



The Director of Social Services Annual Report 2012 - 2013

Rising to the Challenge

ANNUAL REPORT 2012/13

This is my first annual report for NPT since this requirement was placed on Directors of Social Services in Wales as part of the Annual Council Reporting Framework (ACRF) for social services.

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 2012-13 set out in last year's annual report, our performance for that year, and maps out the key areas for development and improvement in 2013-14.

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
- Providing direction

The ACRF 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, 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 individual's 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.

Through our very strong political and corporate leadership and the undoubted commitment and resourcefulness of our staff, we are in a position to meet all of the current and in some cases difficult challenges facing us.

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Nick Jarman
Director of Social Services,
Health and Housing

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 2009 97.6% of the County Borough's population were from a white background, compared to an average across Wales of 96.4%.

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.

In terms of demand for services, we have a higher rate of adult social care service users per 1,000 population than our comparable authorities. As a consequence we prioritise 24% more spending on social care provision than the level set by the Welsh government compared to 16% on average amongst the comparable authorities.

The rate of child care service users is 54 per 1000 population aged 0-17, higher than the Wales rate of 41 and the comparable authorities' rate of 45. The number of looked after children continues to be significantly higher than the Welsh average and that of our comparable authorities. Between 2001-02 to 2010-11 our spend on children services increased by 150%, and over the same period the comparable authorities' increase was 120%, reflecting the demand placed on budgets through the increase in the looked after children population.

We have a higher rate of adult service users between 18-64 at 16.8 per 1000 aged 18-64 than the Wales' rate of 15.4 and the comparable authorities' rate of 15.3. The total spent in this area, however, was below that across the comparable authorities.

61% of our service users are aged 65 and over, compared to 56% across the comparable authorities and 60% across Wales.

Section 2 - Overview

This past year has been a mixed and difficult one for Social Services.

The transfer of residential care homes to Grŵp Gwalia has continued to develop successfully and on plan. This will mean that four new care homes will be built between 2013-15 to replace seven of the current homes, alongside efficiency savings once these new homes are operational.

Important changes have been introduced in the home care service. A new electronic call monitoring system has been introduced which greatly assists the planning of care and reduces administrative costs. New payments options which were introduced have increased choice whilst removing obsolete arrangements.

The Transforming Adults Social Care (TASC) Programme was introduced. This is an ambitious, wide ranging programme to modernise services, improve responsiveness and reduce cost.

Within Community Care Services the transforming Older People Services has continued to modernise services successfully: boosting independence and resilience, improving responsiveness and reducing cost of delivery.

Compared with many authorities in Wales and England, Community Services have developed a number of innovations including the Gwalia Contract, Western Bay and TASC which are leading edge, even ground-breaking.

The performance indicators for Community Services show consistent quality of delivery and improvement, albeit there is never scope for complacency.

The vast majority of spend in Community Services is external and commissioned. This brings with it the challenges of becoming an efficient, effective Commissioner and quality-assurer; being able to deliver high quality, responsive services, more cost-efficiently working with a range of partner organisations.

An emerging challenge is the extent to which an economic balance can be struck between directly delivered and commissioned Domiciliary Care and by extension, striking the optimum balance between quality and cost in the context of escalating demand and reducing resources.

2012-13 was an extremely challenging year for our Children's Service.

A Systems Review commenced in previous years led to a number of changes to the traditional working and organisational patterns for Children's social care.

These included a review and revision to child protection and safeguarding procedures and the ICS System which supports them and the development of a locality model which saw three social work teams established in schools settings across the County Borough.

The latter was intended to facilitate strengthening of multi agency responses to need.

Despite the theoretical basis for these developments, in practice they generated unintended consequences. In particular: they failed to draw accurate distinctions between Early Intervention and Prevention (EiP) and core CP and Safeguarding Social Work; they were insufficiently informed by successful EiP models elsewhere; they led to significant staff departures; and if anything they attenuated partnership working. This took place in the context of steeply rising rates of referral and re-referral and by extension increasing and in some cases increasingly unmanageable caseloads.

For the Children's Service the year culminated in an Inspection in November 2012, as a result of which the Serious Concerns Protocol was invoked.

This was counterbalanced by developments towards the end of the year by: the appointment of a highly skilled, permanent Head of Children's Services, beginning to recruit a brand new team of Principal Officers; and the development of a comprehensive Strategic Improvement Plan, which informs the priorities for the Children's Service going into 2013-14.

National context

The previous annual report outlined the introduction of Welsh Government's White Paper 'Sustainable Social Services: A Framework for Action' and the role this will play in shaping social services over the next decade.

This has now been followed by a draft Social Services Bill designed to make the statutory changes necessary to implement all aspects of the White Paper. Most significantly the proposed Bill introduces a new definition of and associated responsibilities for meeting need, what is meant by social care provision, alongside a new framework for determining service eligibility.

Whilst there is much to commend what is stronger focus on prevention and wellbeing there are still critical considerations required as to the precise resource implications, particularly at a time of general austerity.

UK government decisions, especially relating to welfare reform, also have to be taken into account when considering whether the demands upon services will accelerate to an extent whereby the ability to refocus Services as intended by the Bill can be delivered and sustained.

Another key driver within the White Paper and the draft Bill is the national, regional and local framework for action. There are expectations that local authorities will collaborate to deliver particular social services functions.

In response to this the Western Bay Services Regional collaborative has been established between Bridgend, Neath Port Talbot and Swansea Councils and the ABMU Health Board with the intention to improve services and deliver efficiencies through integrated and collaborative working.

The initial priorities of the Board relate to the commissioning of mental health and learning disability services, developing older person service models and the introduction of the Integrated Family Support Service across the region.

The Board is also overseeing the development of regional Safeguarding Board arrangements for children and adults as well as the Regional Supporting People Committee.

Community Care Services

Overview

This year has seen an acceleration of pace to, and the delivery of, a number of significant service change decisions and developments which are beginning to transform services. Despite continued resource pressures, and significant efficiencies that have been delivered in community care, there has been steady progress in improving operational performance as demonstrated across key performance indicators. Positive progress has been made in integrating services with the ABMU Health Board, against a challenging context of resource constraints within the Health Board which has seen a reduction in hospital beds, unprecedented pressures on unscheduled care and a consequent requirement for investment and development of community based assessment and ongoing service provision. Following formal consultation with health and social care community staff, integrated management arrangements are in place for the Community Resource Team and Community Network services. Progress has also started to be made in collaborative working with City and County of Swansea and Bridgend County Borough Council, in the areas of safeguarding, learning disabilities, adult mental health and older person's services. April 2012 saw the transfer of the Council's residential care homes to Grŵp Gwalia with a smooth transition for both residents and the workforce.

Neath Port Talbot CBC has committed itself to the transformation of adult social care services to deliver the policy priorities set out. There are three integrally linked strategic change programmes which together aim to achieve the vision for community care in Neath Port Talbot. These programmes are:

- **The Western Bay Health and Social Care Partnership** which is a partnership programme focused on achieving improved outcomes through collaboration between Neath Port Talbot CBC, City and County of Swansea, Bridgend County Borough Council and ABMU Health Board in critical service areas. The initial focus has been on community care services for frail older people and people with dementia, learning disability services, mental health services, commissioning and some aspects of children's services.
- **Integrating Community Services Programme** – this programme is driving integration of Neath Port Talbot CBC and NHS services for older and disabled people in Neath Port Talbot. The focus has been delivery of the

Community Services Gateway (single point of access) and a fully integrated Community Resource Team (CRT). The next phase of work will focus on integration of community network services, which are long term health and social care services.

- **Transforming Adult Social Care (TASC) Programme** - developed as a priority improvement work stream within the Corporate Improvement Plan (*'Rising to the Challenge'*), the focus of the TASC programme is the modernisation of social work practice, commissioning and provision of services by Neath Port Talbot CBC. The initial focus has been the modernisation of learning disability services and the ongoing modernisation of older person's social care services. The baseline was established through an opportunity assessment of learning disability services undertaken by external consultants, Alder, who were funded by the Social Services Improvement Agency. As a consequence, a holistic project, *Pathways to Independence*, has been driving the modernisation of practice, commissioning and service provision for people with learning disabilities in Neath Port Talbot.

These policies are now underpinned by a single policy for a community care *Connecting People and Communities*. The policy is the Council's response to the Social Services and Wellbeing (Wales) Bill, recognising the resource constraints and step change needed to deliver the Bill, not just within the Council, but in partner organisations and communities. The policy sets the blueprint for the transformation required.

Within community care services, the out turn position was within the budget guideline this was only achieved through the stringent management of the older and disabled person placement budget as well as delivering a range of under spends elsewhere in the service. For the second year, there were significant improvements in the level of delayed transfers of care for social care reasons with the benefits for people of integrated and seamless working with the Health Board. The budget position of learning disability services also proved challenging during the year, however, the impact of the review of care packages initiated as a result of the *Pathways to Independence* project has started to show positive outcomes in service and financial terms.

Leadership within the Directorate has changed with the retirement of the Director of Social Services, Health and Housing. A new Head of Children's Service and principal officer team have been appointed. The senior

management team in Community Care and Housing has been unchanged, which has enabled the division to benefit from stability and experience at a time of considerable change and renewal in other parts of the Directorate. The Head of community care and Housing position is now integrated with ABMU Health Board Neath Port Talbot Locality with the Head of Service operating as a full member of the Locality Management Team.

The benefits of a joined up approach to community care housing, supporting people, homelessness and adaptation grant and area renewal functions remaining have started to deliver benefits through the strategic alignment of planning and commissioning community care and housing services and management of supporting people and community care budgets. The importance of housing to delivery of community care objectives and integration of housing solutions into all service plans is facilitated through these management arrangements.

Service Functions and Responsibilities

Community care services have the responsibility for meeting the social care needs of adults with care and support needs living in Neath Port Talbot. Adults with care and support needs include the following:

- older people with physical and sensory disabilities = 2,544*
- adults of working age with physical and sensory disabilities = 576*
- people with a learning disability = 446*
- people with mental health problems = 213*
- people with a substance misuse problem = 209*

(*Above data show approximate figures and exclude double counting, as at 31.03.13)

There is also a statutory responsibility to assess the needs of carers who provide substantial and regular care, and a range of respite services are available to support carers in their caring role.

An overview of the responsibilities of the sections within community care is set out below.

Access to Services

Older and Disabled People

There is a Contact and Access Team which receives a high volume of enquiries and referrals (in excess of 4,400 per annum) for older and disabled people from a variety of sources. 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.

Work has progressed over the last year to develop the contact and access service will be developed further as the single point of access into social care, and community health care services, as the Community Gateway Service. A trial of a new way of working was undertaken in summer 2012 which included a multi-disciplinary approach to screening referrals and a streamlined initial assessment on contact. A third sector brokerage role, provided by the British Red Cross but based within the Gateway Service, is under development. Initial contacts will receive one of 3 responses:

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

In taking action on all enquiries, we utilise the Unified Assessment Process (UAP). Adult social care uses eligibility criteria and prioritisation systems for access to services. We use performance indicators, reviews of service developments, 'mystery shopper' information and service user feedback, e.g. complaints and compliments, to understand how our access to service is working. The UAP is currently under review as part of the Modernising Social Work Systems and Practice project which forms part of the TASC programme.

Whilst the contact team are a well trained team who are knowledgeable across community care services, not all calls are answered immediately. Voice mail messages guarantee a response within the same working day. The team responds to referrals within the same working day, including emergencies and signposts appropriate. The new Gateway service will have clear performance standards for telephone response and electronic referrals to the service will be maximised.

We aim to ensure that people requiring help will know how to contact us and will receive a consistent, equitable and timely response to their enquiries. Communication strategies linked to our transformation programme continue to be effective in ensuring that partners, services users and carers are aware of key developments and have an opportunity to shape these at critical stages. 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.

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. Options around a regional approach to emergency duty are being considered as part of the Western Bay Programme.

The contact and access team has a well developed approach to risk assessment which is effective in identifying safeguarding or priority cases which require immediate actions. Risk management and the clinical governance arrangements that will be critical to its safe delivery, are being developed in preparation for the start of the Gateway service as the contact and access team gears itself for taking on health referrals. The contact and access team are also effective at signposting people directly into services and providing advice and information where this is the appropriate outcome from the initial enquiry. In 2012/13 revised processes for telecare have meant that people can access category 1 telecare without requiring a full UAP assessment. These type of responses will be built upon with the third sector brokerage embedded within the Gateway service.

Learning Disability Services

Service leaflets are provided for care management and direct services which are available on the Internet and at public contact services. There is a website for service users which uses inclusive communication and facilitates sharing of information re: services available. The contact and access team (see older and disabled person's access to services) provides screening, signposting, advice and information services to the public including learning disability services. There is a duty system in office hours within learning disability services that provides advice, information, signposting and access to assessment if appropriate. The EDT operates out of hours (see older and disabled person's access to services). The UAP assessment process operates in learning disability services. As part of the *Pathways to Independence* project, learning disability services are at the fore of revising assessment document (as well as reviews and care plans). There are monitoring systems in place to identify effectiveness based on the complaints/compliments procedures and through feedback from service user and carers groups. Service leaflets are in accessible format but further work is required to develop a more inclusive communicative format.

Mental Health Services

Leaflets for care management and direct services are provided which are available on the Internet and at public contact services. The contact and access team (see older and disabled person's access to services) provides screening, signposting, advice and information services to the public in relation to mental health services. There is an Emergency Duty Team (joint health and social care) which responds to crises requiring Mental Health Act assessments. There is also close work with NHS colleagues in the Home Treatment Team to respond to crises. In accordance with the Mental Health Measure, Care and Treatment plans operate in mental health services. Adult mental health service allocation and assessment processes are completely integrated between health and social care. Integration of the older person's mental health team, working to the same model, is advanced and will be delivered in 2013/14 as part of Western Bay work. There are monitoring systems in place to identify effectiveness based on the complaints/

compliments procedures and through feedback from service user and carers groups.

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 Mental Health (Wales) Measure 2010 has been implemented in 2012 which is designed to improve access to mental health services. Part 1 of the Measure has seen the development of enhanced primary care services to improve access, assessment and early intervention. A joint service model is being developed between ABMU Health Board and its constituent local authorities. Care and Treatment Plans are being delivered by mental health teams in an integrated way. Criteria for specialist teams (who deal with Part 2 of the Measure) and for general teams (who deal with Part 1 of the Measure) have been developed as part of Western Bay wide approach to implementation.

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 is underway as part of the TASC programme, which will deliver a new practice model for assessing, supporting and enabling people within the context of their families and communities as well as organisations and service provision. The model under development is cognisant of the direction set out within the Social Services

(Wales) Bill currently under consultation and will consider where it makes sense to align, or to integrate, assessment, care co-ordination and community connection with health services and other partners.

The social work systems work is challenging the traditional delineation of functions according to the nature of disability within adult social work teams. The work is being driven by frontline staff and through the change and development team across community care social work teams. A consultant social worker with a specific focus on service development has been appointed to provide professional input into this work and to link closely with the University and training department to ensure training and development needs are addressed in a timely way as the model of social work evolves.

The change and development group 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 anticipated benefits of the change and development group lie in providing a collaborative environment that connects people to other people, information and knowledge. Specifically, the community of practice can:

- encourage the development and sharing of new ideas and strategies;
- support faster problem-solving;
- cut down on the duplication of effort;
- provide potentially endless access to expertise;

In addition, across community care, case file audit has been 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.

There is some excellent practice in service user and carer involvement in social work practice which needs to be implemented in all service areas. There has been a PCP development programme that has enhanced the involvement of service users and carers in care management. 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 e.g. Age Concern, direct payments

group. 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 has been developed to support practice across community care and has been piloted in the learning disability team. The pilot will be evaluated and rolled out as appropriate in 2013.

Direct payments are widely promoted and supported across community care services to give service users more control and flexibility over their care and support. There has been a greater focus during the year of encouraging the take up of direct payments within mental health service and learning disability teams.

In addition, Neath Port Talbot, Bridgend and Swansea have worked together to establish one contract for the three authorities that enables a uniform unit cost, which reflects the growth of DP in each authority and provides people with the right level of support at the right time for them. This has also given the opportunity for the provider, Shaw Trust, to complete developments that have been identified by DP service users and care managers and will lead to more positive outcomes for DP service users. The main areas Shaw Trust will be working on/developing include:

- To assist DP service users to set up a virtual DP forum;
- To ensure that DP service users are actively involved in contract construction and strategic involvement;
- To support DP service users to arrange DP peer support group meetings as and when needed, in addition to the virtual forum;
- To highlight examples of best practice which should be written up and posted onto the website/virtual forum to share with all, anonymising as needed;

There is full participation in assessments for CHC eligibility and a priority has been 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.

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 as part of the TASC programme regarding roles and responsibilities of social work professionals vis-à-vis commissioned services as new models of practice and service provision with a focus on community connection are developed and implemented.

Older and Disabled People

Community and hospital based care management teams are responsible for assessing the social care needs of older and disabled people in the Neath Port Talbot, providing care plans and arranging services to meet their needs and reviewing the implementation of care plans.

The current configuration of long term care management teams for older and disabled person's are:

- Older Person's Team
- Older Person's Mental Health Team
- Disability Team
- Review and Monitoring Team

The social work capacity within the hospital social work team, following consultation, will form part of the Community Resource Team, working in multi-disciplinary teams to assess, care co-ordinate, enable and commission services for people. Sensory support and community occupational therapy teams also form part of the Community Resource Team. The specialist sensory support team also carries out care management functions in addition to providing equipment and services as appropriate. The occupational therapy service carries out assessment linked to manual handling, adaptations and equipment. The community occupational therapy team, as part of the Community Resource Team, benefit from being part of a wider professional network of occupational therapists in Neath Port Talbot. Their professional accountability is to the ABMU Health Board Head of Occupational Therapy and as such they benefit from the approach to professional supervision and continuous professional development afforded to other health professionals.

An action plan has been developed to ensure the benefits to people with care and support needs are experienced as a consequence of occupational therapy integration, including removal of duplication between OT teams.

A positive development in 2012/13 has been the enhanced relationship between NPT Homes and the community occupational therapy team and a Service Level Agreement is under development for the community OTs to undertake holistic assessments for people in former Council properties who require adaptations.

The social work teams undertake assessments, care management and review in line with statutory obligations and local standards and guidance which determine timeliness and quality of response. For older people with physical frailty and people with disabilities, UAP is undertaken in accordance with social care eligibility criteria. Care and Treatment planning is undertaken in older people's mental health services. Assessment is undertaken in partnership with other agencies and professionals as appropriate. There is an agreed Joint Discharge Policy with the NHS are measured by Welsh Government on delayed transfers of care. There has been significant improvements in multi disciplinary approaches to discharge and multi disciplinary assessments in the community in the last year. A culture of continuous improvement is developing and as a consequence 2 senior social workers will form part of a small team undertaking a 3 month PDSA (Plan Do Study Act) review of discharge processes. Reviews and reassessments of need are regular undertaken.

There is a Review & Monitoring Team for older people and specialist teams undertake their own scheduled reviews. There is an IT system which generates scheduled reviews and UAP specific documentation for reviews. There is a continuing health care review system. The Review team is particularly effective at responding when there have been safeguarding concerns raised with regard a particular provider (domiciliary or care home) and working jointly with NHS colleagues at such times. The ability of the current review system to identify people who have improved and progressed is, however, limited and a priority of the modernising social work practice project is to consider how a system of reviews can be established which both safeguards and promotes independence and identifies potential for progression.

We have systems in place to monitor assessments, process and standards. Most teams undertake assessments in a timely manner. In previous years

there have been pressure points in the older person's team and occupational therapy service. Considerable progress has been made to reduce backlogs in allocation and assessment in both these teams in the last year. Additional resources have been allocated on a temporary basis to the older person's team and a focussed action plan developed to eliminate the backlog in case allocation. This has included a revised 'duty' system which had been consuming considerable professional resource on a daily basis. 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 far more 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 systems review of DFGs indicated that people who had received a grant, on average, entered a care home 4 years later than people who were on the waiting list but did not. As a consequence of such evidence, a trial will be undertaken in 2013 on the integration of an element of the capital grant into the resource available to the Community Resource Team to respond immediately to people who will benefit from an adaptation. The theory that will be tested is that this should reduce care home admissions and the intensity of domiciliary care packages. Performance Indicators measure the processes to deliver agreed outcomes achieved. We have knowledge of our assessment waiting lists and delays, which helps to inform future planning. Systems for monitoring and review are in place. 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 2012/13 compared to the 2011/12 position. The rate of delays for social care reasons was 5.97 from a rate of 14.83 in 2010/11 (and 9.81 in 2011/12). Whilst this is a significant improvement on the previous year, it remains a challenging area given the pressures on unscheduled care, hence the PDSA project referred to above.

There were 73 Delayed Transfers of Care for Neath Port Talbot (Social Care Reasons only) during the year (PI SCA/001 rate per 1,000 population, aged 75

or over = 5.97). Although social care reasons were relatively high for NPT, compared to other reasons for delay, 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. There is a significant variation between local authority areas in the number of health reason delays, which contribute to the overall figure, which is also worth further consideration both in terms of relative capacity and consistency in decision making processes.

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. An agreement has been reached to integrate the CMHTs for older people's mental health services in Neath Port Talbot, Bridgend and Swansea and a consultation with staff will take place in 2013. An integrated care pathway has been developed for community and hospital services. Work is underway to model capacity needed to deliver a Western Bay service model for dementia care which will form a business case to be presented to the Western Bay Programme Board for approval.

Intermediate Care for Older and Disabled People

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.

A review of intermediate care services found that whilst the service was greatly valued by those who benefited, the flow was at times too complex,

with too many hand offs between different professionals and organisations. There was a joint health and social care review, with a strong focus on engaging service users in understanding what matters to them. The review shows that the journey for service users/patients through services can be complex. There is scope to improve the service users/patients experience by moving to a different model which aims to support a streamlined and timelier flow through the system to enable earlier interventions which prevent deterioration and avoidable crises in the community or unscheduled hospital admissions. This new model was piloted by a multi-disciplinary team of health and social work professionals in May/ June 2012 and following evaluation a decision was taken by NPT CBC and ABMU HB to implement fully. The integrated model has a multi-disciplinary single point of access (Community Gateway) and a streamlined initial assessment process. At this point people can either access advice, information or some services and will receive a multi-disciplinary assessment for an intermediate care assessment and immediate medical intervention or a long term health or social service.

Community occupational therapy and sensory support services form part of the integrated intermediate care services alongside reablement and early response services. People with cognitive impairment will receive intermediate care services if they have the potential to benefit from them.

A fully integrated management structure of the CRT and Gateway services is in place following consultation with health and social care staff.

Learning Disability Assessment and Care Management Services

Learning disability care management services are provided through a County Borough wide adult learning disability team (ALDT) based in Neath. This team is co-located with the local health team and there are many positive examples of joint working in the team. Alongside social work staff, the ALDT 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 UAP 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 UAP

and learning disability eligibility criteria. Risk assessment and risk management planning is undertaken using the ABMU risk management tool. There is well developed person centred assessment and care planning in learning 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 gate keeping assessments to determine learning disability eligibility, which increases workload pressures, monitored via a caseload management system and supervision. An escalation policy has been developed to ensure our duty has been delivered and there is a reduction in the delay in allocating services.

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.

An opportunity assessment of learning disability services in Neath Port Talbot was undertaken by Alder, a group of consultants commissioned by the Social Services Improvement Agency in early 2012. The review found that whilst practice and commissioning of services in Neath Port Talbot is safe and consistent, progression is not evident in either assessments, reviews or the services that result. As a consequence, there was evidence of 'over servicing' assessments and care plans which did not promote independence resulting in over reliance on residential care and 24/7 supported living. A Learning Disabilities Modernisation Plan was approved by Cabinet in July 2012 and a project *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. Positive progress is being made with the project, which is very much owned and driven from within the ALDT itself. The learning and development of the ALDT will be used to inform practice and commissioning across community care service areas.

A protocol for vulnerable adults operates in community care to ensure that referrals are allocated to the right team and assessed appropriately. In a number of cases a joint assessment will be required.

Within the service, the Person Centred Planning (PCP) approach is being adopted to develop a single assessment tool throughout transition. A multi-agency steering group has developed an interim policy and protocol for managing transition whilst further work is undertaken across all partners.

The key priorities for the next phase of work in transition are:

Key priorities for Transition to Adulthood are:

- Development and implementation of the NPT Multi Agency Transition Policy and Protocol.
- Development and implementation of Planning and Tracking processes for Transition.
- Development of a holistic transition service from the age of 16–25 to coordinate care planning for young people.

Work has been underway for some time to develop more integrated and collaborative ways of working in learning disability services. Development of a single approach to commissioning learning disability services across Western Bay. A draft strategy has been developed to this end and a business case is under development.

Mental Health Assessment and Care Management Services

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 Care Programme Approach 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 UAP 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.

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. A protocol for allocation and assessment of vulnerable adults has been agreed (see above) and is being overseen by the principal officer's arrangement (see above). 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 vulnerability criteria under UAP. This is an escalation policy which involves referring up to managers for decision making if eligibility is unclear.

Carers' Assessments

Separate carers' assessments are offered to all and undertaken if requested. Reviews and care plans are agreed in partnership with service users/family/carers. Historically the uptake of carers' assessments in Neath Port Talbot has been low and there has been considerable effort in 2012/13 to address this issue. There has been an increase in the number of carers' assessments in 2012/13 to 101 from 73 in the previous year. Qualitative interviews have taken place with carers who have received an assessment to understand what is important to them and the findings from these have been translated into mandatory training for all care management staff.

The Carer's Service have been 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 evidence of a growing positive relationship between care management teams and the

NPT Carers' Service in terms of reciprocal referrals depending on the needs of the carer concerned.

Autistic Spectrum Disorder Strategy

The Head of Children's Services is the ASD lead for NPT. A stakeholder group with representation from relevant organisations, service users, families and carers is in place. There is strong engagement from community care in the group. There is an ASD action plan in place.

Reviews

The percentage of clients who had their needs reviewed during the year has decreased from 79.1% to 76.1% though similar to last year most other reviews are completed within a short period of time after the target. The reason for the slight decrease is the focussed work in the ALDT to develop a proportionate model of review and implement the *Pathways to Independence* work, causing a slight decrease in the ability of the team, within its current capacity, to manage all reviews within timescale. As a consequence, capacity in the ALDT has been increased by 2 social workers for a year to enable the team to manage day to day business and to transform processes.

The Review and Monitoring Team play 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 is being considered 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. This approach to 'proportionate' reviews will be rolled out across community care following evaluation of the work in the ALDT. The aim will be to ensure reviews are not mechanistic and 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 care management review systems and service review, commissioning, contracting and procurement, service development and review. The management of the contracting and procurement team moved to the Head of Community Care and Housing in 2012/13 enabling better join up between these functions. 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. 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 Housing from Neath Port Talbot is leading the development of regional commissioning as part of the Western Bay Programme.

Quality assurance (QA) in in-house services is provided through QA groups which involves carers. 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.

In some areas there is a comprehensive range of services and effective joint working with health. In other areas, whilst the quality of services is good, the nature of services commissioned are traditional and do not sufficiently support the outcomes of maximising independence and connecting people to their communities. The Transforming Older People's Service (TOPS) programme succeeded in modernising provision of many aspects of older person's services.

The TASC programme is now focussing on the whole of adult social care services. In 2012/13 the priority was to modernise provision of directly provided services in learning disabilities and good progress has been made in day opportunities and continued modernisation of domiciliary care as well as reviewing commissioning strategies in key service areas.

Older (including Older Person's Mental Health) and Disabled People's Services

These services include residential care, home care service and day services. There is a mix of service provided directly by the Council and those commissioned from independent sector providers. The Older Person's Commissioning Strategy has been reviewed and updated in 2012. Close work with ABMU HB will be needed to develop an integrated community service model and capacity plan. A business case has been developed which describes a preferred option for locality based integration with 10 service developments prioritised to be taken forward in 2013/14. The priority for the next year will be to deliver the preferred option within the business case and ensure there is robust governance and financial alignment between the 3 Western Bay authorities and ABMU. An ABMU wide service model for dementia care is also under development and due to report in September 2013. The NPT Head of Community Care and Housing is the project lead for this work.

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 50% of domiciliary provision is provided through the in-house service and 50% through externally commissioned providers. The commissioning approach has been to ensure there is adequate provision of quality and sustainable domiciliary care across NPT CBC and that there is a choice of providers in most areas.

The modernisation of the in-house home care service has continued in 2012/13 delivering £500k further cashable savings. The service improvements which have been taken forward are:

- technological – introduction of electronic call scheduling system and rostering system which will improve efficiency;
- financial assessment – processes have been revised to enable timely advice to service users on the financial contribution payable and to support regular billing
- review of the out of hours service – implementation of a new stand-by system to manage need and demand for urgent personal care outside of the 11-7 operational hours of the service
- modernisation of Community Care Assistant contracts – implementation of standardised 22 or 25 contracts for all 250 CCAs with monthly pay and a standard '4 on/ 4 off' rota

- medication management - positive work has been undertaken with ABMU Health Board to improve the governance and support to the Homecare service and independent domiciliary providers in the supervision and administration of medication.
- Continued focus on sickness management with a joined up approach with Trades Unions to address issues within the service.

A domiciliary care commissioning strategy has been developed to set out the direction of the whole sector. The priorities of the strategy are:

- The development of specialist services for dementia and complex care
- Equitable access to Domiciliary Care Services, based on need regardless of geography
- The requirement for greater flexibility, continuous improvement, and higher standards, in the provision of Domiciliary Care.
- The provision of care at home (where safe and sustainable), as the primary response to supporting people with their care needs.
- Maximising efficiency of available resources.
- The ability of all providers to demonstrate the sustainability of their businesses, particularly retention and recruitment of a workforce with the right skills, abilities and value base.

Delivery of this strategy will be a clear priority in 2013 and it will inform a tender for external provision to be issued in September this 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. As the new homes are developed, existing homes, apart from Dan y Bryn in Pontardawe, will close and residents and staff will transfer to the new facilities. The new developments will incorporate best practice in designing accommodation for people with dementia, and will be built to nursing care standards should the profile of need change during the timescales of the contract. Respite care will be delivered in dedicated units in 2 of the new homes, with additional respite provision for people with dementia in a specialist dementia unit. The development in the Upper Afan Valley will incorporate housing provision for older people.

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 delivering that principle, the following services will be developed in 2013/14:

- Short term residential reablement – this is proven to reduce long term
- Short term convalescence
- More units will be designated for dementia (recognising the need for residential care is 80% to meet dementia need)
- Explore, with NHS colleagues, designation of some units in the new homes for nursing care, sooner than later

The policy for respite has been reviewed in 2012/13 and an allocation tool is being piloted. This aim is to ensure there is fair and equitable access to respite care, based on need and linked to an individual's care plan and a carers' assessment.

In addition to the care provided in the Council's residential care homes, the Council continued to commission residential care in 36 independent sector homes (17 Residential/19 Dual Reg.). [There are 24 care homes in NPT]. As at 31st March 2013, NPT CBC contracted 583 placements within the independent sector.

The Council agreed in March 2011 an unprecedented 4 year strategy to increase the fees paid to the independent sector, working in accordance with the approach within the Social Care Commissioning Guidance issued to Local Authorities in August 2010. Work is now progressed to fully implement the 'open book' approach to understanding the business model and of care home providers. The Council is working in partnership with Bridgend and Swansea through the Western Bay Partnership to agree a common fee setting methodology and quality framework for care home commissioning in the region.

Robust monitoring of the independent sector homes continues to be undertaken in partnership with ABMU Health Board. In general, the care

provided in the independent sector homes is good. However, where concerns have been highlighted regarding the quality of care or sustainability of the business, the Council has led the Escalating Concerns process working closely with partners to address the issues identified. In 2012/13, 6 care homes were the subject of escalating concerns processes. The process has been improved in the last year as experience in managing concerns has increased and a formal risk assessment process has been integrated into the process.

Two care homes have closed in 2012 (one a former Southern Cross Home and another small home where the owner retired following a number of concerns regarding quality were highlighted during contract monitoring) and the transition for residents to alternative care was managed smoothly by a multi agency Home Operational Services Group working in accordance with the escalating concerns guidance.

The Council provides 5 day services for older people and 11 social centres, 4 of the 5 day services are co-located with residential care homes. In preparation for the development of the new homes, work has commenced to review the service model and premises of the day services. Following extensive consultation, changes were made to services in Neath and Pontardawe in 2012. 3 day services are co-located with residential care homes that will close as a consequence of the new residential care developments in the next 2 years and a review of day services will consider both the future location and service model will make recommendations on future commissioning in 2013.

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 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. This work is being taken forward as a priority in partnership with the Health Board, Swansea and Bridgend through the Western Bay Health and Social Care Partnership.

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. An integrated business case has been developed which will utilise health technology fund capital funding and Western Bay Collaborative fund revenue expenditure to deliver a major investment in assistive technology

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.

Officers from NPT are have been heavily engaged in the Carer's Engagement Strategy which has been approved by Welsh Government. The strategy builds on the local strategies and its delivery will ensure that training is delivered to all health and social care staff who have regular contact with carers. An innovative approach in Neath Port Talbot is being taken to use of the resource that is made available to implement the strategy in that a carers' worker will be embedded within the Community Resource Team to address carers' issues that are identified by the service.

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 can not be used to demonstrate provision of a service. The Alzheimer's Society provides specific services to meet the needs of carer's 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.

Learning Disability Services

There is a mixed market of provision in learning disability services. There are a range of services which are commissioned from external providers, including residential care, supported living and day opportunities. There are also a range of services provided by the Council, including:

- Adult Placement Scheme
- Local Day Services
- Vocational Skills Centre
- Home Support Team
- Complex needs day services and respite care services

A Learning Disability Modernisation Plan was approved by Cabinet in July 2012 which has prioritised a rebalance of service provision in response to the changes to social work practice modernisation being delivered through the *Pathways to Independence* project. As a consequence the commissioning strategy for learning disabilities has been updated and is under consultation. Key priorities in service terms are:

- Consultation on a pan-disability model of day opportunities for people with disabilities in Neath Port Talbot;
- A new respite service is at an advanced stage of development. This will be a state of the art facility with 16 units which will replace the current provision in Rhodes House and Beaconsview. The facility will be complete by March 2014 and proposals will be brought forward for the workforce and operational policy;
- The model of residential care and supported living will be challenged by the review of care packages. New services will be commissioned, for example, supported living for people with complex needs as a consequence of the *Closer to Home* project. Other services will be decommissioned, particularly traditional residential care which does not promote progression;
- A business case for expansion of the adult placement scheme has been developed and will be delivered in 2013;

There has been extensive work in 2012 to improve the integration of the work of COASTAL (see below) with the day service provided by the Council. Joint COASTAL and day service support teams are operational. A major challenge for the coming year is to manage successfully the exit from the COASTAL project as ESF funding reduces and then comes to an end by June 2014. A business case for the delivery of a new day opportunities model, which encompasses the COASTAL exit plan, is under development.

Involvement of service users and carers is critically important as work develops to modernise services. 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.

A major focus in 2012/13 has been communication and engagement with carers to ensure their views are being heard in the service transformation programme. There have been a variety of methods used:

- Large meetings to which all carers have been invited
- Service specific carers meetings
- Client group specific coffee mornings with the Cabinet Member for Social Services Health and Housing
- Newsletters and written communication

Adult Mental Health Services

A Western Bay Adult Mental Health Project Board has been established. This Board has delivered an overarching service strategy for adult mental health. There has been positive joint working throughout 2012/13 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, combined with support from the health service and key third sector providers such as Hafal and Gofal. 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.

The Day & Employment Service takes referrals from CMHT's for people who are recovering from mental illness who wish to regain confidence and social skills. The service provides a wide range of socially inclusive activities to meet the needs of the service user.

The Mental Health Rehabilitation Service also receives its referrals from CMHT'S and concentrates its activities on assisting recovering mentally ill

persons to regain social and domestic coping skills towards living independently in the community. The service carries out most of its work in people's homes, but for those with greater needs the service has a staffed supported housing project in Pontardawe for more intensive rehabilitation work, and two supported houses, one in Neath and one in Port Talbot.

Substance Misuse

2012/13 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 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.

Services for young people and older adults who misuse substances have been expanded.

COASTAL

Disabled adults of working age can also access a range of services and in addition, can access support from Coastal, a European convergence funded regional project to support people with disabilities towards employment.

2012/13 has been a year of huge progress for the COASTAL service with services continuing to develop and a number of micro enterprises being developed. The number of people enrolled with COASTAL has increased to 1,000. The service has supported 513 people to positive outcomes, 230 people to accredited training outcomes and 60 to employment. There has also

been considerable success in developing new opportunities for people to move along the pathway to employment through the development of social enterprises: a project with existing social enterprise Enfys in recycling and renovating bikes, taking over an existing social enterprise, the Gateway Bookshop and extending it to include a café.

Performance Indicators

In relation to relevant performance indicators the rate of older people helped to live at home increased from 95.07 per 1000 aged over 65 to 99.98. This is very positive in terms of maximising independence. The rate of older people supported in residential forms of care has decreased from 25.70 per 1000 to 23.36.

Similarly the percentage of adults aged 18-64 and those 65 plus supported in the community (throughout the year) has decreased to 91.17% and 79.37%, and those in residential care has increased from 8.83% and 20.63%.

The rate of older people aged 65 or over supported in the community per 1,000 population aged 65 or over at 31 March

| | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|--------|---------|---------|---------|---------|---------|---------|---------|---------|
| Actual | 122.85 | 111.41 | 104.75 | 93.84 | 92.36 | 90.49 | 95.07 | 99.98 |
| LQ | 63.58 | 68.42 | 71.35 | 71.30 | 69.23 | | | |
| Median | 81.28 | 85.72 | 82.64 | 89.24 | 89.05 | | | |
| UQ | 122.10 | 116.10 | 111.89 | 118.63 | 110.98 | | | |

The percentage of clients who are supported in the community during the year who are aged 65 and over

| | 2005/06 | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|--------|---------|---------|---------|---------|---------|---------|---------|---------|
| Actual | 85.96 | 76.77 | 77.63 | 74.41 | 80.86 | 77.93 | 81.50 | 79.37 |
| LQ | 72.28 | 76.53 | 78.73 | 80.29 | 81.21 | | | |
| Median | 79.02 | 79.31 | 81.20 | 82.67 | 83.52 | | | |
| UQ | 84.80 | 83.64 | 85.09 | 85.56 | 86.79 | | | |

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”.

Strategic leadership of adult safeguarding in NPT was undertaken by the Area Adult Protection Committee (AAPC) which is supported by a number of sub-groups in 2012/13. The AAPC is chaired by the Head of Service with representatives from a range of partners. The Western Bay Adult Safeguarding Board was initiated in April 2013 and work is underway to establish the sub-group structure and priorities of the Board. All partners are strongly committed to leadership of safeguarding through the regional board.

Operational responsibility for adult protection is with the principal officer in adult care who is the Senior Co-ordinating Officer for adult protection, supported by senior designated lead managers (DLMs) and DLMs who work across the range of community care management teams. The Protection of Vulnerable Adults (POVA) co-ordinator and deputy are also DLMs and all POVA activity is co-ordinated through a central POVA office.

The introduction of threshold management has resulted in a reduction of issues being managed as POVAs. The introduction of the ‘Alert Screen’ which gave us the opportunity to record details from referrals we receive which did not meet the POVA threshold. When social work staff looked on the ‘client index’ page there was a box that would now identify if the person was known to POVA, either from a referral or an alert. Through this process we have seen a drop in the amount of referrals that proceed to POVA. Risk assessment tools have been embedded and prompt and efficient responses to adult protection referrals and multi- agency working continue to be apparent.

The coming together of the POVA and Deprivation of Liberty safeguards (DoLS) capacity is proving beneficial in co-ordinating responses from these related functions, and the overall capacity as demand increases will be kept under review.

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.

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 AAPC receives a presentation on at least 1 complex practice issues to consider the policy and strategic issues arising from it at each meeting. Following a presentation on one particular case it was agreed to commission a case review, following the process set out in interim guidance. This will report to the Western Bay Adult Safeguarding Board in 2013.

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.

Deprivation of Liberty (DoLs) and Mental Capacity

The Authority employs a DoLs/Mental Capacity Act Coordinator whose responsibility it is to respond to the request for Authorisation for Deprivation of Liberty by providing best Interest Assessments and developing resilience within the Council. There are three additional Best Interest Assessors. There are also three officers who provide capacity for the Supervisory Body function on behalf of the Council which is an increase of two from the previous year.

During 2012/13, 3 DoLs referrals received and 2 authorisations given.

Service Priorities for 2013/14

Access to Services

- Fully implement the new Community Gateway Service, ensuring performance standards, capacity and governance is right and is monitored closely
- Public information across all service areas continues to be reviewed and updated through the *Access to Services* corporate programme
- Communication strategies for all service areas, particularly taking into account issues raised in the recent learning disability inspection
- The new Mental Health (Wales) Measure 2010 to be fully implemented
- Review of options for regional EDT arrangements is undertaken as part of Western Bay programme.

Assessment, Care Management and Review

- Full implementation of the Community Gateway Single Point of Access and Community Resource Team
- Evaluation of the 'positive risk taking' pilot undertaken within the Adult Learning Disability Team and role out as appropriate across community care
- Pilot integrated working between CRT and adaptations through making an element of the capital grant available.
- Continue to work with ABMU HB to support the management of unscheduled care pressures through admission avoidance and support of timely discharge.
- Full integration of CMHTs for older persons mental health services
- Continue to deliver the *Pathways to Independence* project and ensure the benefits are realised across community care
- Deliver on the identified priorities for transition to adulthood
- Modernise the system of reviews to ensure they are proportionate, personalised and timely.

Commissioning a High Quality and Range of Services

- Further develop the range of non traditional services especially to meet the needs of young people going through the transition process and beyond
- Realise benefits of regional strategic planning through the Western Bay Programme and individual projects
- Development and implementation of domiciliary care commissioning strategy
- Review of older person's day services in advance of new residential care developments
- Work with Coastal Housing and NPT Homes to ensure a better match between need and supply in extra care schemes.
- Further acceleration of uptake in assistive technology and implementation of health technology business case if approved
- Consultation on new model of day opportunities for people with disabilities in Neath Port Talbot
- Development of a business case to deliver the new model of day opportunities which encompasses exit from the COASTAL project
- Evaluation of the pilot into the new allocation tool for short breaks and implementation of the outcome of the pilot
- Delivery of the workforce and operational policy for the new respite service for learning disabilities.
- Delivery of the business case for the expansion of the adult placement scheme.

Safeguarding Adults at Risk of Abuse

- Implementation and effective operation of Western Bay Adult Safeguarding Board
- Undertake case review and ensure lessons are learned and actions are monitored.
- Ensure that there is consistent practice in the recording and storing of POVA documentation by care management teams

The Children's Service

In essence, the CSSIW Inspection Report from the November 2012 Inspection is the defining narrative for the Children's Service for 2012-13.

The Children and Young People's Strategic Improvement Plan was promulgated in response to this can be found at www.npt.gov.uk/npt/CAB-200313-REP-SS.doc. The Council has accepted that the Inspection Report's findings in the context of "How Good Are the Services?" as definitive.

In this context also, the recommendations from the Inspection Report and the subsequent priorities for development expressed in the Strategic Improvement Plan inform the Improvement Priorities for the Children's Service in 2013-14.

Above all my analysis is that there had been insufficient pace in addressing clear warning signals about the Children's Service, which had been apparent for 24 months.

Service management at the time failed to grasp the gravity and urgency of the situation; less still to advise Elected Members to that effect. As a direct consequence, time was lost in rectifying significant problems with sufficient urgency, robustness and clarity.

It was only in the Autumn of 2012 that an inchoate Programme of Recovery began. However, once it was clear where the Children's Service was at, the Leader, Cabinet, Elected Members and the Chief Executive acted decisively to bring about rapid, urgent recovery. The commitment of each is total and unambiguous.

Unfortunately, this came too late in 2011-12 to affect positively the narrative about the performance and performance of recovery activity in the Children's Service.

The Programme which began in late 2012-13 and which has gathered pace into 2013-14 is of a completely different order. There has been a complete change of senior leadership and an expert, robust, credible Recovery Programme is in place, identical to Recovery Programmes which have rapidly improved Children's Services in other Councils which have experienced similar periods and characteristics of difficulty.

The Strategic Improvement Plan (SIP) sets out the overarching priorities for the Children's Service.

Large Strategies do not generally inform the day-to-day management and delivery of services.

For this reason specifically, the priorities of the SIP have been distilled into a smaller, user-friendly, step-by-step Delivery Plan (attached behind the SIP).

This sets out clearly in explicitly measurable terms the Key Tasks to be accomplished at any given point of the Recovery Programme. New tasks will be added, once existing tasks have been accomplished successfully and have been embedded sustainably. Accomplished tasks remain on the Development Plan in order to form an Audit Trail of progress and delivery.

The Development Plan is deliberately designed to bring about clarity, manageability and pace in the Recovery Programme. It is vital that Recovery Tasks take place in Priority Sequence Order. That is to say, that a manageable number of tasks are undertaken in order of urgency at any given time. Not to do this risks undertaking too much at once, which carries the risk of not getting things done properly, before moving on to the next priorities.

For example, at the time of writing, stabilising the Children's Service Workforce and improving CP practice are the two most important priorities. Once these are accomplished, other Tasks will take over in priority.

It is of course also vital that developments are sustainable. Which is to say that improvements made don't slip soon afterwards; but rather they are lasting and can be further built upon.

Sustainability only becomes a meaningful consideration when the workforce is stable – hence that being such a priority for the Children's Service at the time of writing.

Service Priorities for 2013/14

The Children and Young People's Service (CYPS) is currently the subject of the Welsh Government's Serious Concerns Protocol and, as a result has set out a Strategic Framework for Improvement document which highlights the steps needed for improvement. These include the following priority areas for 2013/14:

1. A Workforce that is Fit for Purpose

In order to ensure that Neath Port Talbot's Children and Young People Services can deliver improved services, greater efficiencies and better customer focus it is important that there are the right numbers of people in the right place with the right skills doing the right things. In order to achieve this the CYPS will work with other colleagues in the Council to :

- Develop a Children and Young People Service Workforce Strategy
- Develop a Children and Young People Service Workforce Development Plan and action plan
- Carry out a skills / capability assessment of social workers within the Children and Young People Service Workforce by developing a suitable methodology, completing initial baseline assessments and a further assessment within 12 months
- Provide a package of basic safeguarding and planning training to all social work staff in the Community Teams to create a baseline of what good practice looks like.
- Provide more in-depth training on risk analysis and effective child protection planning.

2. Improving the Quality of Social Work Practice across the Service

We will deliver safe, effective, high quality social work practice by:

- Ensuring there are agreed, functioning, consistent and compliant systems within all social work teams
- Improving the quality and consistency of assessments and care plans taking appropriate account of risks and recording the views of children and key professionals
- Ensuring looked after children and young people receive appropriate levels of support through effective multi-agency intervention which is

responsive to their needs and ensures that no drift occurs in the care planning process

- Ensuring that there is an appropriate performance management system in place including a quality audit process which can be communicated to and thereafter owned by the corporate centre of the Council
- Ensuring frontline managers are equipped to deliver effective supervision, support and leadership to front line staff

3. Concentrating on a set of key performance indicators which will include:

- The percentage of referrals during the year on which a decision was made within 1 working day.
- The percentage of referrals that are re-referrals within 12 months
- The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by the Social Worker
- The percentage of initial child protection conference due in the year which were held within 15 working days of the strategy discussion.
- The percentage of reviews of looked after children, carried out in line with the statutory timetable.
- The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations.
- The percentage of reviews of children on the child protection register, carried out in line with the statutory timetable.
- The percentage of initial assessments completed within 7 working days.
- The average number of days taken to complete initial assessments that took longer than 7 days.
- The percentage of required core assessments completed within 35 working days.
- The average time taken to complete those required core assessments that took longer than 35 days.

4. Developing Overarching Frameworks

In taking forward this work, three key overarching frameworks will be fully developed over this initial period:

- A service model that defines the specific role and expectations of children and young people services, and the broader contribution to developing preventative and early intervention responses

- A workforce strategy and a workforce development plan that addresses the particular needs of children and young people services
- A Quality Assurance Framework. This framework will ensure that as well as establishing effective strategic and operational management information to support decision making and the scrutiny of performance, there is regular, systematic reporting of the quality of work undertaken directly by the service, by partner providers and that outcomes and experiences of children and young people are driving the improvement efforts.

Performance Indicators 2012/13

PAM - Public Accountability Measure;

NSI - National Strategic Indicator;

SID - Service Improvement Data;

ADULT SERVICES

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|--|-----------------------------------|-----------------------------------|
| SCA/001 (NSI) | 2011 - 2012 | 2012 - 13 |
| The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over | 9.81 | 5.97 |
| SCA/002a (NSI) | as @ 31 st March 12 | as @ 31 st March 13 |
| 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 | 95.07 | 99.98 |
| SCA/002b (NSI) | as @ 31 st Mar 12 | as @ 31 st March 13 |
| 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 | 25.70 | 23.36 |
| SCA/003a (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of clients, in the following age groups, who are supported in the community during the year: a) Aged 18-64 | 91.72 | 91.17 |

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|--|-----------------------------------|-----------------------------------|
| SCA/003b (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of clients, in the following age groups, who are supported in the community during the year: b) Aged 65+ | 81.50 | 79.37 |
| SCA/007 (PAM) | as @ 31 st March 12 | as @ 31 st March 13 |
| The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year | 79.1 | 76.1 |
| SCA/018a (PAM) | 2011 - 2012 | 2012 - 13 |
| 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) | 2011 - 2012 | 2012 - 13 |
| b) The percentage of carers of adults who had an assessment or review in their own right during the year | 16.2 | 23.9 |
| SCA/018c (SID) | 2011 - 2012 | 2012 - 13 |
| 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 | 42.5 | 44.6 |
| SCA/019 (PAM) | 2011 - 2012 | 2012 - 13 |
| The percentage of adult protection referrals completed where the risk has been managed | 92.73 | 100 |
| SCA/020 (PAM) | as @ 31 st March 12 | as @ 31 st March 13 |
| The percentage of adult clients who are supported in the community during the year | 84.46 | 82.5 |

CHILDREN'S SERVICES

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|---|------------------------|------------------------|
| SCC/001 (SCC/001a [PAM]) | 2011 - 2012 | 2012 - 13 |
| a) The percentage of first placements of looked after children during the year that began with a care plan in place | 57.8 | 58.4 |
| 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. | 87.1 | 69.5 |
| SCC/002 (NSI) | 2011 - 2012 | 2012 - 13 |
| 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 | 10.4 | 15.8 |
| SCC/004 (PAM) | 2011 - 2012 | 2012 - 13 |
| The percentage of children looked after at 31 March who have had three or more placements during the year | 6.4 | 8.8 |

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|--|--------------------------------|--------------------------------|
| SCC/006 (SID) | 2011 - 2012 | 2012 - 13 |
| Percentage of referrals during the year on which a decision was made within 1 working day. | 89 | 93.1 |
| SCC/007 (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of referrals during the year: | | |
| a) Allocated to a social worker for initial assessment | 49.0 | 48.5 |
| b) Allocated to someone other than a social worker for initial assessment | 14.7 | 6.3 |
| c) Did not proceed to allocation for initial assessment | 36.2 | 45.2 |
| SCC/010 (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of referrals that are re-referrals within 12 months | 27.5 | 35.9 |
| SCC/011 (SCC/011a - PAM), (SCC/011b - SID) | 2011 - 2012 | 2012 - 13 |
| 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 | 67.4 | 75.3 |
| b) The child has been seen alone by the Social Worker | 42.1 | 41.2 |

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|---|--------------------------------|--------------------------------|
| SCC/013 (SID) | 2011 - 2012 | 2012 - 13 |
| a) The percentage of open cases who have an allocated social worker: | | |
| i) Children on the child protection register | 99.5 | 99.8 |
| ii) Children looked after | 97.7 | 95.2 |
| iii) Children in need | 58.2 | 66.3 |
| 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 | 0.2 | 0 |
| ii) Children looked after | 1.4 | 0.6 |
| iii) Children in need | 35.4 | 29.4 |
| SCC/014 (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion | 60.4 | 67.8 |
| SCC/015 (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of Initial Core Group Meetings due in the year which were held within 10 working days of the Initial Child Protection Conference | 84.6 | 82.3 |

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|--|--------------------------------|--------------------------------|
| SCC/021 (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of Looked After children reviews carried out within statutory timescales during the year. | 62.5 | 69.2 |
| SCC/022 (SID) | 2011 - 2012 | 2012 - 13 |
| a) The percentage of attendance of looked after pupils whilst in care in primary schools; | 94.0 | 90.1 |
| b) The percentage attendance of looked after pupils whilst in care in secondary schools. | 90.3 | 83.8 |
| SCC/024 (SID) | 2011 - 2012 | 2012 - 13 |
| 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 | 42.3 | 63.6 |
| SCC/025 (PAM) | 2011 - 2012 | 2012 - 13 |
| The percentage of statutory visits to Looked After children in the year that took place in accordance with regulations. | 52.7 | 68.3 |
| SCC/030 (SCC/030a - PAM), (SCC/030b - SID) | 2011 - 2012 | 2012 - 13 |
| 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. | 84.8 | 84.2 |

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|--|--------------------------------|--------------------------------|
| SCC/033 (NSI) | 2011 - 2012 | 2012 - 13 |
| a) The percentage of young people formerly looked after with whom the authority is in contact at the age of 19. | 77.8 | 72.2 |
| 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. | 90.5 | 92.3 |
| 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. | 57.1 | 46.2 |
| SCC/034 (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of child protection reviews carried out within statutory timescales during the year | 90.7 | 87.2 |
| SCC/035 (SID) | 2011 - 2012 | 2012 - 13 |
| 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. | 68.8 | 52.9 |
| SCC/036 (SID) | 2011 - 2012 | 2012 - 13 |
| 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. | 10.0 | 33.3 |

| Performance Indicator | 2011/12 Performance | 2012/13 Performance |
|--|--------------------------------|--------------------------------|
| SCC/037 (NSI) | 2011 - 2012 | 2012 - 13 |
| The average external qualifications points score for 16 year old looked after children, in any local authority maintained learning setting. | 250 | 91 |
| SCC/041 (SID) | 2011 - 2012 | 2012 - 13 |
| The percentage of eligible, relevant and former relevant children that: | | |
| a) have pathway plans as required, and | 44.4 | 20 |
| b) have been allocated a personal advisor | 77.8 | 96 |
| SCC/042 (SID) | 2011 - 2012 | 2012 - 13 |
| a) The percentage of initial assessments completed within 7 working days | 40.4 | 41.2 |
| b) The average time taken to complete initial assessments that took longer than 7 working days to complete | 32.9 | 30 |
| SCC/044 (SID) | 2011 - 2012 | 2012 - 13 |
| 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 | 4.7 | 3.8 |

Appendix 2

Governance Arrangements:



Neath Port Talbot Council has prioritised the need to deliver improvements in its Children's Services function within the Corporate Plan. A Programme/Project Management approach has been adopted to deliver the improvement plan.

WHAT IS A PROGRAMME?

Managing Successful Programmes (MSP) represents proven programme management good practice in successfully delivering transformational change, drawn from the experiences of both public and private sector organisations.

In MSP a programme is defined as a temporary, flexible organisation created to co-ordinate, direct and oversee the implementation of a set of related projects and activities in order to deliver outcomes and benefits related to the organisation's strategic objectives; a programme is likely to have a life that spans several years.

A project is also a temporary organisation usually existing for a much shorter duration which will deliver one or more outputs in accordance with a specific business case. Programmes deal with outcomes; projects deal with outputs. Programme Management and Project Management are complementary approaches. During a programme lifecycle, projects are initiated, executed and closed. Programmes provide an umbrella under which these projects can be coordinated. The programme integrates the projects so that it can deliver an outcome greater than the sum of its parts.

Programme Management does not replace the need for competent project direction and management. Programmes must be underpinned by a controlled project environment of effective direction, management, delivery and reporting disciplines that are common to all projects within a programme.

WHAT IS PROGRAMME MANAGEMENT?

MSP defines Programme Management as the action of carrying out the co-ordinated organisation, direction and implementation of a dossier of projects and transformation activities (i.e. the programme) to achieve outcomes and realise benefits of strategic importance.

Programme Management aligns three critical organisational elements:

- Corporate Strategy
- Delivery mechanisms for change
- Business as usual environment

It manages the natural tension that exists between these elements to deliver transformational change that meets the needs of the organisation and its stakeholders. It manages the transition of the solutions developed and delivered by projects into the business operations, whilst maintaining performance and effectiveness. It does this by breaking things down into manageable chunks (tranches) with review points for monitoring progress and assessing performance.

Programme management provides a framework that integrates and reconciles competing demands for resources, providing a context and control framework for the projects of the programme.

Programme management often involves changes to the culture, style and character of organisations. The people aspects of change must be recognised and accommodated if the programme is to succeed.

WHY USE PROGRAMME MANAGEMENT?

Where there is a major change there will be complexity, risk, many interdependencies to manage and conflicting priorities to resolve. Experience shows that organisations are likely to fail to deliver change successfully where:

- There is insufficient board-level support
- Leadership is weak
- There are unrealistic expectations of the organisational capacity and capability
- There is insufficient focus on benefits
- There is no real picture (blueprint) of the future capability
- There is a poorly defined or poorly communicated vision
- The organisation fails to change its culture
- There is insufficient engagement of stakeholders

Adopting a programme management approach such as MSP provides a structured framework that can help organisations avoid these pitfalls and achieve goals.



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ROLES AND RESPONSIBILITIES OF THE CHILDREN'S IMPROVEMENT IMPLEMENTATION BOARD.

Children and Young People Services - Improvement Programme Board

Terms of Reference

Aim of Board

1. To provide senior officer direction, challenge and support for the delivery of the improvement work identified as necessary by the CSSiW following their inspection of Children and Young People Services, September 2012.
2. To report to the Cabinet and Scrutiny Committees of the Council on the sufficiency of progress in making the required improvements.
3. To monitor and identify the financial impact and implications of the improvement work within the context of the Council's Forward Financial Plan.
4. To ensure key improvement priorities are communicated effectively both internally and externally and a compelling vision of children and young people services is embedded.

Membership

- Chief Executive (Chair)
- All Corporate Directors
- Director CVS
- Locality Director ABMU
- Chief Superintendent Western Division

Attendees:

- Head of Children and Young People Services
- Head of Business Management and Public Protection
- Head of Human Resources
- Head of Partnerships and Community Development
- Head of Change Management and Innovation (Programme Manager)

Support

- Scrutiny Development Officer (* Interim)
- * Full time Project Manager and Support Officer currently being recruited.

Deliverables Sept 2012 – August 2013

| Deliverable | Timetable | Status |
|---|------------------|---------------------|
| Revised improvement programme incorporating inspection outcomes | November 2012 | Achieved |
| Strategic Plan for Children and Young People Services | December 2012 | Achieved March 2013 |

Other deliverables contingent upon above action but likely to include:

- Strengthening of management capacity in CYPS
- Improvements in the timeliness, quality and consistency of assessment, care planning and case management
- Improvements in the quality and timeliness of permanency planning
- Clear commissioning intentions for family support/preventative services and accommodation services
- Reduction in the financial pressures associated with CYPS
- Revision of the financial model
- Development of corporate arrangements, including the development of support for elected members.

The milestones and reporting requirements to be further developed once the strategic improvement plan has been created and approved.

Reports to:

1. Leader of the Council via distribution of notes of meetings of the Panel.
2. Cabinet Member for Children and Young People Services via distribution of notes of meetings of the Panel, together with regular briefings conducted by the Director of Social Services Health and Housing which will be recorded in note format.
3. CYPE Cabinet Board and Scrutiny Committees – this to take the form of a monthly highlight report which is to be generated by the Director of Social Services with an additional commentary on progress provided in summary form by the Improvement Board.

Time Frame:

Board to meet monthly
Requirement for Board to be reviewed at 12 months.



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Children's Improvement Programme – Member Panel

Members:

Leader of the Council
Cllr D Morgan
Cllr L James
Cllr K Pearson
Cllr A Woolcock
Cllr P Richards
Chief Executive
Director of Health & Social Services
Head of Children and Young People Services

Purpose:

To provide the Leader of the Council and Cabinet with additional assurance that rapid and sustainable improvement is being made to the Council's arrangements to safeguard children and young people and to support children looked after by the Council with specific reference to the areas for improvement set out in the CSSiW report, November 2012 and advise on specific areas of improvement that may be identified.

Reporting Arrangements:

Three weekly diarised meetings between the Leader, the Members of the Panel and the Chief Officers.

Support Arrangements:

Notes of diarised meetings to be made by Scrutiny Support Officer.

Timeframe:

Need for the Panel to be reviewed no later than 12 months.



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Senior Responsible Officer- Director SSHH

The SRO is ultimately accountable for the programme, ensuring that it meets its objectives and realises the expected benefits. The individual who fulfils the role should be able to lead the Programme with energy and drive and must be empowered to direct the Programme and take decisions. They must have enough seniority and authority to provide leadership to the programme team and take on accountability for delivery.

Responsibilities of SRO:

- Provide personal accountability for the success of the Children's Services Improvement programme
- Provides clear leadership and direction throughout the Children's Services Improvement Programme lifecycle
- Owns the Strategic Improvement Plan
- Manages the key strategic risks facing the Children's Services Improvement Programme
- Chairs the Programme Team and reports to the Programme Board.
- Ensures that the Children's Services Improvement Programme has the necessary skills and experience required to deliver effective change.

Interim Programme Manager- Karen Jones (Head of Change Management and Innovation).

The Programme Manager is responsible for leading and managing the setting up of the Programme through to delivery of new capabilities and realisation of benefits. The Programme Manager has primary responsibility for successful delivery of new capabilities and establishing governance.

Responsibilities of the Programme Manager:

- Day to day management of the Children's Improvement Programme
- Day to day agent on behalf of the SRO for successful delivery of the new capability
- Planning and designing the programme and pro-actively monitoring its overall progress
- Effective co-ordination of the projects and their interdependencies
- Maintaining overall integrity and coherence of the Children's Services Improvement Programme

- Facilitating maximum efficiency in the allocation of resources and skills within the programme

Business Change Manager/ Project Sponsor-

Social Work Practice- **Andrew Jarrett- Head of Children and Young People Services**

Workforce- **Graham Jones- Head of Human Resources**

Partnerships- **Russell Ward- Head of Partnerships and Community Development**

Leadership- **Steven Phillips- Chief Executive**

Performance Management- **Angela Thomas- Head of Business Strategy and Public Protection**

There is a fundamental difference between the delivery of a new capability and actually realising measurable benefits as a result of using that capability. This difference is reflected in the complimentary roles of Programme Manager and Business Change Manager. The Programme Manager is responsible for delivering the capability; the Business Change Manager is responsible for realising the resultant benefits by embedding that capability into business operations.

Responsibilities of the Business Change Manager:

- Delivering the outcomes of the element of the Children's Improvement Programme which they have responsibility for
- Responsible for identifying, defining and tracking the benefits (performance outcomes) and outcomes required of the programme.
- 'Bridge' between the programme and the business operations
- Responsible for creating new business structures, operations and working practices where substantial change in business operations is required.

Project Sponsor:

- Personally accountable for the success of the Project within the Children's Services Improvement Programme.
- Provides leadership and direction for their project as part of the Children's Services Improvement Programme
- Manages the risks for their project
- Manages the team in relation to their project and reports to SRO on progress

Senior Suppliers. Dir ELLL, Dir FCS, Dir Env, Head of HR, Dir CVS, Locality Director ABMU, Chief Supt Western Div.

Senior Suppliers represent those Senior Managers who are responsible for:

- Investment decisions
- Ensuring the ongoing overall alignment of the programme to the strategic direction of their organisation and the wider Community Plan/Single Integrated Plan.

Responsibilities of the Senior Suppliers:

- Confirming the strategic direction against which the Children's Services Improvement Programme is to deliver
- Ensuring strategic alignment and prioritisation of the Children's Services Improvement Programme with the aims of their organisation.
- Resolving strategic and directional issues that need input and agreement to ensure the progress of the programme
- Approving the progress of the programme against the strategic objectives
- Providing commitment and endorsement in support of the programme at executive and communications events
- Championing the Children's Services Improvement Programme

Quality Assurance/Critical Friend- Graham Williams, Rhonwyn Dobbing and Phil Robson

Critical friends have a mission to make the Children's Services Improvement Programme succeed. They can support projects and programmes most effectively by;

- Providing an effective balance between informal supportive friendship and critical analysis.
- Asking 'why' things are being done in a particular way - seeking to gain a sense of the context within which each project works and challenge assumptions.
- Thinking creatively and encouraging others to do so.
- Facilitating friendly, honest and critical analysis, shared professional reflections and horizon scanning amongst the project team.
- Using their skills to ask 'naive' questions which promote reflection and self-evaluation, especially at Programme Board, Member fora and with Programme Team.
- Providing advice and both 'political' and practical suggestions

Critical friends should represent a particular ethos which can balance many contradictions. Key features include:

- Maintaining a "close distance".
- Critical friends help projects to be reflective but do not hold the role of evaluator.
- Critical friends do not have responsibilities for managing a project but must become knowledgeable about the project.
- Critical friends must help projects to identify challenges but do not take on responsibility for overcoming them - instead, supporting the project team in objective and reflective debate to find solutions.
- Critical friends are not part of the project team and share none of the responsibilities of a project.

- Critical friends help a project team recognise its difficulties, challenges - and potential solutions to these - but will not take on responsibility for managing conflicts or concerns.
- Critical friends help project teams to mitigate risks and exploit opportunities in practice.
- Critical friends maintain confidentiality, frankness, sensitivity and independence.

What the critical friend does NOT do:

- Make decisions for the project team.

Interim Programme Office- Karen Jones (Head of Change Management and Innovation), Stacy Sullivan (Children's Services Scrutiny and Project Officer.)

The core function of the programme office is to provide an information hub for the programme; this will involve:

- Tracking and reporting
- Information management
- Financial Accounting
- Risk and Issue tracking
- Analysing interfaces and critical dependencies
- Maintaining Stake holders
- Quality Control
- Change Control
- Provision of Audit Trail for review by CSSiW

The Programme Office may provide additional expertise such as:

- Providing strategic overviews of all programme interdependencies
- Providing consultancy style services to project delivery teams throughout the lifecycle of the programme
- Carrying out health checks and advising on solutions during the lifetime of the programme and individual projects

Appendix 3- Key Priority Indicators / Measures – Targets Set for 2013/14

- The percentage of referrals which are re-referrals within 12 months during (SCC/010) – **29%**
- The percentage of initial assessments completed within 7 working days (SCC/042a) – **70%**
- The percentage of required Core Assessments completed within 35 working days – **70%**
- The percentage of statutory visits to Looked After Children in the year that took place in accordance with regulations – **85%**
- The percentage of Child Protection Visits undertaken within 6 weeks – **100%**
- The percentage of first placements of looked after children during the year that began with a care plan in place – **100%**
- The percentage of Looked After Children's Reviews due between 1st April 2012 and 31st March 2013, were carried out within statutory timescales – **90%**
- The percentage of Qualified and Unqualified Workers that receive Supervision within 28 calendar days – **95%**

Appendix 4 - Communications and Engagement Strategy

Children and Young People Services **Strategic Improvement Programme** **Communications & Engagement Strategy**

1.0 Introduction

- 1.1 This strategy has been developed to support the implementation of the Council's Children and Young People Services Strategic Improvement Plan 2013-2016.
- 1.2 It will ensure that communication and engagement activities are consistent and timely and that all stakeholders can receive information and engage with the programme in the formats which are most appropriate for them.
- 1.3 In order to remain effective, the Action Plan at the end of this strategy (Appendix 1) will need to be continually reviewed and amended to respond to emerging programme planning.

2.0 Background

- 2.1 In November 2012 the Care and Social Services Inspectorate for Wales (CSSiW) published a report following an inspection of Children and Young People Services in Neath Port Talbot. As a result they invoked the Welsh Government's protocol for responding to serious concerns about children's social services.
- 2.2 The Children and Young People Services Strategic Improvement Plan was created to respond to the areas for improvement set out in the CSSiW's report and to set a strategic framework within which improvements to the wider systems that support the protection and wellbeing of the children who need intervention from social services can be progressed.

3.0 Corporate Strategic Context

- 3.1 This communications and engagement strategy is written within the context of the **Children and Young People Services Strategic Improvement Plan 2013-2016**.
- 3.2 It is also underpinned by a number of key strategies and policies:
 - NPT Strategic Equality Plan
 - The Director of Social Services Annual Report 2011-2012
 - The Neath Port Talbot Corporate Improvement Plan 2013-2016 'Rising to the Challenge'

- Single Integrated Plan 'Neath Port Talbot Working in Partnership 2013-2023'
- NPTCBC Social Media Policy

4.0 Aims and Objectives

4.1 Communications & Engagement Aims

- To support the implementation of the Children and Young People Services Strategic Improvement Plan
- To facilitate the delivery of some of the actions within the Children and Young People Services Strategic Improvement Plan
- To ensure that all stakeholders are informed about the programme and it's progress and that they feel they have all the information they need
- To ensure that all stakeholders are appropriately involved and engaged in the programme
- To promote effective media relations and encourage accurate and balanced reporting / coverage of issues relating to the programme (whilst recognising that the media may represent alternative views to those of NPTCBC)
- To support the continual review and evaluation of the impact of the programme on performance and key stakeholders
- To communicate successful outcomes from the programme

4.2 Communications & Engagement Objectives

- To deliver the actions outlined in the action plan.

5.0 Key Messages

5.1 The key messages are:-

- Improving the performance of its children and young people social services function is and will continue to be a priority for whole of the Council
- The Council has the support of wider partners in prioritising improvements
- The Council fully accepts the judgements and recommendations of the CSSiW report
- The Council acknowledges that action must be taken without delay and that the pace of change needs to accelerate
- In this improvement plan and in everything else we do the Council will hear and listen to the voice of the child or young person
- Our improvement work will be accessible and transparent so that all of our stakeholders can help shape our improvement journey and hold us to account for the progress we make
- Our priority within the first twelve months will be to do the basics well, prioritising the areas identified by the inspectors
- Strengthening and supporting the CYPS workforce will be key to this improvement work

- The Council values its staff and will involve them in developing our improvement work
- The Council will ensure that the necessary resources and investment for delivering these improvements will be available and made provision for this in its Medium Term Financial Plan and Capital Programme

6.0 Stakeholders

| STAKEHOLDER MAPPING | |
|-----------------------------|--|
| Level of Engagement | Named Contacts Or Interested Groups |
| Proactive Engagement | <ul style="list-style-type: none"> • Children’s Strategic Improvement Programme Implementation Board • Leader • Children’s Strategic Improvement Programme Member panel • CYPE Cabinet Board • CYPE Scrutiny Sub-committee • NPT Cabinet • Cabinet Scrutiny • All elected members • Chief Executive • Director of Social Services Health and Housing • Head of Children & Young People Services • Director ELLL • Head of Partnerships & Community Development • Head of HR • Head of Business Strategy and Public Protection |
| Key Stage Engagement | <ul style="list-style-type: none"> • NPT Children & Young Peoples Partnership • Corporate Directors (outside of SSHH) • Heads of Services (outside of SSHH) • Local AMs and MPs • Trade Unions • CSSiW • WAO • Welsh Government • WLGA • Centre for Public Scrutiny (CFPS) • Third sector and other providers |
| Consultation | <ul style="list-style-type: none"> • Children & Young People Services Staff • Children and Young People using our services • Families and carers of children and young |

| | |
|---|--|
| | people using our service <ul style="list-style-type: none"> • Children’s Commissioner |
| General Information Availability | <ul style="list-style-type: none"> • Other NPTCBC Staff • Wider community in NPT • Local and regional media |

7.0 Risks

The following are specific risks to the communications and engagement activities and are in addition to the risks which have been identified in relation to the actual improvement programme:

| General Risks | | | |
|--|-------------------|---------------|---|
| Risk | Likelihood | Impact | Counter Measures |
| Capacity to deliver the communications activities | Medium | High | <ul style="list-style-type: none"> • Corporate communications & Marketing to give priority to supporting the programme. • Communications lead to be identified for the programme |
| Press view programme as undeliverable / too slow in making progress and focus on negative stories – this could be fuelled by individuals and/or groups | Medium | High | <ul style="list-style-type: none"> • Engage with journalists early on • Be proactive in providing information to the press • Be honest and open with the press about the process • Offer opportunities for face-to-face discussions with journalists and senior officers • Employ effective awareness raising activities with stakeholders to counteract the impact of any negative coverage |
| Staff view programme as undeliverable / have lack of confidence in the programme / feel that | Medium | High | <ul style="list-style-type: none"> • Manage expectations and anxieties with effective and frequent communications. Inform staff of every achievement – however small to demonstrate |

| | | | |
|--|--------|------|---|
| progress is too slow | | | that progress is being made |
| Staff fail to engage with the programme and engage with the press instead | Medium | High | <ul style="list-style-type: none"> Engage, communicate and consult with staff and provide channels and opportunities for them to engage to make the Council the first port of call for airing views, opinions, suggestions, concerns |
| Trade Unions do not support aspects of the programme | Low | High | <ul style="list-style-type: none"> Engage, communicate and consult with Trade Unions throughout the programme |
| Partners have lack of confidence in the improvement programme and the rate of progress | Medium | High | <ul style="list-style-type: none"> Engage, communicate and consult with Partners throughout the programme. Ensure that partners have opportunities to give feedback and provide evidence that their feedback is being taken on board |
| Risks around specific activities – e.g. recruitment | Medium | High | <ul style="list-style-type: none"> Ensure recruitment package is appealing, ensure we can deliver on promises |
| Inconsistent messages | Low | High | <ul style="list-style-type: none"> Ensure that corporate messages re: the priority in relation to the CYP strategic improvement plan are consistent |

8.0 **Protocols**

8.1 In order to ensure accurate, consistent and balanced communication and engagement activities which have been approved through the appropriate channels, a set of protocols has been developed for use with this strategy. These address authorisation, branding, media and social media and can be found in appendix 2.

Action Plan

| Communication and Engagement Strategy | | | | | |
|---|---------------------|-------------------------------|---|------------------------------|-------------------------------------|
| Action | Lead Officer | Target Groups affected | Resource implications/support required | Timescale / frequency | Evidence |
| Develop a communication and engagement strategy to support the implementation board and strategy formulation and implementation | DSSH H | All stakeholders | Communications Support | March 2013 | Strategy drafted |
| Circulate strategy for comments and obtain approval via relevant channels | DSSH H | All stakeholders | Communications Support | March 2013 | Strategy published and disseminated |
| Review and update action plan to reflect emerging programme and project planning | DSSH H | All stakeholders | Communications Support | Ongoing | Each version logged and circulated |

| Research | | | | | |
|---|---------------------|-------------------------------|-------------------------------|------------------------------|-----------------------------|
| Action | Lead Officer | Target Groups affected | Resource implications | Timescale / frequency | Evidence |
| CYPS Staff Survey - Repeat annual CYPS staff survey and compare results from previous years to | DSSH H | CYPS Staff | PPPU & Communications Support | September 2013 | Survey and report completed |

| | | | | | |
|---|-----------|----------|-------------------------------|--------------|-------------------------------|
| establish impact of programme on staff | | | | | |
| Statutory Partners - Develop methodology and undertake research to ascertain the confidence levels amongst statutory partners with regard to whether the service is making good progress in addressing its improvement priorities. | DSSH H | Partners | PPPU & Communications Support | October 2013 | Research and report completed |
| Statutory Partners – Repeat the above to establish whether statutory partners are confident that these improvements have been embedded and are sustainable | DSSH H | Partners | PPPU & Communications Support | March 2014 | Research and report completed |

| Internet/Intranet | | | | | |
|--------------------------|---------------------|-------------------------------|------------------------------|----------------------------|-----------------|
| Action | Lead Officer | Target Groups affected | Resource implications | Timescale/frequency | Evidence |
| Intranet – | Comm | Elected | Communications & | April | New section |

| | | | | | |
|---|------------|---------------------|--|------------------|-------------------|
| Remove 'Children's Improvement Plan' section on SSHH pages of the Intranet and create a new 'Children and Young People Services Strategic Improvement Plan' section on the Transformation intranet | s lead | members, CYPS staff | IT Support | 2013 | published |
| Internet: Audit and review existing CYPS pages to establish: <ul style="list-style-type: none"> ○ how up to date the existing information is ○ if links etc are working ○ ease of navigation / finding information ○ Gaps in information provision ○ Welsh content | Comms lead | All stakeholders | Project Manager & Project support with advice from Communications on the improvements that might be made | April – May 2013 | Audit complete |
| Internet: Update web pages in light of findings from above | Comms lead | All stakeholders | Project Manager & Project support | April – May 2013 | Updates published |
| Internet: | Comm | All | Project Manager & | April – | New section |

| | | | | | |
|---|--------|--------------|---|----------|-----------|
| Publish information about Children and Young People Services Strategic Improvement Plan | s lead | stakeholders | Project support with advice from Communications | May 2013 | published |
|---|--------|--------------|---|----------|-----------|

| Public information / Literature | | | | | |
|--|---------------------|--------------------------------|--|------------------------------|-------------------------------|
| Action | Lead Officer | Target Groups affected | Resource implications | Timescale / frequency | Evidence |
| Audit CYPS public information: <ul style="list-style-type: none"> ○ Produce a finite list summarizing all public information relating to CYPS in NPTCBC ○ Assess its effectiveness of information and identify gaps ○ Where gaps are identified or information is out of date ascertain whether publication is still needed, update if appropriate or produce new literature ○ Test public | Project manager | CYPS staff, CYPS service users | Project Manager & Project support with advice from Communications & SSHH Key communicators group | April – June 2013 | Updated information available |

| | | | | | |
|---|----|-----------------------------------|--------------------------------|--|------------------------------|
| <p>information with various stakeholder groups before final sign off to ensure it is accessible and effective</p> <ul style="list-style-type: none"> ○ Ensure above is available in a range of alternative formats | | | | | |
| <p>Ensure that branding and messages on recruitment literature is consistent with this communications and engagement strategy</p> | HR | CYPS existing and potential staff | HR with Communications support | To coincide with recruitment campaigns | Updated literature available |

| Press | | | | | |
|--|---------------------|-------------------------------|------------------------------|--|--------------------------------|
| Action | Lead Officer | Target Groups affected | Resource implications | Timescale / frequency | Evidence |
| Issue press releases to encourage accurate and balanced media coverage and to highlight progress | DSSH | All stakeholders | Communications support | When appropriate e.g. to coincide with publication of CSSiW/ cabinet reports | NPTCBC press bulletin & digest |
| Provide accurate, honest and prompt responses to | DSSH | All stakeholders | Communications support | When appropriate | NPTCBC press bulletin & digest |

| | | | | | |
|--|-------|------------------|------------------------|------------------|--------------------------------|
| media enquiries | | | | | |
| Issue remedial press statements to counter any misinformation or inaccuracies reported | DSSHH | All stakeholders | Communications support | When appropriate | NPTCBC press bulletin & digest |

| Social Media | | | | | |
|---|-----------------------|-------------------------------|------------------------------|------------------------------|--------------------|
| Action | Lead Officer | Target Groups affected | Resource implications | Timescale / frequency | Evidence |
| Develop a set of messages for Twitter (to include hashtag) and Facebook to be dripped out on a regular basis | Comm s lead | All stakeholders | Communication s support | Ongoing | Messages published |
| Ask community leaders and partner organisations to help disseminate social media messages by 'liking', 'retweeting' etc | Comm s lead | All stakeholders | Communication s support | April 2013 | |
| Develop a DigiTV page for Children and Young People Services Strategic Improvement Plan | Comm unicati ons lead | All stakeholders | Communication s support | April 2013 | Pages published |

| | | | | | |
|---|---------------------|-----------------------------------|------------------------|--|------------------------------|
| Google and Facebook advertising to support recruitment & retention strategy | Communications lead | CYPS existing and potential staff | Communications support | To coincide with recruitment campaigns | Copies of adverts, analytics |
| Publish new videos to YouTube and embed YouTube widgets on 'Safer Brighter' Futures web pages to support recruitment & retention strategy | Communications lead | CYPS existing and potential staff | Communications support | To coincide with recruitment campaigns | Videos published |

| Newsletters | | | | | |
|--|--------------------------------|-------------------------------|---|---|----------------------------|
| Action | Lead Officer | Target Groups affected | Resource implications | Timescale / frequency | Evidence |
| Articles on 'Transformation page of 'In the Loop' | Comms lead | NPTCBC staff | No additional | Monthly | Published and Disseminated |
| CYPS Staff Newsletter | HoCYPS | CYPS staff | Project Manager with Communications support | Monthly (with option for additional editions when needed) | Published and Disseminated |
| Produce newsletter to confirm adoption of the CYPS Strategic Improvement Plan and distribute to all stakeholders | Programme Manager Head of CYPS | All | Programme Team Communications Support | On day of meeting | Newsletter published |

Face to face communications

| Action | Lead Officer | Target Groups affected | Resource implications | Timescale / frequency | Evidence |
|--|-------------------|------------------------|-----------------------|-------------------------------|----------------------|
| Engage key stakeholders in the development of the plan to test the draft plan for fitness | | | | | |
| ○ Hold workshop with the Implementation Board to establish the case for change and secure commitment | DSSH H | Board Members | None | 15 th January 2013 | Workshop held |
| ○ 1st senior management staff workshop to be held for CYPS managers | Head of CYPS | CYPS staff | None | December 2012 | Workshop held |
| ○ 2nd senior management staff workshop to be held for CYPS managers | Head of CYPS | CYPS staff | None | 16 th January 2013 | Workshop held |
| ○ Workshop for key stakeholders to review the existing workforce plan and update it | Programme Manager | External Partners | None | 18 th January 2013 | Workshop held |
| ○ Hold | DSSH | External | None | 21 st | Workshop |

| | | | | | |
|---|--------------|-------------------|------|---|---|
| workshop for key partners to establish the case for change and to test initial ideas concerning vision, aims and objectives | H | Partners | | January 2013 | held |
| Share draft plan with CSSiW and WAO and incorporate feedback | DSSH H | Regulatory | None | On date of first meeting following first monitoring visit | Plan amended to include feedback |
| ○ Hold second workshop for key partnership to receive views on the draft strategic improvement plan and ongoing engagement of partners in the implementation of the plan, its review and updating | DSSH H | External Partners | None | 4 th March 2013 | Workshop held |
| ○ hold quarterly update workshops for partners | DSSH H | External Partners | TBD | TBD | Workshops held |
| Hold engagement events for wider CYPS workforce | Head of CYPS | CYPS staff | | Challenge Event for staff being held on March | Event held |

| | | | | | |
|---|------------|-------------------------|---|--------------------------------------|--|
| | | | | 8th | |
| ○ Update Member Panel, Leader and Cabinet Member throughout development process | DSSH H | Key Members | Programme Team | Fortnightly | Minutes of Member Panel |
| ○ Hold further Member Seminar to reinforce the case for change and to update Members on progress so far | DSSH H | All Members | CSSiW Programme Team Chief Executive G Williams | March 27 th 2pm | Seminar held |
| ○ Schedule quarterly update workshops for CYPS staff | HoCY PS | CYPS Staff | Project Manager & Project Support | TBD | Meetings held |
| Finalise Plan and Approve Plan | | | | | |
| ○ Receive outcome of further consultation and agree final revisions to the Plan | DSSH H | Board & Elected Members | Programme Team P Robson | 19 th February 2013 | Consultant records, version control records |
| ○ Present the Final Draft to the Implementation Board for endorsement | DSSH H | Board & Elected Members | Programme Team P Robson | 26 th February 2013 | Minutes of Board |
| ○ Present the Final Draft to | DSSH H | Board & Elected | Programme Team | 20 March 2013 | Minutes of Cabinet |

| | | | | | |
|--|-----------|-------------------------|----------------------------|---------------|---------------------------|
| special meeting of Cabinet Scrutiny Committee (CYPE members to be invited) | | Members | P Robson | | Scrutiny Committee |
| ○ Present the final Plan to Cabinet for approval | DSSH H | Board & Elected Members | Programme Team P Robson | 20 March 2013 | Minutes of Cabinet |
| ○ Present approved Plan to Council for formal adoption | DSSH H | Board & Elected Members | Programme Team | Early April | Council Minutes |

Protocols

1. Approval Routes

- a. This Communications and Engagement Strategy and action plan will need to be approved by the Implementation Board
- b. The Director of SSHH and Head of Children and Young People Services will sign-off individual communication outputs before they are issued
- c. The Communications Lead will be responsible for identifying instances where additional signoff should be sought from the Implementation Board
- d. In addition, individual communications channels (e.g. 'In the Loop') have their own approval processes.

2. Branding protocol

The Children and Young People Services Strategic Improvement Plan 2013-2016 is one of the Council's Tier 1 transformation programmes.

Branding has been developed for the transformation programme and all communications and engagement activity on behalf of the Programme (e.g. web pages, press releases, newsletters etc) will include the 'Safer, Brighter, Futures' branding as well as the NPTCBC branding.

3. Press protocol

The basic principle is that all press / media activity relating to the Children's Strategic Improvement Programme should be channelled via the Corporate Communications and Marketing team (media@npt.gov.uk, Tel: 01639 763349) and will be addressed in consultation with the identified Communications Lead

This will support the programme by ensuring that information will be consistent, in keeping with the agreed messages and approved by the relevant elected members and chief officers.

Having one point of contact will also enable accurate tracking of media activity.

All media activity for the programme will observe the following actions:-

- **Press Releases:-**
 - identified Communications Lead to identify opportunities for good news stories and milestones where it would be appropriate to issue a press release and record on media plan
 - identified Communications Lead to liaise with relevant colleagues to produce draft press releases
 - prior to circulation, release to be approved/agreed by:
 - Leader
 - Chief Executive
 - Director of Social Services, Health and Housing
 - Head of Children and Young People Services

- Press releases to be distributed to relevant press/media and details entered onto corporate press release database for intranet/internet and sent translation unit
- follow up by telephone if appropriate
- log press release
- **Incoming enquiry from press/broadcast media:-**
 - If the enquiry/request is received via phone, ask the originator to e-mail the request to media@npt.gov.uk, stating a deadline for responding
 - all relevant parties to be contacted and information collated to respond to enquiry.
 - Prior to circulation, response to be approved/ agreed by:
 - Leader
 - Chief Executive
 - Director of Social Services, Health and Housing
 - Head of CYPS
 - response back to media correspondent
 - log enquiry and response
- **Request from press/broadcast media for interview or participation in a programme:-**
 - Communications officers to:
 - Verify the theme for the programme/article and if possible the angle the correspondent is intending to take
 - Enquire if there are likely to be any other participants and if possible who these will be
 - For requests from broadcast media establish what the programme is, whether it will be live or pre-recorded, when it will be broadcast and if there are any other parties taking part
 - For requests from broadcast media PR Officer should be asked to provide last minute refresher media training to spokesperson prior to interview
 - Leader, Chief Executive, Director SSHH and Head of CYPS to decide on whether NPTCBC should agree to participate and, if appropriate, who the council representative/spokesperson will be.
 - Briefing session with spokesperson to be organised to establish points to be promoted and also discussion on potential negative questions and suitable responses.
 - log enquiry and response and where possible record or obtain transcript of programme in the case of broadcast media
- **Partnership working:-**
 - When a press release makes reference to a partner or third party there should be regular communication to ensure that the appropriate approvals have been obtained from all concerned
 - Where press releases are drafted by a partner or third party (but include details on Children and Young People Services Strategic Improvement Plan 2013-2016), a draft should be forwarded to the strategic communications officer prior to release so that the appropriate approvals can be obtained from NPTCBC (as outlined above). If

appropriate these should include a quote from NPTCBC. Copies of these press releases should be logged.

4. Social Media protocol

All social media activity on behalf of the Children and Young People Services Strategic Improvement Plan will be conducted via the Council's corporate social media accounts. All activity will be in line with the Council's Social Media Policy and adhere to the NPTCBC Social Media Guidelines.

Appendix 5 - Children's Services Development Plan

| Action No. | Action | Responsibility | Implementation Due Date | Progress Update | RAG Status |
|------------|--|----------------|-----------------------------------|-----------------|------------|
| 1 | Conduct a sizing exercise to establish caseloads | DH | 30 th May | | |
| 1a | Publish results to all relevant audiences | DH | 30 th May | | |
| 2 | Develop a Data Dashboard and send out weekly to all Children's Services Managers, Cabinet Member and CEX | IF | 14 th June | | |
| 3 | Establish a monthly Audit of casework by an Audit Group. Agreed sample across all casework | LK | 30 th May | | |
| 3a | Disseminate results and action at monthly Business Improvement Meeting (BIM) | LK | June BIM and then monthly | | |
| 4 | Recruit 15 permanent Consultant Social Workers | JT | 30 th June | | |
| 4a | Start up a 'Rolling' Recruitment Programme | JT / KM | 30 th June and ongoing | | |
| 4b | Reconsider advertising media used | NJ / DiH | 30 th June | | |
| 5 | Conduct a thorough Audit of CWD Cases. Publish and evaluate | LK / BE | 14 th June | | |

| Action No. | Action | Responsibility | Implementation Due Date | Progress Update | RAG Status |
|------------|---|----------------|-------------------------|-----------------|------------|
| 6 | Set up a Common Access Point (CAP) to take/evaluate | KW | 14 th June | | |

| | | | | | |
|-------------------|--|-----------------------|--------------------------------|------------------------|-------------------|
| | all referrals | | | | |
| 6b | Stage a CAP Launch Event. Work with media colleagues | NJ | 30 th June latest | | |
| 7. | Commission a high quality Programme for all staff of high quality Child Protection Training | NJ | 31 st May | | |
| 7a | Evaluate coverage and effectiveness (take follow up action) | LD | 15 th September | | |
| 8 | Deal with 18 FTE staff sickness absences. Return to work and/or remedial action | JT / KM | 31 st August | | |
| 8b | Identify/deal with root causes of sickness absence | JT / KM | 31 st August | | |
| 9 | Ensure that Child Protection modules of ICS system are developed, tested and go live | AT / IF / DH | 30 th June | | |
| 9b | Provide training to all staff on Child Protection modules | IF / DH | 30 th June | | |
| 10 | Identify competence/capability to use ICS system and provide Refresher Training | RP | 30 th September | | |
| Action No. | Action | Responsibility | Implementation Due Date | Progress Update | RAG Status |
| 11 | Map Early Intervention and Prevention Services (EiP) and sources of funding (especially TAF) | DS / BE | 31 ST August | | |
| 12 | Based on visits to 2 Excellent LAs, create an EiP Action Plan based on Excellent Practice | DS / BE | 30 th September | | |

| | | | | | |
|-----|--|----|---|--|--|
| 13 | Address and strengthen Multi Agency working (MAW) initially by a Partner Conference and then by development of model protocols (visit 2 excellent LAs to inform) | NJ | 30 th June | | |
| 13a | Publish and use Triangle Model for intervention thresholds | NJ | For Partner Conference and ongoing | | |
| 13b | Harmonise thresholds | NJ | 30 th September/ 31 st October | | |
| 14 | Commission a programme of What Good Looks Like Training, beginning with a brief Diagnostic | NJ | 31 st July | | |
| 14a | Deliver training and evaluate | NJ | 1 st August ongoing 6 months | | |
| 15 | Review all Child In Need cases and close cases which should not be open | KW | 30 th September | | |

Responsible Officer Key:

| | | | | | |
|-----------|---|----------------------|------------|---|--------------------------|
| NJ | - | Nick Jarman | KM | - | Kevin Mort |
| AT | - | Angela Thomas | DiH | - | Diane Hopkins |
| IF | - | Ian Finnemore | BE | - | Barbara Evans |
| DH | - | David Harding | KW | - | Keri Warren |
| LK | - | Laura Kinsey | LD | - | Lynne Doyle |
| JT | - | Julie Thomas | RP | - | Rachael Pickering |