vigour and discipline that has been applied to other areas where significant improvements have been made. Pace will continue to be a key element of the new strategy as will building in sustainability. We look forward to building on the established improvements to continue to develop a high quality service which promotes the best outcomes for children and families.

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

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

Conclusion

There has been significant improvement in the performance of the CYPS in Neath Port Talbot throughout 2014/15. This is evidenced through end of year results across the range of performance indicators, the findings of the CSSIW Inspection in February 2015, the stability and capability of the workforce, feedback from staff and agency partners, internal and external case file audits and reducing numbers of complaints from service users. The Service will never be complacent and there remains more work to do to ensure that the quality of the work being completed is consistently of a high quality and that the progress made to date is embedded and built upon.

Performance Indicators 2014/15

PAM - Public Accountability Measure;

NSI - National Strategic Indicator;

SID - Service Improvement Data;

ADULT SERVICES

Performance Indicator	2013/14 Performance	2014/15 Performance
SCA/001 (NSI)	2013 - 14	2014 - 15
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	3.49	3.21
SCA/002a (NSI)	as @ 31 st March 14	as @ 31 st March 15
The rate of older people (aged 65 or over): a) supported in the community per 1,000 population aged 65 or over at 31 March	107.80	111.46
SCA/002b (NSI)	as @ 31 st March 14	as @ 31 st March 15
The rate of older people (aged 65 or over): b) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	23.86	21.71
SCA/003a (SID)	2013 - 14	2014 - 15
The percentage of clients, in the following age groups, who are supported in the community during the year: a) Aged 18-64	92.45	93.27

Performance Indicator	2013/14 Performance	2014/15 Performance
SCA/003b (SID)	2013 - 14	2014 - 15
The percentage of clients, in the following age groups, who are supported in the community during the year: b) Aged 65+	81.98	81.66
SCA/007 (PAM)	as @ 31 st March 14	as @ 31 st March 15
The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year	81.7	79.3
SCA/018a (PAM)	2013 - 14	2014 - 15
a) The percentage of carers of adults who were offered an assessment or review in their own right during the year	100	100
SCA/018b (SID)	2013 - 14	2014 - 15
b) The percentage of carers of adults who had an assessment or review in their own right during the year	20	40.48
SCA/018c (SID)	2013 - 14	2014 - 15
c) The percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service	66.7	71.35
SCA/019 (PAM)	2013 - 14	2014 - 15
The percentage of adult protection referrals completed where the risk has been managed	100	100

Performance Indicator	2013/14 Performance	2014/15 Performance
SCA/020 (PAM)	as @ 31 st March 14	as @ 31 st March 15
The percentage of adult clients who are supported in the community during the year	85	88.91

CHILDREN'S SERVICES

Performance Indicator	2013/14 Performance	2014/15 Performance
SCC/001 (SCC/001a [PAM])	2013 - 14	2014 - 15
a) The percentage of first placements of looked after children during the year that began with a care plan in place	100	100
b) For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence at the due date.	89.8	89.5
SCC/002 (NSI)	2013 - 14	2014 - 15
The percentage of children looked after at 31 March who have experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March	15.7	10.7
Performance Indicator	2013/14 Performance	2014/15 Performance

SCC/004 (PAM)	2013 - 14	2014 - 15
The percentage of children looked after at 31 March who have had three or more placements during the year	6.4	6.9
SCC/006 (SID)	2013 - 14	2014 - 15
Percentage of referrals during the year on which a decision was made within 1 working day.	97.2	98.5
SCC/007 (SID)	2013 - 14	2014 - 15
The percentage of referrals during the year:		
a) Allocated to a social worker for initial assessment	94.1	93.1
b) Allocated to someone other than a social worker for initial assessment	4.4	5.5
c) Did not proceed to allocation for initial assessment	1.5	1.4
SCC/010 (SID)	2013 - 14	2014 - 15
The percentage of referrals that are re-referrals within 12 months	22.1	15.4

Performance Indicator	2013/14 Performance	2014/15 Performance
SCC/011 (SCC/011a - PAM), (SCC/011b - SID)	2013 - 14	2014 - 15
The percentage of initial assessments that were completed during the year where there is evidence that:		
a) The child has been seen by the Social Worker	68.3	74.4
b) The child has been seen alone by the Social Worker	38.7	47.1
SCC/013 (SID)	2013 - 14	2014 - 15
a) The percentage of open cases who have an allocated social worker:		
i) Children on the child protection register	100	100
ii) Children looked after	99.1	99.6
iii) Children in need	68	71.8
b) The percentage of open cases who are allocated to someone other than a social worker where the child is receiving a service in accordance with her / his assessment plan:		
i) Children on the child protection register	0	0
ii) Children looked after	0.9	1.3
iii) Children in need	31.8	25.5

Performance Indicator	2013/14 Performance	2014/15 Performance
SCC/014 (SID)	2013 - 14	2014 - 15
The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion	93.5	94.4
SCC/015 (SID)	2013 - 14	2014 - 15
The percentage of Initial Core Group Meetings due in the year which were held within 10 working days of the Initial Child Protection Conference	91.4	88.4
SCC/016 (SID)	2013 - 14	2014 - 15
The percentage of reviews of child in need plans carried out in accordance with the statutory timetable	72.7	81.6
SCC/021 (SID)	2013 - 14	2014 - 15
The percentage of Looked After children reviews carried out within statutory timescales during the year.	95	96.6

Performance Indicator	2013/14 Performance	2014/15 Performance
SCC/022 (SID)	2013 - 14	2014 - 15
a) The percentage of attendance of looked after pupils whilst in care in primary schools;	93.1	94.2
b) The percentage attendance of looked after pupils whilst in care in secondary schools.	89.7	85.4
SCC/024 (SID)	2013 - 14	2014 - 15
The percentage of children Looked After during the year with a Personal Education Plan (PEP) within 20 school days of entering care or joining a new school in the year ending 31 March	85.7	77.1
SCC/025 (PAM)	2013 - 14	2014 - 15
The percentage of statutory visits to Looked After children in the year that took place in accordance with regulations.	86.9	91.9
SCC/030 (SCC/030a - PAM), (SCC/030b - SID)	2013 - 14	2014 - 15
a) The percentage of young Carers known to Social Services who were assessed.	100	100
b) The percentage of young Carers known to Social Services who were provided with a service.	64.7	100

Performance Indicator	2013/14 Performance	2014/15 Performance
SCC/033 (NSI)	2013 - 14	2014 - 15
a) The percentage of young people formerly looked after with whom the authority is in contact at the age of 19.	95.7	95.2
b) The percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable, no-emergency accommodation at the age of 19.	100	90
c) The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.	63.6	40
SCC/034 (SID)	2013 - 14	2014 - 15
The percentage of child protection reviews carried out within statutory timescales during the year	97.5	98.5
SCC/035 (SID)	2013 - 14	2014 - 15
The percentage of looked after children eligible for assessment at the end of Key Stage 2 achieving the Core Subject Indicator, as determined by Teacher Assessment.	42.1	57.1
SCC/036 (SID)	2013 - 14	2014 - 15
The percentage of looked after children eligible for assessment at the end of Key Stage 3 achieving the Core Subject Indicator, as determined by Teacher Assessment.	55.56	57.1

Performance Indicator	2013/14 Performance	2014/15 Performance
SCC/037 (NSI)	2013 - 14	2014 - 15
The average external qualifications points score for 16 year old looked after children, in any local authority maintained learning setting.	335	296
SCC/040 (SID)	2013 - 14	2014 - 15
The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement	-	97.2
SCC/041 (SID)	2013 - 14	2014 - 15
The percentage of eligible, relevant and former relevant children that:		
a) have pathway plans as required, and	69.8	83.9
b) have been allocated a personal advisor	100	96.8
SCC/042 (SID)	2013 - 14	2014 - 15
a) The percentage of initial assessments completed within 7 working days	80.6	91.9
b) The average time taken to complete initial assessments that took longer than 7 working days to complete	18	14.2

Performance Indicator	2013/14 Performance	2014/15 Performance
SCC/043 (SID)	2013 - 14	2014 - 15
a) The percentage of required core assessments completed within 35 working days	70.2	84.4
b) The average time taken to complete those required core assessments that took longer than 35 days	56	44.3
SCC/044 (SID)	2013 - 14	2014 - 15
a) The percentage of children Looked After who were permanently excluded from school in the year 1 April - 31 March.	0	0
b) The average number of days spent out of school on fixed-period exclusions for children Looked After who were excluded in the year 1 April - 31 March	4	5.3
SCC/045 (PAM)	2013 - 14	2014 - 15
The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable	82.2	88.6