



*The Director of Social Services
Annual Report 2011 - 2012*

Making Change Happen

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Alternative Formats

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Appendices

1	Performance Indicators
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Introduction from the Director of Social Services, Health and Housing

This is my third annual report since this requirement was placed on Directors of Social Services in Wales as part of the new 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 2011-12 set out in last year's annual report, our performance for that year, and maps out the key areas for development and improvement in 2012-13.

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.

The UK and national context in which we are working remains vital in understanding why we need to be making the changes that are set out in this plan. 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.

Introduction from the Director of Social Services, Health and Housing (continued)



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There is, however, little mention of additional resources to kick start such a change in focus away from people requiring high levels of support and there is a real danger that sustainability will be even further jeopardised given UK government's more strident approach.

We need to respond in the following ways:

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

- Maintain a consistent and effective voice to central government in challenging proposals that adversely impact on the most vulnerable people living in Neath Port Talbot;

Through our strong political and corporate leadership and the undoubted commitment and resourcefulness of our staff, we have the building blocks in place to respond to and meet the challenges we are facing with confidence.

A handwritten signature in black ink, which appears to read 'A. Clements'.

.....
Anthony Clements
Director of Social Services,
Health and Housing

Section 1 - 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%.

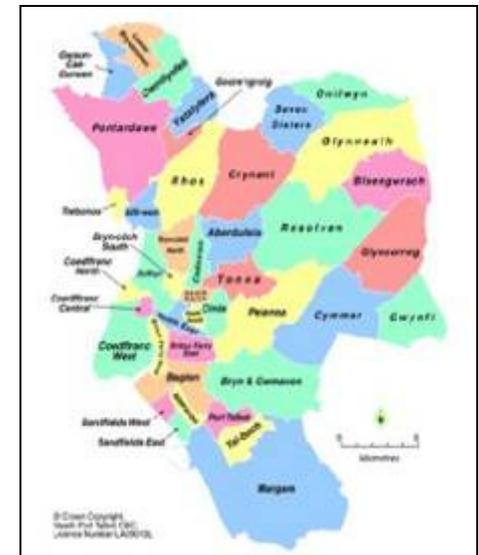
We have an above average overall level of deprivation. 31% of our local areas are amongst the top 20% deprived areas of Wales, with 33% of our people reporting they have a limiting long term illness compared to 27% across Wales. In addition, we have more people claiming severe disability allowance than 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 authority's 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. During the past year (2010-11) we saw a 6% increase in service users 65 and over, compared to only a 3% in the comparable authorities and a 1% decrease across Wales. We did see a decrease in spending on this age group over the same period, though still higher than those of the comparable authorities. We spent 58% on our own provision in 2010-11 compared to 56% the previous year.



Section 2 - Overview

This past year the Council has again demonstrated its continued determination to provide high quality services across the whole of social services so that vulnerable people within the county borough are provided with the right support they need.

Despite significant challenges, particularly within children and young people services, the positive political and corporate response has ensured that the capacity to deliver and manage the changes and improvements required has been made available. Demonstrable improvements can be evidenced in a number of areas and in those where further work is needed, it can still be shown that the plans that we have and are putting in place are starting to make a difference.

Within community care services, the transforming older people services programme has continued to be successfully implemented. Our residential care homes for older people have been transferred to Grŵp Gwalia following the tendering process. This will mean that four new homes will be built between 2013-15 to replace seven of the current homes, alongside efficiency savings once these new developments become operational. This investment will also add new housing and support capacity for older people living in the Afan Valley.

Important changes are being made within the home care service. A new electronic call monitoring system is being introduced which will greatly assist the planning of care and reduce administrative costs.

New payment options have been piloted to increase payment choice whilst removing obsolete arrangements and a more thorough analysis has been undertaken of night time support, which will determine the type and level of future care and support at night. The improvements in sickness rates within the service were also sustained for most of the year though had shown a dip during the latter winter months.



A new model of intermediate care services with the local Health Board has been agreed and is in the process of implementation. The first phase has seen the amalgamation of the management of the reablement and home care enabling and assessment service to lead to greater capacity, resilience and consistency in the way we jointly meet the needs of adults who require intensive short term support (intermediate care) to maximise independence, especially following a period of acute support as a consequence of surgery or a sudden change in their health needs, e.g. a stroke or serious fall.



The Care and Social Services Inspectorate for Wales (CSSIW) in its annual letter to the Council last year commented on a number of performance indicators within community care services that had shown deterioration from the previous year. It is encouraging that in all those areas highlighted that performance has improved during 2011-12. The rate of hospital discharges, carer assessments, care plan reviews and helping support older people at home have all improved. It is recognised, however, that further improvements in some of these areas (e.g. delayed transfers of care) continues to be a priority for this year.

Section 2 – Overview (continued)



2011-12 has been a year which has seen significant change across the Children's Services Division.

The service has moved to a new locality model which has seen three community social work teams established in school settings across the county borough. These changes are intended to facilitate the strengthening of multi-agency responses to need. An evaluation of the benefits will be carried out in the first half of this year to inform the next phase of strategic change.

Alongside this work, a key focus during the year has been to strengthen the workforce arrangements within children's services. In September 2011, in response to the continued rise in the referrals to the service and corresponding increases in the number of children looked after and placed on the Child Protection Register (increasing from 410 to 470 and 185 to 266 respectively), and increasing caseloads, the Council approved significant additional resources to increase the number of social workers, managers and support staff in the service. A major recruitment campaign was launched in the autumn of 2011 which resulted in 40 appointments across the service, together with 16 additional support staff.

Further additional investment has been agreed as part of the Council's 2012-13 budget designed to support the strengthening of the whole of the children's social services system. This includes

provision to increase resources for the Conference and Review Service and the commissioning function, as well as providing targeted resources to move more children looked after into permanent, non-care and suitable alternatives in a more timely way. There are also additional resources available to further reduce caseloads in the front line assessment and case management service, and to provide enhanced coaching and mentoring for newly recruited and existing practitioners.

The improvement work outlined, enables the Council to demonstrate a robust, planned and resourced response to the latest Care and Social Services Inspectorate for Wales (CSSIW) inspection findings which were published at the end of December 2011.

The inspection report recognises that the Council has made progress in a number of areas in taking forward the priorities for improvement reported in 2010. The report also acknowledged the significant support that continues to be demonstrated by the political leadership of the Council and the chief officers. However, the report also identified further improvement work needed to improve the standard of social work practice across children's services. Reducing caseloads, providing the right type of learning and development support, sound administrative support, together with good quality supervision and appraisal are key factors that will bring about the improvement highlighted and achieve the Council's desire and commitment to provide safe, high quality responsive services. The investment made available by the Council and the children's services' Improvement Programme are the means by which this will be delivered.

A major recruitment campaign was launched in the autumn of 2011 which resulted in 40 appointments across the service, together with 16 additional support staff.

Section 2 – Overview (continued)



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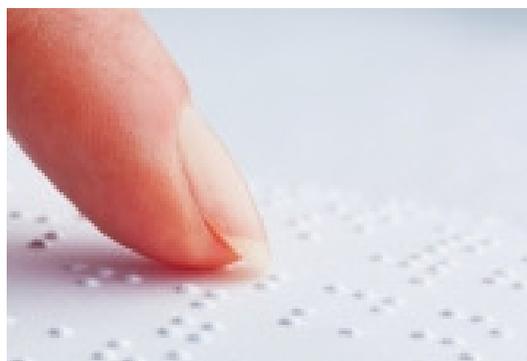
Across social services, despite the considerable transformation of services being undertaken, resource pressures continue to be challenging as demand for support increases.

Directorate and corporate reserves have been required to offset these pressures which have seen a further increase in the looked after children (LAC) population and continued demand for community and residential support for older people, in particular.

Staffing, placement and legal cost pressures have again been issues for children services, and the investment and improvement strategy agreed will address staffing pressures and has been based on the assumption that over a three to four year period there will be an initial slowing down and then a reversal in the LAC population numbers which will deliver the savings required to offset the investments made in 2012-13 and 2013-14.

The overall community care budget came in on target despite the additional budget pressure following the decision to provide an increase in the fees for independent residential care for older people providers (£408K) after the budget had been finalised.

There was, however, an underlying above budget spend on older people and learning disability placements which was offset by savings elsewhere. A number of these savings areas have contributed to the £2.7million savings for social services as part of the 2012-13 budget. Monitoring of the pressure and spend on all placement budgets will be clearly necessary throughout 2012-13. It is also important to recognise that the decision making process and rationale to increase fee levels within a four year strategy to help sustain the independent sector meant we were able to successfully challenge a judicial review brought by a number of independent sector providers.



As stated earlier, the corporate support for social services has been crucial in taking forward the transformation and change agenda. Our change programme is a key priority for the Council and further support has been obtained through a successful Local Service Board (LSB) European Social Fund submission, bringing in additional investment into the county borough of £1million over three years to help deliver both the children's service and adult service change programmes.

This also ensures the involvement and active engagement of key partners within the programmes with the LSB overseeing the strategic planning arrangement for children and young people and health, social care and wellbeing.

The overall community care budget came in on target despite additional pressure following the decision to increase the fees for independent residential care for older people providers after the budget had been finalised.

Section 2 – Overview (continued)



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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.

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 a stronger focus on prevention and wellbeing there are still critical considerations required as to the precise resource implications of the direction of travel, 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



In response to this the Western Bay Social 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 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.

The Western Bay Social Services Regional collaborative has been established between Bridgend, Neath Port Talbot and Swansea Councils and the ABMU Health Board

Section 3 - Progress on Priorities for 2011 – 12

Priority: Ensure robust and ongoing arrangements are in place to manage budgets and that steps are taken to address areas of potential overspend as a consequence of service demand.

Progress: As already indicated service and budget pressures continued into 2011-12. Regular monitoring and reporting of these pressures were made both through corporate senior management and senior Member arrangements, as well as the established political scrutiny process. A report was approved by Cabinet in September 2011 to address the capacity issues within children and young people services to both reduce the reliance on agency staff and tackle the increasing numbers of looked after children - these initial proposals would evolve into the improvement programme. Placement pressures within community care services were offset by savings elsewhere within that division.

Priority: Fully implement the new way of working resulting from the children and young people service systems review by the end of the year, and demonstrate evidence of improved practice and outcomes.

Progress: Although the new community based teams and related processes have been established and external validation given via Swansea University of the approach, further work will be undertaken in 2012 to determine the value and impact of these changes. One of the community teams continues to operate from the Neath Civic Centre, albeit from within the area it covers, as the school accommodation available was unfortunately unable to meet the teams' needs. Processes have been further

modified especially to ensure robustness and consistency in the decision making pathway and in determining performance.

Priority: Undertake audits of practice in accordance with specified action plans to ensure learning from serious case reviews (SCR) is embedded and effectively translated across staff groups and within systems development.

Progress: Although this is an ongoing action there have been a number of important developments during the year which have contributed to achieving this. British Adoption and Fostering (BAAF) Cymru have undertaken audits in relation to child protection and neglect and children placed with their parents as part of addressing recommendations arising from a particularly complex serious case review (SCR).

The findings from this work have been relayed to the Council and the Local Safeguarding Board (LSB) and recommendations will be taken up by our quality assurance group. Newsletters produced by the LSB have been particularly well received by staff. The newsletters which have been circulated to all statutory partners have been produced to highlight local SCR findings, what lessons need to be learned and the work being undertaken to address the relevant recommendations. Much of the children and young people service training programme has been directed towards reinforcing good practice and effective decision making associated with SCR recommendations. The audit of cases is a key component of supervision and this will be reinforced during 2012-13.



Section 3 - Progress on Priorities for 2011 – 12 (continued)

Priority: Further develop the Safeguarding Children Board to strengthen the audit and review group process and engage staff, children and families to understand work and outcomes the Board is seeking to achieve.

Progress: There has been good progress in taking forward work through the LSB, and the audit and review group has been strengthened with regular meetings taking place with more consistent attendees. Further work will take place in 2012-13 to ensure that issues and lessons learnt are routinely communicated across all statutory partners. The Board has developed clarity regarding its priorities and the outcomes it is seeking to achieve. Work with the local children and young people participation officer has been undertaken to engage children and families in understanding the work of the Board though again this will need further development in 2012-13.

Priority: Select the partner to run and develop the Council's residential and respite care services for older people and to establish these new arrangements by the end of the year.

Progress: As indicated earlier this has been achieved, with Grŵp Gwalia now running the homes with an agreed development programme in place to deliver four new facilities by 2015. At each stage of what was an important and significant decision for the Council there was unanimous political support, and the thorough process of engagement with all stakeholders produced a very positive outcome in relation to the support and acceptance of this key development.



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Priority: Have in place the new technological systems in home care to deliver the systems review savings for 2012-13.

Progress: The brief and tendering process was more time consuming than expected and whilst this will be delivered in 2012-13, full year savings will not be realised.

Priority: Following the demand and flow analysis, agree and have in place the intermediate care model with the Health Board by the end of the financial year.

Progress: The intermediate care model has been agreed and phased implementation begun. This has included the integration of management arrangements for the reablement and HEAT (home care assessment and enabling service) and the piloting of the new intake and service integration arrangements in the Sandfields and Aberavon areas.

The redesign of the service model is in line with proposals arising from the John Bolton review of older people services commissioned by the Welsh Local Government Association. Full implementation is planned for the end of 2012-13 in line with both organisations' expectations.

Priority: The further review of the occupational therapy service alongside the Telecare review will further enhance these services in meeting the needs of older and disabled people and demonstrate improved outcomes by the end of the year.

Section 3 - Progress on Priorities for 2011 – 12 (continued)

Progress: A review of the Telecare service was completed and a new improved comprehensive service model put in place. This has meant that the charge for the service has been reduced and further options for service users made available, with considerable more uptake of the service. During the five months from June to October 2011 there were 37 new service users and when the changes were introduced from November there were 146 new service users for the next five months.

The occupational therapy service has been reviewed and the future service model will be considered as part of the phased implementation of the intermediate care service, though the review has already contributed to ensuring that the disabled facilities grant (DFG) service is now a responsive service eradicating previous delays for eligible service users accessing DFGs.

Priority: Utilise the integrated family support service model as the key mechanism in improving the children and adult service interface in responding to the need of both children and their parents.

Progress: A bid to Welsh Government (WG) for a regional service including Bridgend and Swansea was successful at the end of the financial year. The development of this service has been dependent on funds from WG and this will enable the service to be fully implemented during 2012-13. Bridgend will lead and manage the service on behalf of the collaborative.

Priority: Sustain the improvements in sickness rates within the home care service and demonstrate similar improvements

across the range of in-house provider services by the end of the financial year.

Progress: Disappointingly the overall position for the year was a 4% increase on the previous year's very promising figures. For the first nine months of the year sickness in home care had reduced by 12%, but a significant increase occurred over the final quarter to reverse this trend. It will be important to return to an improving position for 2012-13 as the forward financial plan and strategic business case assumptions will otherwise be adversely affected.

Priority: Commissioning strategies are updated and in place for all service areas by the end of the year.

Progress: Commissioning action plans have been updated for all community care service areas and commissioning strategies, developed on either a local or regional basis, will be updated by the end of the financial year.

Priority: Recruitment and retention issues within children and young people services are monitored and reported on throughout the year to ensure all factors inhibiting a stable workforce are identified and addressed.

Progress: There has been considerable work in this area linked to the improvement programme. A workforce development group has been established; a survey of staff's views and expectations undertaken; follow up interviews/contact with staff who have left the service during the year has also helped obtain a full understanding of



Section 3 - Progress on Priorities for 2011 – 12 (continued)

why staff have left the service. The significant additional investment in staff has been a direct response to ensuring we have a more stable and sustainable workforce, and other aspects of the improvement programme to address accommodation, communication and skill mixes are intended to help address recruitment and retention issues. The introduction of consultant social work grades will also provide new opportunities to attract and maintain experienced staff needed in the frontline services.

Priority: Dialogue with the independent residential care sector is maintained to develop a payment structure that recognises investment in service quality.

Progress: There is no doubt that the judicial review challenge made by a number of local providers regarding our fee decision making process hindered the development of a constructive dialogue to take this work forward. With the judicial review now concluded a further impetus to this work has been made with anticipated positive developments during 2012-13. Work is underway to develop a local quality outcome scheme and an open book approach to understanding provider costs.

Priority: Membership of the South East Wales commissioning partnership for children placements demonstrates value for money.

Progress: Opportunities to benefit from our membership are beginning to be demonstrated with new consistent rates for independent foster care placements agreed which will reduce future costs.



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Priority: Explicit plans for regional collaborative working are agreed and are developed by January 2012.

Progress: The Western Bay Social Services collaborative was formally established in January 2012. The collaborative is made up of ourselves, Swansea and Bridgend Councils and the ABMU Health Board. The chief executives of the respective organisations sit on the Board and work steams and priorities agreed with implementation plans being developed. This has been the regional response to Welsh Government's expectations of regional working and development contained within 'Sustainable Social Services'.

Priority: Quarterly audit exercises are completed and reported on to improve practice across all care management services.

Progress: In community care, case file audit has been integrated into the six weekly supervision cycle. At least one case is reviewed using a quality assurance tool and the findings discussed in the supervision session.

In children's services external case file audits have been undertaken as part of the children's Improvement Programme and as part of the work of the Local Safeguarding Children Board. The outcomes have informed the priorities for development. At an operational level, regular lesson learning exercises are carried out. All of this will be placed on a more structured footing in 2012/13 with a comprehensive approach to quality and performance management to be introduced.

Section 3 - Progress on Priorities for 2011 – 12 (continued)

Priority: Demonstrate by the end of the financial year that the targets for 2011-12 as set out in the Joint Carers Strategy are met.

Progress: This can be demonstrated through regular updates to the Carers' Strategic Group. Of particular interest is the good progress made with ABMU in meeting the expectations of the Welsh government Carers' Measure and the establishment of new carer assessment arrangements with the Carers Service, which has also benefited from substantial additional Lottery funding.

Priority: A staff, service users and carer questionnaire is undertaken before 2012-13 that demonstrates that steps have been taken by senior managers within learning disability services to improve the negative comments received from these group as part of the recent inspection report.

Progress: The questionnaire has not been undertaken though there has been ongoing activity throughout the year to address the issues raised.

Effective communication forums have been established between management of direct services and care management have been established which also engage the Principal Officers. A social work community of practice has been developed across adult care to underpin the

social work system work. The Head of Service is meeting with managers as the Transforming Adult Social Care work programme develops. I will ensure the questionnaire is undertaken by the end of the year.

Priority: Areas are identified before 2012-13 to deliver the additional £1million savings within community care services for 2013-14 in accordance with the Forward Financial Plan.

Progress: Capacity has been agreed to further develop the Transforming Adult Social Care (TASC) programme, and the initial areas identified to deliver these savings – current and future learning disability and mental health residential placements and efficiency savings within in-house provided services. The following new projects have been established:

- Social work systems
- Modernising day opportunities
- Modernising respite care
- Commissioning strategies

In addition, the homecare and preventative services projects established under the Transforming Older People Services (TOPS) programme will be managed as part of the overall transformation of adult social care. Experience from the TOPS programme, however, show that it would be unrealistic to expect a full year impact of the changes once agreed in time for 2013-14.



Section 4 – Challenge and Risk

The previous annual report set out a number of areas of challenge and risk and a number of these remain relevant.

The increasing looked after children population continues to be the greatest resource risk for the Council, and the improvement programme we have instigated along with the activity and resource trend assumptions over the next five years provides the basis for tackling this.

We continue to be successful in reviewing and addressing the capacity needs required to deliver our ambitious change agenda, demonstrated by the way TOPS has been implemented. The new TASC programme has gained benefit from some additional capacity and this will be kept under review as the programme moves from the planning to redesign and implementation phases.

Communication of the change agenda and engagement with staff and external partners, service users and carers will continue to be integral to our change processes, and experience so far shows that this is not an area that should be compromised.

Workforce planning continues to be critical in sustaining the momentum of change and in ensuring that front line services can deliver the quality of care and support required. Further work will take place across social services to ensure retention issues are addressed and staff remain equipped to undertake new responsibilities and demands.

Alongside these overarching workforce issues, there will be a need during the year to make a permanent appointment to the Head of Children's Services and to appoint a new Director prior to my retirement in March 2013. In recognising the importance of recruiting an experienced and skilled Head of Children's Services and recruitment experience elsewhere, a market pay supplement has

been agreed as part of the recruitment package. Recruitment to the Director will ensure the person is in post prior to my leaving the Council. There are also some Principal Officer posts within children's services which will require permanent appointment to during the year.

A new risk highlighted last year was the corresponding financial pressures faced by the Health Board and the danger that separate budget and service reconfiguration decisions would have a negative rather than complementary impact on each other's ability to meet need and address demand. The establishment of the Western Bay Board provides the mechanism for meaningful dialogue and planning to occur and it will be imperative that opportunities to have early discussions on respective proposals, alongside careful analysis of resource and demand implications take place as early as possible in the decision making process. Health's Changing for the Better programme will be critical in determining the right acute and community service capacity if need is to be met effectively and there is no adverse impact on social care resources.



Section 5 - Moving Forward – Making Change Happen

The Sustainable Social Services work programme and the associated Welsh Government draft Bill provides both a framework for change and a significant challenge in ensuring that services can transform and adapt in effectively meeting demand at a time of less resources.

The expectation that social services will increase its focus on enhancing wellbeing and preventing the escalation of need can only be achieved if this agenda is owned and shared by all key partners and the Council as a whole. It will be imperative that there is a robust and healthy debate involving all affected agencies and service users and carers to ensure that what is taken forward provides realistic ambitions, sustainable models of support, alongside the resources required.

Our work programme and following priorities have to be seen in both the context of this national change agenda and what has been identified locally as fundamental to providing high quality responsive services. Neath Port Talbot with its strong political support for social services, its demonstrable ability to deliver change and improvement, and its undoubted high level of staff commitment and resourcefulness is well positioned to sustain and accelerate the improvements we have set ourselves. There are, however, some concerning UK government policies such as the welfare reforms, which could significantly impact on our local ability to sustain change if need increases and little regard is taken of the corresponding resource demands and implications.

The need for UK, Welsh, regional and local agendas to be consistent in their approach to tackling deprivation, social and economic inequality and community enrichment has never been

greater though currently unlikely to be achieved. Within this context, we must be absolutely clear and focussed on our local solutions as well as taking forward the benefits that can arise from regional and national approaches to meeting need and demand.

Our priorities have been set so that we can deliver the following social care outcomes within Neath Port Talbot:

- More vulnerable people achieve independent living within their own homes and communities;
- Vulnerable people feel safer and are protected from harm and abuse;
- Vulnerable people's experience of service provision is driven by the quality and relevance of the service rather than who provides it;
- All staff providing local social care services are clear about what they are meant to do and are supported in achieving this;
- Service users and carers experience services that deliver what matters to them;



Section 6 - Priorities for 2012-13

- Ensure robust and ongoing arrangements are in place to manage budgets and that steps are taken to address areas of potential overspend as a consequence of service demand;
- Drive forward the agreed Improvement Programme for children and young people services within the timescales identified in the action plan;
- Deliver the changes to the looked after children population in line with the Forward Financial Plan assumptions so as to achieve the anticipated reductions in numbers from 2013-14;
- Deliver the home care savings as identified within the strategic business case for change or seek alternative solutions to achieve the savings necessary;
- Oversee the development programme of Grŵp Gwalia to deliver the four new residential care homes and associated supported housing for older people within the timetable agreed in the contract;
- Ensure that plans are progressed and implemented within the Transforming Adult Social Care programme to deliver the forward financial plan savings from 2013-14 onwards;
- Have in place the regional integrated family support service by the end of 2012;
- Have in place a fully integrated intermediate care service as part of the local Community Resource Service by April 2013;
- Have in place commissioning strategies across the main social services user groups by April 2013;
- Work with our Local Health Board colleagues so that respective service changes do not have an adverse impact on either of our ability to meet need;
- Ensure we have sufficiently robust workforce strategies for children and community care services that address leadership, recruitment, retention, skill mix and succession planning issues by December 2012;
- Ensure there is a successful outcome to the appointment of a new Head of Children Services and Director of Social Services, Health and Housing to sustain the stability of the senior management team and maintain the improvement agenda across the Directorate;
- Establish regional safeguarding arrangement by January 2013 with the intention of strengthening partnership engagement and sustaining local accountability;
- Fully engage in the Western Bay social services collaborative agenda so that expressed outcomes are delivered within the agreed timescales;
- Actively contribute to the council's response to the implementation of the welfare reforms, both in relation to limiting the negative impact on vulnerable people in Neath Port Talbot, and in identifying the service consequences of the reforms.
- Work with colleagues in ABMU, City & County of Swansea and Bridgend County Borough Council in addition to the Carers Services and other key partners to produce a strategy in response to the Carers Strategies (Wales) Measure. 1st Draft to be produced by the end of October 2012.

Each Head of Service overview report will provide the detail on these service improvement and development areas and will highlight further operational issues which will need to be addressed during the year. These will particularly relate to any CSSIW inspection recommendations not included in the above. The following themes areas capture the main elements of the Heads of Service overview reports as well as related key performance activity. The Statutory Guidance on the Role and Accountabilities of the Director of Social Services requires me to include within this report the full set of performance indicators which are attached as appendix 1. Commentary on these indicators is also included within the themes where relevant.

Section 7 – How good are the services?

Themes

1. Getting Help

This includes access to services; assessment of need; care management and review

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.

Access to Services

Communication strategies linked to our transformation programme continue to be effective in ensuring that partners, service users, carers and staff are aware of key developments and have an opportunity to shape these at critical stages.

Public information needs further development and a corporate Access to Services Programme has been established to review and up date current arrangements and to consider further communication outlets e.g. facebook.

Within children and young people services there has been a fundamental change in access to the assessment and case management teams as part of the remodelling of the service. The new arrangements are designed to ensure there is greater continuity in dealing with a case, reducing the number of workers that families encounter in their dealings with the service. Further modifications are being made to the process of initial contact to retain a central access point and ensure a timely pass through to the community based

teams. There will be periodic audits of referral and decision making across the service to ensure consistency between teams. The additional social work and business support capacity put in place should support the achievement of performance improvement in the timeliness and quality of decision making following receipt of a contact and the initial assessment work to support.

The percentage of referrals during the year on which a decision was made within one working day dropped slightly from 89.8% to 89%.

Given the pressures within the service outlined above it is not surprising that performance has deteriorated though in terms of actual numbers more referrals were responded to within the time period. It will be important that as the workforce is stabilised during 2012-13 that performance starts to improve.

The establishment of a dedicated worker within the police information hub has also got off to a positive start, ensuring that more decisions are taken jointly between the police and the service

with more appropriate referrals being passed through for social services intervention. This has reduced the level of referrals into the frontline teams that do not meet the threshold for social services involvement. The ICT infrastructure is being reviewed so that it fully supports the joint working arrangements between ourselves. Engagement with schools, other education professionals and health partners is also being developed to inform the next phase of the locality model, which includes further clarification of the thresholds of statutory intervention by social services, and agreement on the areas that should be prioritised by partners for development when thresholds are not reached.



Section 7 – How good are the services? (continued)

Communication protocols between the emergency duty team and day time teams continue to be effective. The pay detriment affecting EDT members following the workforce strategy was positively addressed during the year enabling the retention of the existing experienced staff. Principal Officers provide a full out of hours support on a rota basis to EDT team members.

Through the enhancement of our commissioning capacity put in place at the end of March 2012, the service will be able to develop easier access to information that practitioners can draw upon to help children, young people and families. The new commissioning team will also work more closely with the Children and Young People Partnership support team and service providers to ensure that all available resources are having the biggest impact possible.

Within adult services, there is a contact and access team for older and disabled people services which receives a high volume of enquiries and referrals from a variety of sources. The team responds to referrals within the same working day, including emergencies and signposting as appropriate.

This service is being developed further as the single point of access into social care and some health services as part of the implementation of the new community resource service development. A systems review of our intermediate care services took place in 2011 which found that although the service was highly valued by service users, the flow of contact at times was too complex, with different professionals and organisations becoming involved in making decisions and taking action. As an outcome of the review, a new intake service model has been agreed as part of an

integrated health and social care Community Resource Service which will encompass the intermediate care service. The intake model has a single point of access and a streamlined initial assessment process. At this point, people can either access advice, information or some services such as assistive technology or community meals, or, an intermediate care assessment and medical intervention or reablement or an ongoing service.

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 action. Whilst work within children services with the police hub has been effective, similar work is required for adult services as there has been an increase in initial referrals that do not meet the threshold for intervention.



Within learning disability services, there is a website for service users which uses inclusive communication and facilitates access and the sharing of information regarding the services available. This complements the public information available via service leaflets and the internet. The contact and access team above provides screening, signposting, advice and information service. There is a duty system within the Community Service Team which will also provide access to assessments where appropriate.

Similar arrangements in relation to public information and the role of the contact and access team exist for mental health services, and there is a joint health and social care duty system within the two Community Mental Health teams. There is close work with NHS colleagues in the Home Treatment Team to respond to crises requiring Mental Health Act assessments, and all EDT professionals have Established Approved Mental Health Professional status.

Section 7 – How good are the services? (continued)

The Mental Health (Wales) Measure 2010 will be implemented in 2012 to improve access to mental health services. Part 1 of the measure will see the development of enhanced primary care services to improve access, assessment and early intervention. A joint service model is being agreed between ABMU and the constituent local authorities, with the group chaired by the relevant NPT Principal Officer

Assessment, Care Management and Review

In relation to assessment, care management and review, progress in making the forecast improvements within children's services continue to be frustrated by the scale of change implemented in the twelve month period and the continued rise in workload for the service. This is particularly demonstrated by the drop in performance in relation to assessments undertaken within seven days from 54.6% to 40.4% which will need to improve significantly as the workforce is stabilised.

A major recruitment drive was initiated in autumn 2012 and although successful in recruiting high numbers of social work and business support staff, this was offset by an higher than anticipated turnover in frontline staff. The service therefore continues to engage a high level of temporary staff agency workers while permanent appointments were being advanced.

High caseloads were cited as the principal reason for the turnover, together with some unsatisfactory arrangements related to accommodation and ICT. These factors were also identified as affecting the quality and regularity of supervision with the service. The children's Improvement Programme was significantly revised in January 2012 to ensure all significant issues were addressed and by

May 2012 the identified accommodation and ICT issues had been resolved. An enhanced communication and engagement programme has been put in place for all staff (see good practice box below).

Good Practice – Communications within Children's Services

A Communications Plan was established in January 2012 to underpin the improvement programme.

This includes: weekly management team meetings which are then extended once a month to include all team managers; Staff briefings are held bi-monthly allowing staff to have the opportunity to 'talk back'; regular newsletters are circulated from the Interim Head of Children's Services, which contain links to other documentation on the intranet; and surveys have been undertaken of existing staff and leavers. The Interim Head of Service makes regular visits to teams.

There have been dedicated sessions for the new scrutiny members which have involved CSSIW and an initial work programme has been produced to support scrutiny members. There have been two all member briefing sessions held.

The Interim Head of Service has met all key partners on a one-to-one basis and made regular reports to the Children and Young People's Partnership.

JCG and Health & Safety committees have been re-established.

The Service, in partnership with HR has also experimented with social media as part of our recruitment drives.

Section 7 – How good are the services? (continued)

The service has continued to benefit from a strong and well supported learning and development programme, though workload pressures have sometimes impeded staff participation in learning events. A tailored six week induction programme has been introduced and has been well received, with modifications made after the first programme in response to feedback and ongoing evaluation.

Additional investment in the Conference and Review Service has enabled the service to maintain its performance in organising child protection conference core group meetings despite the rise in the looked after children population. The further investment programme in 2012-13 will provide further capacity to enable further improvement work to take place, including improving standard of permanency planning and the timeliness with which looked after children are moved to permanent, suitable, non-care alternatives.

Continued pressures within children's services were reflected in the performance results across a number of other performance indicators, including the timeliness and quality of completed core assessments and the timeliness of statutory visits. In most instances the number of assessments and visits went up though because overall numbers were higher there was a drop in the percentage undertaken.

Children's services moves into 2012-13 with a clear and comprehensive improvement plan in place which is well supported by the Council's corporate and service leadership teams and associated budget provision. The improvement programme balances investment across the whole system, not just the 'front end' with greater priority being given to outcomes for looked after children.



A series of recruitment campaigns will be focussed on establishing the right skills mix with a greater emphasis on recruiting more experienced staff, particularly with specialist skills in LAC and adoption work. The creation of new specialist posts will also enhance career progression for social workers thus helping with staff retention, especially in the front line.

The practice of legal surgeries continues to be well regarded and effective, and it will be important to sustain this through the changes to the legal service away from a shared service with neighbouring authorities, to one that is dedicated to Neath Port Talbot. Improved liaison with CAFCASS Wales is also being established to ensure changes in legal processes arising from the family justice review can be effectively responded to.

The quality of practice will be a key area of improvement throughout 2012-12 alongside improvements in results across national performance indicators. The improvement programme will also address improvement to supervision and appraisal across the service and by targeted learning and development programmes.

Within adult services a major review of social work systems was initiated in January 2012, 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. A community of practice of frontline staff has been established which is challenging the delineation of functions according to the nature of disability within adult social work teams.

Section 7 – How good are the services? (continued)

In addition, across community care, through supervision, a quality assurance and case file audit system has been implemented to monitor the quality of, and put in place systems for, continuous improvement of assessments and care plans. In addition a quality risk taking framework has been developed to support practice across community care, which will be piloted initially in older person's mental health and learning disability teams.

Work to develop a range of ways of involving service user and carer involvement in assessment and care planning processes, and a detailed review of the carers' assessments tool and associated training was significantly influenced by in depth interviews with a number of carers.

Direct payments continue to increase with more take up within mental health services. There is now one contract between the three authorities - NPT, Bridgend and Swansea, who commission a direct payment support service from Shaw Trust, which has led to a more uniform approach in clarifying the requirements from Shaw in line with service users' expectations.

In relation to current levels of activity, there are pressure points in the older person team in allocating cases following initial assessments. Additional resources have been allocated on a temporary basis to the older person's team and an action plan developed to eliminate the backlog in case allocation by September 2012.

The percentage of service users who had their needs reviewed within the year has increased from 69% to 79%, though like last year most other reviews are completed within a short period of time after the target. There have been concerted efforts to address variations

in the time that reviews were being undertaken between teams and to identify and rectify systems issues to ensure all reviews were being recorded. This will remain an area of focus in 2012-13 to improve performance even further.

The current social work review system will also consider the current process and how this can be developed to ensure reviews are not mechanistic but enabling and personalised.

A systems review of the occupational therapy service has completed an in-depth analysis of demand and is considering options for redesign. An options appraisal of integrating the service with health occupational therapy colleagues will be considered in 2012. There has been considerable improvement in performance between the OT and Housing Grant service in improving the availability of disabled facilities grants. A three year waiting list has been eliminated with all approved DFGs being delivered within a year.



Supporting timely discharge from hospital continues to be a priority to prevent the adverse impact on independence of a longer than necessary hospital stay. The rate of delayed transfers of care for social care reasons per 1000 aged over 75 significantly reduced in 2011-12 (9.81) compared to 2010-11 (14.8). This remains an area of challenge to bring this rate down further, though in terms of average days delayed and overall number of delays, NPT compares favourably with the other local authority areas of ABMU, thus demonstrating the effective joint working between the organisations.

The model of joint assessment and care planning between health and social care of older people's mental health needs further development.

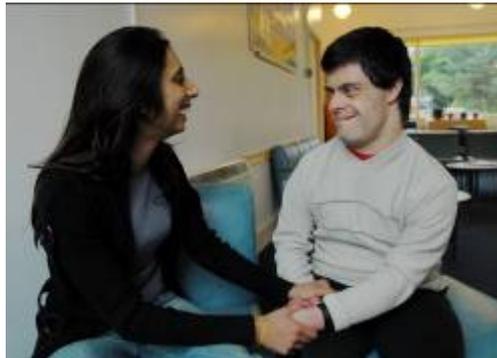
Section 7 – How good are the services? (continued)

Work is advanced with the Health Board to implement care and treatment planning in the older people's mental health teams, and the remodelling of community based assessment and intermediate care processes in an integrated way with health is a priority in light of ABMU Health Board's plans to reduce the number of inpatient assessment beds. It is vital that investment in community services is an integral part of the service changes.

In learning disability services, assessment and care management continues to be provided through a county borough wide multi disciplinary Community Support Team (CST). Allocation of assessments is provided in a timely manner, with risk assessment and risk management planning undertaken using the ABMU risk management tool. There is well developed person centred assessment and care planning in learning disability services and this is being adopted to develop a single assessment tool throughout the transition to adulthood process. Although a process has been agreed with health colleagues regarding NHS continuing health care assessments, issues regarding timely decisions on joint packages still need to be worked through with health colleagues. It has been agreed that the local authority will act as lead commissioner for the Health Board and the formalisation of this through a section 33 agreement will hopefully clarify and resolve this issue.

A Community and Outreach post for adults who may have Aspergers or high functioning Autism but do not receive a service, has been established within the learning disability team. The post is making good progress in terms of mapping need and assisting in making the transition process more effective.

The modernisation of learning disability assessment and care management has been identified as a priority area, and it has been recognised that there is an imbalance in current packages of care, with too many people accommodated in residential care, and a safe rather than an innovative practice approach within the CST. We are a demonstrator site for work commissioned by the Social Services Improvement Agency (SSIA) and consultants (Alder) commissioned by SSIA are working with us to review practice and develop a range of recommendations which will form the basis of an updated commissioning strategy. This work will report in July 2012.



Our Community Mental Health Teams are also multi-disciplinary with integrated management arrangement between ourselves and health. There are good arrangements with GPs with a gateway service to filter and discuss GP referrals. There are effective allocation, assessment, care management and review systems in place, and service quality is validated through supervision and case file audits. There is consistent use of Care Programme

Approach (CPA) documentation to support care plans and risk assessments. Different needs are taken into account through the use of interpreters, signers and advocates. Service user and carer involvement is in-built into CPA and its review system.

A joint Management Group across ABMU operates to ensure implementation of all parts of the Mental Health Measure, with new assessment tools developed and duty systems reviewed to ensure they are compliant with the Mental Health Measure for urgent and non-urgent referrals. The teams are receiving direct referrals from the public under Part III of the Measure.

Section 7 – How good are the services? (continued)

Across community care services, there is a continued focus on carer's assessments, particularly to ensure that the concerted efforts to improve assessment take up and outcomes for carers are accurately reflected in performance indicators. There has been an increase in the uptake of carer assessments (from 49 to 73) though further efforts are being taken to ensure that carers remain satisfied with the service they and the service user receive. There is evidence of a growing positive relationship between our care management and the NPT Carers' service in terms of reciprocal referrals, and it has been agreed that the Carers' Service will on a 9 month pilot basis undertake assessments on our behalf for carers caring for someone with dementia.

2. The Services Provided

This includes both the range of services provided and the quality of those services

Commissioning and Providing the Range and Quality of Services

Within children's services, the directly provided and regulated services all continue to show a strong performance. The fostering service was inspected in January 2012 and was found to have a stable and committed group of staff. Priorities for improvement included ensuring all carers are subject to annual review; CSSIW to be notified of any significant events; matching documentation files to evidence the required information. We will respond positively to the areas highlighted for attention and these are included in our improvement plan for 2012-13. The fostering fees framework was formally revised in February 2012 to reflect Welsh Government policy intentions. A review of recruitment and development of foster



carers will be further examined in early 2012-13 given that the rise in looked after children has now exhausted the in-house carer capacity and new, innovative ways of recruitment need to be explored.

The adoption team continues to demonstrate good levels of performance at a time of exceptional service demand. Strategies for sourcing additional carers will be reviewed in 2012-13 to identify new methods of increasing the number of potential adoptive parents and the team has received additional capacity to help with this. There is still an issue of accessing sufficient medical advice and further discussions on this will take place with the Local Health Board.

Hillside Secure Unit annual inspection was again positive, with the inspectors concluding that the centre has experienced qualified and committed staff; is child focussed; has good staff induction; has robust policies and procedures to support staff and well established support services. There were no regulatory requirements arising from the inspection. On this

occasion Estyn also inspected the education arrangements at the Unit, and made a number of recommendations to strengthen teaching outcomes and the unit will work with the support of the Council's educational directorate to move these recommendations forward. Hillside was also successful in securing ongoing funding from the Youth Justice Board to maintain capacity at current levels.

Children and young people services protected its family support service budget in 2012-13 and continued to procure a range of services from the third sector. The intended improvements in contract monitoring capacity was not realised during the year and this is an area for further improvement in 2012-13. Good relationships between commissioner and providers, however, remain in place.

Section 7 – How good are the services? (continued)

To ease the pressure on social workers, a contact centre was created with ten contact workers engaged to provide the contact service. The service will be evaluated early in 2012-13 to determine the basis for a permanent contact service.

The new NPT Joint Carers Strategy 2011-14 continues to promote the recognition, identification and support needs of young carers, and our Carers Development Officer has provided training to social work staff on carers' assessments and the identification of young carers in line with the locally agreed protocol for young carers.

There have been a number of important developments during the year, which will continue to be priorities in 2012-13. The development of a local residential respite unit for disabled children has been completed in 2011-12, a provider has been selected following a procurement exercise and the service will open in the summer of 2012.



As part of our regional collaborative programme with Bridgend and Swansea a joint bid has been supported by Welsh Government to establish an Integrated Family Support Service (IFSS). The IFSS will provide intensive support to families and children where there is a high risk of family breakdown particularly as a result of parental substance misuse and mental health problems. A grant of £850,000 has been awarded for each of the next three years. This service will now be developed in 2012-13 and it will be important to explore the development of step-down services after this intensive intervention, and this is being discussed with the Children and Young People Partnership.

The Council has undertaken a review of its school to home transport arrangements and those relating to the transport of looked after

children. Commissioning of transport is now arranged through the Council's passenger transport service with much reduced administrative costs. There is good quality, regular feedback on the usage of transport, including abortive journeys, by children services and this management information will be used in 2012-13 to seek further improvements.

During the year we joined the mid and South Wales children's commissioning consortium to ensure we have best value from our future residential and out of county placements. The

Commissioning Consortium will negotiate rates on behalf of all partnering authorities to obtain best value within a quality framework. We will also undertake a comprehensive review of all existing external placements with a view to ensuring the planned outcomes for children are being achieved, that value for money is afforded and to identify appropriate alternative arrangements over the medium term. We have strengthened our commissioning capacity to take

this work forward.

The Autistic Spectrum Disorder action plan requires review this year so that it is aligned to the Welsh Government Strategy and is informed by a wide range of stakeholders. We continue to explore new and better ways of engaging stakeholders both in informing the action plan and on an ongoing basis.

During 2012-13 the Children and Young People Partnership will also require input in relation to the targeting of Families First funding in future years. There is an opportunity to access European Social Funds to support the IFSS initiative.

Section 7 – How good are the services? (continued)

Within community care services, there are areas where there is a comprehensive range of services and effective joint working with health. In some areas, whilst the quality of service is good, the nature of the 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 has succeeded in modernising provision for many aspects of older person's services. The Transforming Adult Social Care (TASC) programme will now focus on the rest of adult social care and in 2012/13 the priority will be to modernise directly provided learning disability services as well as reviewing commissioning strategies across all service areas.

Domiciliary care provision for older and disabled people is currently evenly split between the in-house service and externally commissioned providers. The in-house service has undergone a major modernisation programme with service improvements being taken forward including the introduction of an electronic call scheduling system; better financial assessments; a review of the out of hours service; home care staff being able to issue minor aids and equipment; and positive medicine management arrangements in conjunction with the Health Board. Sickness management requires a further concerted effort as sickness levels showed a significant increase over the last quarter of 2011/12 after encouraging reductions throughout the previous year.

Block contracts are in place with external providers and the existing contracts were extended for a further year for 2012/13 with some modifications in terms of introducing a standard hourly rate of pay;

removal of minimum hours; removal of 'prescribed lots' to allow providers to expand their business; and payment based on actual time of service delivery. A new tender process will be put in place for 2013/14 and this will be informed by a comprehensive commissioning strategy for domiciliary care.

The integrated community intermediate care service (CIIS) is a joint health and social services scheme which consists of both community reablement and early response teams. These teams prevent hospital admissions and facilitate early discharge from hospital, and are key in maximising a person's independence and reducing the need for ongoing care. The service undertook a systems review in 2011 and as well as the new intake arrangements already described, CIIS and the home care enabling service (HEAT) will now come together to strengthen overall capacity and reduce potential duplication. This will form part of the emerging Community Resource Service and it is planned to consider other aspects of health and social care which can have an enabling function to become further elements of the service.



In relation to residential care services for older people, our long term residential care homes and respite care home were transferred to Grŵp Gwalia on 1 April 2012, as part of a 25 year partnership arrangement which will see the development of four new care homes, to replace all but one of the existing homes, and additional supported housing over the next four years.

The new developments will incorporate best practice designed accommodation for people with dementia, and will be built to nursing home standards should the profile of need change over the lifetime of the contract.

Section 7 – How good are the services? (continued)

Good Practice – Transfer of Residential Care to Grŵp Gwalia

The contract agreed with Grŵp Gwalia followed an open and transparent procurement process. It is based on the principles of an 'open book' partnership arrangement around all aspects and is outcome focussed in terms of the quality standards to be delivered.

Robust governance arrangements have been established for the Council and Grŵp Gwalia to work together to deliver on the requirements within the contract and monitor the quality of the services.

Extensive engagement activities have continued throughout 2012/13 to ensure involvement of residents, families and staff in the process. These have included: monthly face to face meetings with staff representatives; road shows to meet families and residents face to face; regular updates to partners; seminars for all Members and specific reports for the Cabinet and Social Care Health and Housing Scrutiny Committee; briefings for Assembly Members and Members of Parliament – all of these supported by regular newsletters and information resources on the Council website.

Throughout the procurement and transition process the quality of care provided to residents and respite users has been exemplary, thanks to the professionalism of the staff, and evidenced through regulatory reports.

In addition to these new arrangements, we continue to commission residential forms of care in 29 independent sector homes. The Council

agreed in March 2012 an unprecedented 4 year strategy to increase the fees paid to the independent sector alongside the intention to develop a quality scheme based on an open book approach to understand providers' costs. Though this decision was subject to an unsuccessful judicial review in 2012, it will be vital that positive working relationships are maintained with the sector to ensure the quality framework is delivered which will assist the sustainability of good quality providers. We also worked positively with our partners on a local, regional and national level to manage the implications of the financial collapse of Southern Cross and to ensure the smooth transition to the new providers to enable continuity of care to take place.

As a consequence of the transfer of our residential care homes, some modifications to the delivery of day services has been necessary, particularly where day care has been an integral part of the residential care home itself.

The day care service that was based in the Hafod, Neath has transferred to the Tŷ Twyn Teg extra care housing scheme, and as a consequence of Swansea withdrawing from Gelligron day care service, some changes have been necessary to the service though the level of provision to NPT service users has not changed. Day services will be subject to further review in 2012-13 particularly to ensure an enabling model can be developed to enhance our evolving Community Resource Service.

There are a good range of services in place for older people with mental health needs, though there remain some gaps around intermediate care for people with mild to moderate levels of dementia. This is being addressed through the remodelling of our intermediate care service, and there will also be a focus on integrating telecare solutions into more care packages alongside considering the need for a specialist domiciliary care service.

Section 7 – How good are the services? (continued)

Within learning disability services, there is a mixed market of provision and this will be subject to a number of reviews in the coming year. The work undertaken by Alder consultants has highlighted the need to modernise our day services and to reduce the reliance on residential care. It also questions the lack of progression through residential care, supported housing and independent living for some learning disability service users. There will be a strong focus on care management practice to ensure we are not risk averse in our care planning and that we do not over specify the support required, with the unintended consequence of reducing opportunities for more independent living. This work will need to be taken forward with our health colleagues within the Community Service Team.

Mental health services offer a range of in-house support, combined with support from the health service and third sector partners such as Hafal and Gofal. The work to bring service users back to live in the county borough rather than in out of county placements is proving successful. Our day and employment services provide a wide range of socially inclusive activities to meet the needs of service users of the community mental health teams. The mental health rehabilitation service concentrates its activities on assisting recovering mentally ill people to regain social and domestic coping skills to enable independent living in the community. Much of this work is done in people's home with additional more intensive support from the supported housing project in Pontardawe and a further two supported houses, one in Neath and the other in Port Talbot.

It has been another busy year for all agencies involved in working with those who misuse drugs and alcohol. Services for young people

and older adults who misuse substances have been expanded, and four short-medium term accommodation units have been developed.

Inspection reports in directly provided services consistently highlight the excellent quality of provision across services. Quality assurance in in-house services is provided through QA groups which involve carers. There are opportunities for service users to provide feedback through service user councils and groups facilitated by advocacy services. There have been significant developments in advocacy services for older people with a £686K Big Lottery Grant made available to the NPT



Advocacy Group to develop services. An important development has been independent advocacy support to those being discharged from hospital or considering residential care. There are also effective advocacy services for people who lack capacity through the IMCA service.

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.

3. The Effect on People's Lives – Independence and Quality of Life

This covers both the arrangements to safeguard and protect vulnerable children and adults and how we promote independence and social inclusion. We aim to ensure that we maximise the safety of vulnerable adults and children through everything we do.

Section 7 – How good are the services? (continued)

Safeguarding and Protection

The Local Safeguarding Children Board has concentrated on implementing the actions set out in its business plan and in contributing to the move towards regional safeguarding arrangements. A significant amount of work has been done to agree the outcomes that the Board is seeking and to develop a new performance management framework for the Board, based on the Results Based Accountability Framework. The audit and review group has been strengthened with more consistent attendance and more rigorous processes of ongoing audit.

Good progress has been made in implementing the recommendations arising from Serious Case Review 'E', with training and review work completed by British Adoption and Fostering Cymru (BAAF) funded by the Social Services Improvement Agency. The outcome of this work will inform further improvement work in the respective agencies during 2012-13.

The additional investment in the Conference and Review service did not fully realise the intended benefits as the rise in the number of children placed on the Child Protection Register and the numbers of looked after children rose at a greater pace than the workforce capacity. Thus related performance indicators did not see the improvements desired though the service did undertake a greater level of activity than in 2011/12. The percentage of initial child protection conferences due in a year which were held within 15 working days of the strategy discussion fell from 63.3% to 60.4%, though the initial core group meetings held within 10 working days of the initial conference was sustained at 84.6%. The percentage of child protection reviews within statutory timescales also saw a slight

drop from 93.2% to 90.7%.

Further strengthening of the service will take place this year as part of the wider improvement programme. Notwithstanding the above, administrative support, staff supervision and staff development arrangements all improved during 2011/12.

File audits have continued within the service and regular lesson learning exercises are conducted with frontline managers and teams, and a coherent quality and performance framework will be developed this year to ensure that there is a strategic and systematic approach to quality assurance which will be clearly linked to learning and development support.

There are robust arrangements in place to safeguard vulnerable adults in Neath Port Talbot, with strategic leadership of adult protection undertaken by the Area Adult Protection Committee. This is chaired by the Head of Community Care Services with representatives from a range of partners, and supported by number of sub-groups. Performance in relation to the percentage of adult protection referrals completed where the risk has been managed remained high at 93%, with a small number of service users declining further investigation or intervention where concerns still existed.

The new risk assessment tools developed the previous year have been embedded and prompt and efficient responses to adult protection referrals and multi-agency working continues to be apparent. The coming together of the POVA and Deprivation of Liberty safeguards (DoLS) capacity continues to be beneficial in co-ordinating responses across these functions and in providing more resilience in terms of capacity.



Section 7 – How good are the services? (continued)

Maximising Independence

The council continues to have a strong, corporate commitment to social inclusion. There are a range of programmes, some of which are supported with ESF resources aimed at helping those furthest from the labour market to gain secure employment.

Within children and young people services, there continues to operate a well regarded leaving care service which benefits from long standing partnership relationships. On 2012/13 it will be important to review the level of resourcing and positioning of this service to reflect the increased workload and recent legislative changes. The service also established a 16 plus initiative in 2011/12 which aimed at diverting older adolescents from care. The initiative is hosted within our homelessness section and uses a variety of approaches, including mediation, and has a good level of success in its first year. The service will be offered to a lower age group, 14 and 15 year olds, this year.



There are strong and developing relationships with the leaving care team and the local tertiary college, and the number of looked after children attending college is increasing. There are opportunities with planned management changes at the senior level to link this service more closely with services for looked after children and transition services and to extend the current range of partnership arrangements.

The Council continues to demonstrate strong performance in its Youth Offending service. There have been significant reductions in the number of first time entrants into the youth justice system, those going through criminal courts and those attracting custodial

sentences. However the proportion of those accessing YOT and Prevention and Early Intervention service currently known or previously known to children services are increasing and requires closer examination.

The investment, funded by ESF, in a dedicated transition worker has been positively received and she is making excellent progress in developing more person centred approaches to transition planning in the school settings. This has now extended beyond the school setting to include a wider range of agencies that have a key role in supporting young people to access further education, training or employment.

Participation of care leavers has been maintained over the previous year but participation needs to extend to all children and young people so that they are helping shape the plans for their futures more clearly, and contribute to the development of the wider service delivery. The development of participation activities need to be clearly linked to wider participation support available through the

Children and Young People Partnership.

Within adult services a range of services are in place and being developed to maximise independence and promote well being. A number of these have been described in the range and quality of service section, and the intake model previously described will ensure older and disabled people can access equipment, reablement, community meals and telecare services without the need for a full social work assessment.

The extra care services in Neath and Port Talbot and the integrated housing and support service in the Dulais Valley continue to be well

Section 7 – How good are the services? (continued)

used and provide an important contribution in supporting older people with relatively high needs in the community. Further supported sheltered housing will be developed in the Afan Valley as part of the contract with Grŵp Gwalia. As part of the TASC work there will be concerted efforts during 2012/13 to reduce the reliance on residential care and to further develop our adult family placement scheme to provide more flexible short term and emergency care options.

In relation to relevant performance indicators the rate of older people helped to live at home increased from 90.49 per 1000 aged over 65 to 95.07 despite an overall increase in this population. The percentage of service users supported in the community aged 65 and over also rose to 81.5% from 77.9% whilst the percentage of adults under 65 remained the same at 88.4%.

There has been extensive work in 2011 to improve the integration of the work of COASTAL with the day services provided by the Council. Joint Coastal and day service support teams are operational and care planning tools have been aligned between the services.

2011/12 has been a year of significant progress for the COASTAL service. The number of people enrolled with the service in NPT has increased to 625, with 555 having been supported to achieve one or more positive outcomes. 67 people have had accredited training outcomes and a further ten have found employment. There has also been considerable success in developing new opportunities for people to move along the pathway through the development of social enterprises including a bookshop, a bicycle recycling project, and the



possibility of a franchise with the Ten Green Bottles recycling social enterprise.

In relation to services for carers, the Joint Carer's Strategy has been updated and a positive outcome has been feedback from carers that services have improved as a consequence of the initial strategy put in place. Officers from the Council are heavily engaged in the development of the ABMU wide Carers Information Strategy in accordance with the new Carer's Measure. The NPT Carers Service is highly effective at combating social isolation and accessing respite.

It has been successful in receiving a Lottery Grant to employ more staff to identify and deliver services to hard to reach groups, including those from an ethnic minority, who are not accessing carers' services in the usual way.

Other important services that we continue to support include Crossroads, the Alzheimer's Society, Cruise and Gofal.

Involvement of service users and carers is critically important as work develops to modernise services and to look at more flexible ways to meet need. Service user and care involvement is well developed in learning disability and mental health services and this will be key in taking forward the transformation agenda. Direct Payments continue to increase and this will be given a greater focus as the TASC process develops. The number of people receiving a direct payment rose from 143 at the end of March 2011 to 172 at the end of March 2012.

A number of preventative services highlighted in last year's report, including those relating to the sensory support service and welfare

Section 7 – How good are the services? (continued)

rights continue to develop and play an important role in enhancing the quality of life of people involved and in reducing the need for more intensive intervention.

4. Shaping Services

This includes our planning and partnership work, commissioning and contracting and resource management

Planning and Contracting

We continue to be committed to keeping the service users at the heart of our planning and care management processes and we continue to work with our partners to meet the needs of the local population. Strategic planning structures were strengthened during 2011-12 to reflect the growing collaborative agenda.



The development of the Western Bay collaborative has further progressed the previously established ABMU-wide planning and commissioning groups within mental health and learning disability services. An executive Programme Board and Programme Team have been established and the work streams include:-

- The commissioning of adult mental health services
- The commissioning of learning disability services
- Integrated services models for older people with mental health needs
- Joint Adult and Children Safeguarding Boards;
- Supporting People;
- Integrated Family Support Services;
- Strategic Sourcing, Commissioning and Procurement;

The success of these work streams will be extremely important in determining future service models and commissioning requirements.

The Council has also joined the Children's Commissioning Consortium Cymru (4C`s), formerly the South East Wales Children's Commissioning Board (SEWIC) which has been reconstituted with a South Wales brief. This will be particularly important in not only ensuring that independent sector fees and rates are appropriate to need but in also shaping the future market and model for meeting the needs of children at risk of being looked after.

The Council has also made a firm commitment to engage with the other authorities across the broader mid and West Wales region where it makes sense to develop any commissioning or specific service developments across this wider area.

There is still recognition that local mechanisms are needed for engaging with partners and service users and carers in service development and planning. The Carers' Strategic Group continues to be an effective multi-agency process effectively involving carers and carer service representatives. The production of the Carers' Strategic Plan 2011-14 reflects the very important work that will now be driven forward by all partners, and will have a significant influence on the ABMU-wide joint carers plan to meet the requirements of the new Carers' Measure.

Overarching all of this, the Health, Social Care and Well Being Strategy continues to have the crucial role in securing wider improvements in health and wellbeing and in articulating our agreed priorities with partners for service change. The delivery of the new strategy is overseen by the Local Service Board as the key partnership forum within the county borough, with a Health, Social

Section 7 – How good are the services? (continued)

Care and Wellbeing Executive Board responsible for reporting to the LSB and co-ordinating the various work streams. In 2011-12 there were significant changes to the structures and governance of the Health, Social Care and Wellbeing Partnership to shift the emphasis from planning to delivery. During the year, the Executive Board received reports from lead officers responsible for taking forward the improvement work associated with the Strategy priorities. The Partnership also embraced the Results Based Accountability performance management framework and agreed the population measures that will be used to track outcomes. In 2012-13 the Partnership will complete the RBA work by linking performance measures for each of the priority improvement projects to the improvement work.

Under the auspices of the Local Service Board, a successful bid was made for ESF resources to support a set of collaborative change projects. Supporting vulnerable families and integrating intermediate care services for older and disabled people were two projects selected to benefit from the ESF funding secured. As well as improving outcomes for vulnerable families and older/disabled people, the projects seek to provide opportunities for action learning by LSB partners to accelerate change through collaboration. In 2012-13 the ESF resources will be targeted at supporting pilot work for a revised intermediate care model and to pump prime funding the development of services that will more effectively target the needs of vulnerable families. These projects will be evaluated with Welsh Government support to aid learning across the wider public sector.

There are effective and strong links between the wider Children and Young People Partnership (CYPP), the SCB and the tier one children's services programme. Jointly agreed safeguarding priorities

between the Health, Social Care and Wellbeing strategic process and the CYPP have been reflected in both strategies. The CYPP continues to play the vital role in the development of preventative service and in analysing and seeking broad based solutions to the growing demands placed on children services.

Ongoing dialogue with external providers of residential care continued throughout 2010/11, and specific meetings were held to develop a more robust, open book approach to the settling of fees. In March 2011, the Council approved a 4 year strategy for increasing fees to providers of older people residential care.



Robust contract monitoring arrangements led by care management services have been put in place in learning disability services which have sought to build productive relationships with both internal and external providers, and to continue to develop services to meet the identified needs of service users. Individual Service Agreements have been revised and are being used by care managers within the

Community Support Team to begin to incorporate person centred planning and focus on outcomes.

A process for monitoring the Adult Family Placement Scheme was established and is now in place and active. Joint monitoring visits for all placements funded partially or fully with Health are in place with the exception of learning disabilities.

NPT continued to host the mid and West Wales regional consortium for procurement of learning disability and mental health placements. With the support of the Welsh Local Government Association and via the contribution of mid and West Wales partner authorities, a co-ordinator post had been funded for a year based at NPT. With the

Section 7 – How good are the services? (continued)

establishment of two collaborative - Western bay and mid and West - within the former region, the processes and lessons learned from this project will now be taken forward by these new bodies.

As previously mentioned, a key development during 2011-12 saw the successful transfer of the Council's in-house residential care service to Gwalia. Gwalia will maintain and ensure continuation of services in the existing homes whilst building and constructing 4 new homes and a housing complex in the county borough by 2016. A key priority for 2012-13 will be to monitor compliance with the contract which has been awarded for a 25 year period to ensure existing services are maintained and new developments are delivered to require specification and within agreed timescales.

The TOPS/TASC programme and structure provides an excellent example of how commissioning intentions are translated into real service change and how mechanisms are put in place to ensure that all stakeholders are effectively involved. The joint older person plan/commissioning strategy with health for 2010-13 has been translated into a joint policy for older person services approved in December 2009 and the TOPS/TASC programme is the vehicle for delivering the objectives and specific changes reflected in the plan and policy. This will continue to be a dynamic process keeping under review the direction of travel as WG requirements unfold and the implications of the Social Services Bill for Wales are understood.

Robust contract monitoring arrangements have ensured that all external providers of domiciliary care services have met quality standards and are complying with the terms and conditions of the contract. Regular performance reports evidence that the Authority continues to achieve value for money and that the tender process

has achieved the aim of addressing capacity issues in outlying communities within the county borough. It is further proposed to engage Elected Members in scrutinising the performance of services by inviting providers to make presentations/reports to relevant Scrutiny Committees.

In 2011/12 the Directorate realigned procurement, contract monitoring and performance management functions to ensure greater availability of management information which measures quality, outcomes and cost effectiveness to inform commissioning strategies. A key priority for 2012-13 is to secure additional capacity to ensure robust management information is available across all service areas.



Resource Management

The Council has previously developed a five year Forward Financial Plan (FFP), 2011-12 being the 3rd year with the Social Services Directorate continuing to be regarded as a high priority for the Council. There has been rigorous monitoring of the FFP which has subsequently enabled the Council to control its overall expenditure within available resources. This has included re-prioritisation of corporate resources in-year in response to unplanned pressures in children's social services. The plan is updated on a yearly basis to take account of any adjustments necessary and to include the next year to maintain it as a five yearly cycle.

Considerable effort goes into establishing, developing, monitoring and managing the budget and ensuring there is awareness of costs and pressures across the wider council and with partners and providers of services. Budget Officers continue to provide monthly reports for service areas and our senior management team has regular half day sessions dedicated to budget monitoring.

Section 7 – How good are the services? (continued)

Saving strategies are still required in 2012-13 and areas highlighted to date include a rigorous appraisal of current high cost learning disability residential placements, the development of a supported living model to return children and adults with learning disabilities `closer to home` (thus reducing reliance on external placements), opportunities afforded from regional working and a review of third sector contracts. In children's services there will also be rigorous scrutiny of agency costs; transport costs; placement costs and ad hoc expenditure. Further work will be undertaken to measure the local impact of the Welfare Reform Act and implications arising from the proposed Social Services Bill.

The Council's Tier 1 Projects: Transforming Older People's Services and Transforming Adult Social Care Services are being progressed using programme management methodology and are assisting in achieving the savings identified in the FFP.

Regular monitoring reports will be presented for Member scrutiny throughout 2012-13 in relation to the children's services improvements programme in relation to the investment and savings assumptions upon which the programme is based.

The improvement priorities identified last year included a package of interdependent priority actions aimed at assisting the Council deliver its 5 year FFP and to prevent where possible the need for compulsory redundancies. Within the Social Services, Health and Housing Directorate (SSH&H), some 30 staff retired in March 2012. Interim arrangements established to support the ER/VR scheme will need to be established on a permanent basis during 2012-13 to ensure resilience and continuity of service moving forward.



5. Delivering Social Services

This includes workforce management and development, performance management and business planning

Workforce Planning

Within children's services, a communications and engagement plan was developed and implemented to support the revised improvement plan. Communications and engagement activities have included regular newsletters from the Head of Service to all staff, staff surveys, and surgeries at team meetings, full staff development events and briefings. The Chief Executive, Corporate Director and Cabinet Member have participated in a number of these activities to hear first hand the views of staff.

A Workforce Strategic Plan with the assistance of the Head of Human Resources has been put in place for the service and this will form the basis for taking forward the key developments and decisions needed to enhance and sustain the children service workforce. This will now form the prototype for plans across other Council service areas, with adult social care being the next to be developed.

A whole scale review of social work systems and practice is underway in Community Care Services. The adult learning disability team is the vanguard for this work and appropriate support will be in place to ensure that progression is at the heart of practice. We will evaluate this through the social work systems work whilst considering the practice development programme that needs to be commissioned across Community Care to deliver an enabling model of social work practice.

Section 7 – How good are the services? (continued)

As part of our workforce planning we are reviewing our career structure (from care management assistants to team managers) and succession planning. We will continue to support current team managers through their development programme whilst identifying and offering development opportunities to team managers and principal officers of the future.

A priority for workforce development during 2012-13 will be the regulation and professionalism of the workforce and the regulation of training. We will work with the Care Council for Wales (CCW) to extend registration to managers and domiciliary care agencies and ensure professional registration to any new categories of social care workers.

The planned strategic direction for Community Care requires all social care workforce areas to work collaboratively. Plans are in place to ensure that commissioning, monitoring and regulating teams receive training and development to assist them in identifying the provision of quality dementia care.

Training is already in place for staff to work towards the dementia and sensory impairment Qualifications and Credit Framework (QCF) unit and work is underway to provide the medication units to compliment this. A dementia care succession plan is also being developed.

During 2012-2013 we will continue to target the completion of all NVQ awards in order to focus fully on the achievement of the Health and Social Care Diplomas at all levels. The Centre for Professional Development will continue to focus on improving training provision, maintaining current targets which remain above the current national training targets within Neath Port Talbot. We will work with private and voluntary commissioning providers to raise and meet national targets. The Centre will continue to coordinate the work of both work-based and peripatetic assessment and internal verification across a range of service areas.



Across the Directorate, a positive relationship between management and trade unions has been maintained and quarterly Joint Consultative Group (JCG) meetings with SMT and Head of Service divisional teams are in place. Further, corporate representation from HR, Training and Development, Health and Safety and Finance teams are also in attendance at SMT and divisional teams on a regular basis. More specific staff and the trade unions meetings take place as our tier one programmes develop and proposals implemented.

Given the Directorate's ambitious transformation agenda, a key priority for 2012-13 will be to continue to ensure inclusion and 'buy in' from all aforementioned stakeholders.

Throughout 2011-12, the Directorate SMT held a series of Accountable Manager meetings/workshops to ensure that the Directorate workforce was kept fully briefed on developments within the Directorate and wider Council.

Considerable progress has been made toward supporting 'one sector one workforce' within NPT, through our local Social Care Workforce Development Partnership. Partnership meetings are chaired by the Head of Business Strategy and Public Protection with representatives from private care home providers, voluntary sector organisation, domiciliary care agencies, local schools, colleges, trade unions, Job Centre plus, Care Council for Wales and lead authority officers for commissioning and human resource sections.

I continue to chair the Regional Social Care Workforce Partnership, with the Regional (South West Wales) co-ordinator employed by NPT, with the overarching objective of the Partnership to ensure a sufficient skilled, qualified and motivated workforce to meet employer need, at the time needed and in 'the location required, in order to ensure the delivery of high quality and safe social care services.

Section 7 – How good are the services? (continued)

Finally, during 2012-13, the Council will be undertaking a corporate assessment against the Investors in People (IIP) standard. Previously, the assessment has been undertaken with individual Directorates.

A key priority for 2012-13 will be to ensure that the Council communicates its key priorities and objectives to all staff and stakeholders in order that feedback provided during the assessment process informs the IIP process.

Performance Management

We continue to have robust processes and systems in place, which accurately report performance to a number of key stakeholders, of which internal quarterly scrutiny committees, Welsh Government and the CSSIW are three key recipients. Performance reports include local and statutory performance indicators, personnel issues, sickness absence, budget monitoring, case file audits. Additionally, within the last year, there has been a greater emphasis on analysis of needs which underpins and supports TOPS.

We continue to encourage interaction with service users and staff through consultation events, periodic survey reports and staff appraisal/ supervision. Feedback acquired from these forums assist the Directorate, when shaping future services to facilitate continuous improvement. Recent examples include surveys of the Community Meals 'Appetito' Service, Community Intermediate Integrated Care Service (CIIS) and TOPS 'What Matters'.

The Directorate has made good progress in developing new areas of performance management, analysis, reporting and training.



Performance management information systems and processes have been strengthened through systems interventions from which 'measures' are being trialled. Examples of this include a review of home care. In addition, the performance management team have more stringent systems in place to regularly collect, collate, analyse and report key performance activity within agreed timescales.

We have developed frameworks and dashboards in Ffynnon to allow us to share electronic information including statutory performance information with our corporate colleagues, other Local Authorities and WG Data Unit.

We have strengthened our processes to examine robustness of reporting performance information for audits and inspections. For example, we implemented a case file audit tool during 2011/12.

We have an ambitious 5 year work programme to support the implementation of the Welsh Government's Performance Management Strategy for social services in Wales. This programme seeks to achieve continuous improvements in the delivery of services that are managed, monitored and measured according to modern principles of performance management.

We continue to regularly review processes and systems for providing managers and staff with accurate, coherent and timely key performance information e.g. monthly performance bulletins and further use of Ffynnon. In addition, we have strengthened performance management and data analysis within the directorate by re-structuring the performance management, procurement and contracting teams. This has allowed us to develop electronic links with the independent, third sector and statutory partners.

Section 7 – How good are the services? (continued)

We continue to support the Council's comprehensive transformation programme by providing accurate performance information and detailed analysis. We have developed outcome measures in some cases may replace current prescribed performance indicators.

The increase in demand for ICT services coupled with the reduction in budget and capacity will inevitably lead to conflict across Directorates as to what 'gets done' and 'when'. To address this situation a Head of Service ICT Group has been established to ensure a corporate view of IT priorities is maintained.

ICT demands arising from systems reviews remain largely unknown until the process is complete. Whilst the corporate IT division endeavours to meet such demands within existing resources, it is inevitable that this is not sustainable in the long term. A priority for 2012-13, therefore, is to ensure that IT capacity is built into all business cases for transformation of services.

In Children's Services, a comprehensive quality and performance management framework has been developed to ensure that the Service makes systematic and best use of all sources of feedback to reflect on performance and to identify and take forward service improvements. In 2012-13 the framework will be operationalised.

6. Providing Direction

This includes both the leadership and culture within the Directorate and the strength of the corporate and political engagement and support



My retirement at the end of this financial year provides an opportune time to reflect on the strength and capacity of the social services management team going forward.

One significant change this year has been at Head of Children and Young People Services, with interim arrangements having been put into place since January 2012 to drive forward our improvement plan, while we ensure we are able to recruit an experienced permanent Head of Service to provide the leadership qualities required into the medium term.

Our interim arrangements with external consultant support have enabled a successful refocusing of our improvement plan and clarity in the range of actions required to ensure we have a safe, effective and sustainable service.

Communication and engagement with the workforce has been vital during this phase of development and a number of changes have been undertaken as a consequence of feedback from staff on how their work environment and practice can improve. It is also extremely encouraging to report that a new Head of Service has also been appointed with a plan to take up his duties at the beginning of September.

A further strengthening of management capacity at Principal Officer and team leader levels is also planned for the latter part of this year.

The service will be subject to re-inspection in September and it is anticipated that the improvements made during the year will demonstrate that we are moving in the right direction in addressing those recommendations made at the previous inspection.

Section 7 – How good are the services? (continued)

The Head of Community Care Service also returned to her post from maternity leave during the year and took on her additional housing service responsibilities. The rest of her team has been stable throughout the year and this has helped deliver improved performance throughout the service as well as delivering key service changes, such as the transfer of the residential care homes to Grŵp Gwalia. Further modifications to team members' responsibilities alongside additional project management capacity have been put in place to deliver the key components of the TASC programme.

The strengthening of our business strategy arrangements has been achieved through the appointment of a Principal Officer for Procurement and Contracting, and work will continue to ensure effective working between our commissioning and planning functions, contract and performance management functions. These arrangements will be kept under review particularly as the regional agenda develops.

The Council has already agreed to recruit to the Director's post as it currently stands which will ensure that the statutory responsibilities of the Director of Social Services will be effectively delivered. Recruitment will begin in September to ensure a smooth transition of officers.

Much positive work has been achieved in engaging staff at all levels with the challenging change agenda we are seeking to deliver.

The transfer of our residential care homes demonstrated the importance and effectiveness of ongoing engagement with staff and the trade unions. This will be maintained as the changes to our home

care service are taken forward and the TASC programme moves from proposed actions to implementation.

The development of the second phase of the improvement plan within children's services has reflected the views and involvement of staff through team briefings, development days and survey work. This engagement will continue to be core to the work going forward.

At a corporate level much has been done to build on the positive outcomes of the Council's workforce strategy. The Chief Executive has continued his regular round of meetings with staff from all Directorates and has had specific sessions with myself and the interim Head of Service with children and young people service staff.



A NPT Council draft People Strategy 2012/17 has also been produced and will be finalised in September 2012. This expresses the aspired culture of the Council, the partnership ethos of the Council with its staff, trade unions and the public, and the

actions being taken to deliver our key workforce objectives. The principle and values developed through our systems thinking work and our staff and trade unions charter are the foundations of the strategy, with specific workforce plans and a unified appraisal and personal development review system being the key methods of delivery.

This Directorate has offered to initiate the development of workforce plans, with the children and young people service plan finalised and an adult service plan being produced.

These plans directly relate to the children service improvement programme and the implementation of TASC respectively.

Section 7 – How good are the services? (continued)

The Local Service Board continues to develop its strategic overarching role and in ensuring that key partners sign up to and engage in our key transformation programme. The Board has also been successful in obtaining ESF funding to provide the necessary capacity to drive forward the children's service improvement plan and the TOPS/TASC project changes that are directly relevant to partnership working and in obtaining local evidence about how best to target our respective resources and reduce duplication of effort.

Links between our Community Plan and the strategic children and health and social care partnerships are firmly embedded, with the Results Based Accountability process helping to clarify common outcomes and how we want to work together to achieve these.

There is undoubted continued corporate and political support for social services, which has been strengthened through further developments during 2011/12.

The ownership of the children's service improvement plan has been accepted by our corporate directors group, with monthly reporting of progress to this forum. Further progress reports are discussed and considered by both Cabinet and the Children and Young People Cabinet and the respective scrutiny processes.

The Social Care, Health and Housing cabinet member played an active part in meeting with service users and families as the transfer of our residential care homes to Gwalia went through the decision making process. The Health and Social Care scrutiny



committee fully engaged in the consultation process of important mental health service changes proposed by ABMU Health Board, and this dialogue will continue with the Council as Health's Changing for the Better proposals are clarified.

With a new administration from May 2012, new Members will have a number of opportunities through designated induction seminars to develop a good understanding of the workings of the Directorate and the pressures faced and priorities for improvement and development.

Members have also invited CSSIW officers to our children's service scrutiny sub-group so they understand the role of the inspectorate and have a clear view from the inspectorate what they would see as the important areas for attention within our improvement plan. It is hoped that this relationship can develop further to enhance the formal inspection process.

Overall there is a clear synergy between the county borough's community plan, the Council's improvement plan, forward financial plan and this directorate's priorities and areas for development and improvement expressed through our tier one transformation programme and this annual report.

The Council will continue to strive to make sure these are dynamic processes with the primary intention of enriching the lives of all its citizens and more specifically maximising the wellbeing and independence of its most vulnerable people and ensuring they are as safe from harm and abuse as possible.

Appendix 1 – Performance indicators

Performance Indicators 2011/12

PAM - Public Accountability Measure;

NSI - National Strategic Indicator;

SID - Service Improvement Data;

ADULT SERVICES

Performance Indicator	2010/11 Performance	2011/12 Performance
SCA/001 (NSI)	2010 - 2011	2011 - 2012
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	14.83	9.81
SCA/002a (NSI)	as @ 31 st Mar 11	as @ 31 st Mar 12
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	90.49	95.07
SCA/002b (NSI)	as @ 31 st Mar 11	as @ 31 st Mar 12
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	25.38	25.70
SCA/003a (SID)	2010 - 2011	2011 - 2012
The percentage of clients, in the following age groups, who are supported in the community during the year: a) Aged 18-64	88.41	91.72

Appendix 1 – Performance indicators (continued)

Performance Indicator	2010/11 Performance	2011/12 Performance
SCA/003b (SID)	2010 - 2011	2011 - 2012
The percentage of clients, in the following age groups, who are supported in the community during the year: b) Aged 65+	77.93	81.50
SCA/007 (PAM)	as @ 31 st Mar 11	as @ 31 st Mar 12
The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year	68.9	79.1
SCA/018a (PAM)	2010 - 2011	2011 - 2012
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)	2010 - 2011	2011 - 2012
b) The percentage of carers of adults who had an assessment or review in their own right during the year	10.6	16.2
SCA/018c (SID)	2010 - 2011	2011 - 2012
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	24.5	42.5
SCA/019 (PAM)	2010 - 2011	2011 - 2012
The percentage of adult protection referrals completed where the risk has been managed	92.68	92.73
SCA/020 (PAM)	as @ 31 st Mar 11	as @ 31 st Mar 12
The percentage of adult clients who are supported in the community during the year	N/A	84.46

Appendix 1 – Performance indicators (continued)

CHILDREN'S SERVICES

Performance Indicator	2010/11 Performance	2011/12 Performance
SCC/001 (SCC/001a [PAM])	2010 - 2011	2011 - 2012
a) The percentage of first placements of looked after children during the year that began with a care plan in place	74.7	57.8
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.	99.2	87.1
SCC/002 (NSI)	2010 - 2011	2011 - 2012
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	17.2	10.4
SCC/004 (PAM)	2010 - 2011	2011 - 2012
The percentage of children looked after at 31 March who have had three or more placements during the year	8.5	6.4

Appendix 1 – Performance indicators (continued)

Performance Indicator	2010/11 Performance	2011/12 Performance
SCC/006 (SID)	2010 - 2011	2011 - 2012
Percentage of referrals during the year on which a decision was made within 1 working day.	89.8	89
SCC/007 (SID)	2010 - 2011	2011 - 2012
The percentage of referrals during the year:		
a) Allocated to a social worker for initial assessment	33.6	49.0
b) Allocated to someone other than a social worker for initial assessment	12.4	14.7
c) Did not proceed to allocation for initial assessment	53.9	36.2
SCC/010 (SID)	2010 - 2011	2011 - 2012
The percentage of referrals that are re-referrals within 12 months	24.8	27.5
SCC/011 (SCC/011a - PAM), (SCC/011b - SID)	2010 - 2011	2011 - 2012
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	73.8	67.4
b) The child has been seen alone by the Social Worker	42.1	42.1

Appendix 1 – Performance indicators (continued)

Performance Indicator	2010/11 Performance	2011/12 Performance
SCC/013 (SID)	2010 - 2011	2011 - 2012
a) The percentage of open cases who have an allocated social worker:		
i) Children on the child protection register	99.6	99.5
ii) Children looked after	97.7	97.7
iii) Children in need	53.8	58.2
b) The percentage of open cases who are allocated to someone other than a social worker where the child is receiving a service in accordance with her / his assessment plan:		
i) Children on the child protection register	0.0	0.2
ii) Children looked after	1.4	1.4
iii) Children in need	38.6	35.4
SCC/014 (SID)	2010 - 2011	2011 - 2012
The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion	63.3	60.4
SCC/015 (SID)	2010 - 2011	2011 - 2012
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	84.6

Appendix 1 – Performance indicators (continued)

Performance Indicator	2010/11 Performance	2011/12 Performance
SCC/021 (SID)	2010 - 2011	2011 - 2012
The percentage of Looked After children reviews carried out within statutory timescales during the year.	70.7	62.5
SCC/022 (SID)	2010 - 2011	2011 - 2012
a) The percentage of attendance of looked after pupils whilst in care in primary schools;	94.7	94.0
b) The percentage attendance of looked after pupils whilst in care in secondary schools.	91.1	90.3
SCC/024 (SID)	2010 - 2011	2011 - 2012
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	33.3	42.3
SCC/025 (PAM)	2010 - 2011	2011 - 2012
The percentage of statutory visits to Looked After children in the year that took place in accordance with regulations.	59.1	52.7
SCC/030 (SCC/030a - PAM), (SCC/030b - SID)	2010 - 2011	2011 - 2012
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.	77.8	84.8

Appendix 1 – Performance indicators (continued)

Performance Indicator	2010/11 Performance	2011/12 Performance
SCC/033 (NSI)	2010 - 2011	2011 - 2012
a) The percentage of young people formerly looked after with whom the authority is in contact at the age of 19.	84.0	77.8
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	90.5
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	57.1
SCC/034 (SID)	2010 - 2011	2011 - 2012
The percentage of child protection reviews carried out within statutory timescales during the year	93.2	90.7
SCC/035 (SID)	2010 - 2011	2011 - 2012
The percentage of looked after children eligible for assessment at the end of Key Stage 2 achieving the Core Subject Indicator, as determined by Teacher Assessment.	42.9	68.8
SCC/036 (SID)	2010 - 2011	2011 - 2012
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.	18.8	10.0

Appendix 1 – Performance indicators (continued)

Performance Indicator	2010/11 Performance	2011/12 Performance
SCC/037 (NSI)	2010 - 2011	2011 - 2012
The average external qualifications points score for 16 year old looked after children, in any local authority maintained learning setting.	197	250
SCC/041 (SID)	2010 - 2011	2011 - 2012
The percentage of eligible, relevant and former relevant children that:		
a) have pathway plans as required, and	52.0	44.4
b) have been allocated a personal advisor	52.0	77.8
SCC/042 (SID)	2010 - 2011	2011 - 2012
a) The percentage of initial assessments completed within 7 working days	54.6	40.4
b) The average time taken to complete initial assessments that took longer than 7 working days to complete	22.4	32.9
SCC/044 (SID)	2010 - 2011	2011 - 2012
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	5.0	4.7