

Agenda



Joint Meeting of the Scrutiny Committees

Date: Wednesday, 13 May 2015

Time: 5.00 pm

Venue: Council Chambers - Civic Centre

To: Councillors O Ali, D Atwell, Bennett, V Delahaye, E Garland, I Hayat, C Maxfield, D Mayer, Mitchell, S Mlewa, J Mudd, M Spencer, C Suller, T Suller, H Thomas, T Watkins, K Whitehead, D Williams, A Morris and K Thomas

Item

Wards Affected

This is a joint meeting of the Learning Caring and Leisure Scrutiny Committee and the Community Planning and Development Scrutiny Committee to consider the Director of Social Services Annual Report.

- 1 Apologies for Absence
- 2 Declarations of Interest
- 3 Director of Social Services Annual Report (Pages 3 - 88)

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Report

Joint Meeting of the Learning, Caring and Leisure and Community Planning and Development Scrutiny Committees

Part 1

Date: 13 May 2015

Item No: 3

Subject Director of Social Services Annual Report

Purpose To present the draft Annual Report of the Director of Social Services, giving Scrutiny Members the opportunity to comment on the content of the report before it is submitted to Cabinet and then Council.

Author Senior Overview and Scrutiny Officer / Corporate Director - People

Ward All

Summary In carrying out the statutory responsibilities of the Director of Social Services, the Strategic Director – People is required to produce an Annual Report to evaluate the performance of Social Services in the past year, and how challenges highlighted in last year's annual report have been addressed.

The draft report for 2014-15 is attached at Appendix 1.

Proposal Scrutiny Members are asked to consider the draft Annual Report and provide any observations and comments that may be incorporated into the report before it is presented to Cabinet.

Action by Corporate Director - People

Timetable Immediate

This report was prepared after consultation with:

- Head of Law and Standards
- Head of Finance
- Head of People and Transformation

Signed

Background

In carrying out the statutory responsibilities of the Director of Social Services, the Strategic Director – People is required by Welsh Government to produce an Annual Report on the effectiveness of social care services in Newport. The Draft Annual Report for 2014-15 is attached at Appendix 1.

The requirement to produce an Annual Report was determined by [Guidance](#) issued under Section 7 of the Local Authority Social Services Act 1970, which also confirmed the role of Director of Social Services as a key role in every local authority and the annual report being the responsibility of the postholder. The new guidance was introduced in 2009 so this is the fifth Annual Report to be produced in Newport.

The “Annual Council Reporting Framework” (ACRF) is overseen by the Social Services Improvement Agency (SSIA). Copies and analysis of previous annual reports from across Wales can be found on their website (www.ssiacymru.org.uk/annualreporting).

As stated on the SSIA website, the intention of the ACRF approach is to:

- *Embed the accountability for performance management clearly with the local authority (council members, chief executives, directors, managers and officers)*
- *Present a recognisable picture through analysis and self-assessment, to those responsible for the management and delivery of, as well as those served by social services*
- *Generate the core set of information needed by CSSIW to delivery their annual performance assessment letter to Councils.*

The approach requires each Council to deliver its own assessment of performance in social services, to analyse the services provided and consider what they are doing well, what could be done better. The report should be written in accessible language, and accompanied by evidence that supports the conclusion reached.

These internally reached judgements are then subject to challenge by partners, carers and users of services. As stated in the [Guidance](#):

It is vital that the Council and its citizens, as well as inspectors and regulators, can rely on the Report as a full and true picture of Social Services in its area. That will require transparency and frankness on the part of its authors. Good quality data and intelligence will be vital and strong links with the Local Government Data Unit will be essential to ensure that opportunities for the full utilisation of performance and intelligence are exploited. There will also need to be robust challenge built into its development and this is likely to include:

- *auditing of data accuracy;*
- *“clubs” of like Councils to examine comparative data;*
- *Peer review; and*
- ***Overview and Scrutiny Committees’ attention and advice to the Executive, especially focussed on the adequacy of plans to address the issues identified.***

Proposal

Scrutiny Members are asked to consider the draft Annual Report and provide any observations and comments that may be incorporated into the report before it is presented to Cabinet.

Comments of Chief Financial Officer

There are no direct financial consequences stemming from the annual report itself, although it is outlined in the report the budget cuts that have already happened and the work in preparing for future reductions look very challenging in what is a challenging service area. The report also makes reference to the Social Services and Wellbeing Act, which is due to be implemented from April 2016 and which will bring

new financial and operational challenges to the service area. It is encouraging that the strategic change programme is continuing and delivering on its proposals. It is essential that due to the high risk nature of the service, that the service areas continue to embrace and implement tight financial management

Comments of Monitoring Officer

The Director of Social Services has a statutory obligation to report annually to the Council on the delivery, performance and risks in relation to the whole range of social services functions, and to identify plans for improvement. This annual reporting requirement is in accordance with statutory guidance issued under Section 7 of the Local Authority Social Services Act 1970 and also the Local Government (Wales) Measure 2009, insofar as it relates to the continuous improvement of service delivery. In accordance with the Council's performance management framework, the Overview and Scrutiny Committee are required to consider the adequacy of the draft report in addressing the issues identified and to make any comments to the Cabinet before the final Report is presented to full Council

Staffing Implications: Comments of Head of People and Business Change

There are no specific staffing implications relating to this report. The Annual Report represents a key part of the Council's overall 'improvement' programme and influences much of the wider Prospectus for Change agenda.

Background Papers

None.

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Newport City Council

ANNUAL REPORT OF DIRECTOR OF
SOCIAL SERVICES 2014/15

DRAFT REPORT

A Year of Challenge and Opportunity

'IMPROVING PEOPLE'S LIVES'

Mike Nicholson

STRATEGIC DIRECTOR - PEOPLE

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Background Papers

The evidence grids that are available on the intranet provide the data that backs up the report and the judgement has been made and they are accessible via this link:

1. INTRODUCTION

The year 2014/15 has been a period of great turbulence for Social Services staff and for people who have been receiving our services.

We have faced the challenges of significant budget reductions at a time of increasing need. Our population is growing quickly and indicators for deprivation in Newport show that we have some of the highest rates of vulnerable children and adults in Wales.

Despite having improving and mostly good performance indicators across Social Services, we have also discovered areas of poor practice during the year. Our youth offending service and social work services for older people with complex needs have received critical inspection reports and we are working hard to turn these services around as quickly as possible.

Despite these challenges the year has also provided great opportunities to improve services and achieve better outcomes for the people who receive our services. Areas of innovation include our partnership with Barnardos (Cymru) delivering integrated family support services to vulnerable children and families. These services mean that we continue to have a much lower rate of children in care than similar authorities, because we are able to provide services that are effective in meeting needs so that vulnerable children can safely remain in their families.

We are also extending our preventions service to build a preventive network of provision around school clusters, and we have pioneered education social work posts jointly funded by schools and Children's Services.

Our own Adult Services provision for long term placements and supporting people at home are improving, and we are pioneering new step up/step down provision designed to avoid the need for vulnerable adults to go to or remain in hospital. We are also providing new opportunities for vulnerable adults to engage in positive activities in their communities, and we are working towards a best practice award for residential services for people with dementia. We are aiming for Newport to be recognised as a 'dementia friendly' city.

Pioneering new roles such as a Care Facilitator based in a GP practice and Community Connectors are helping vulnerable and frail adults to develop 'stay well' plans and find early help and support in the community.

It is our passion and determination to continue to aim to 'Improve the Lives' of the people of Newport by challenging poor practice where we find it, and also by aiming high to develop the best possible services within our means.

2. DIRECTOR'S OVERVIEW

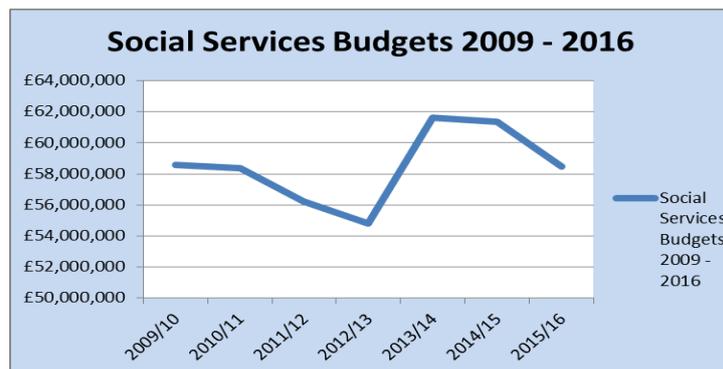
I plan to summarise our progress during the year and our areas for development by setting out key challenges and key opportunities.

a. KEY CHALLENGES

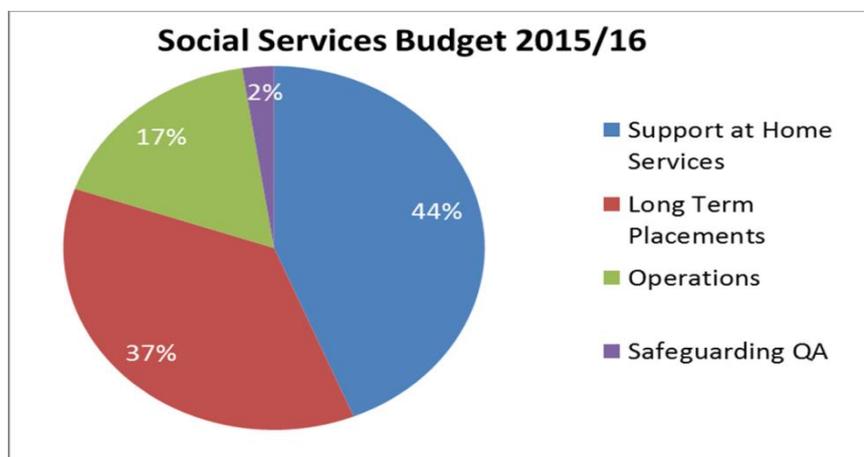
❖ The Financial Environment

In 2013/14 the local authority prepared a 'Prospectus for Change', which set out a 3 year programme for each service area that would take us through a process of service transformation to deliver a modernised service within a reduced budget envelope.

In July 2014, Welsh Government changed their priorities and determined that there would be significantly greater budget cuts for local government for 2015/16 and beyond. This translated into an additional 2.5% cut in rate support grant. The share for Social Services required a savings programme of £2,528 million, and for 2015/16 we have to find a further £3,867 Million. This will mean that the budget for 2015/16 will be just 0.27% greater than the budget for 2009/10 (see below).



The budget for 2015/16 is £59,071,626 and the graph below demonstrates that social work front line teams make up 17% of the budget (£10,035,998) and safeguarding and quality assurance services 2% (£1,414,005). The majority of the budget 44% (£25,452,260) is spent on services that are aimed at supporting vulnerable children and adults to remain at home in the community. A further 37% (£21,169,363) is spent on children in care placements and residential services for adults.

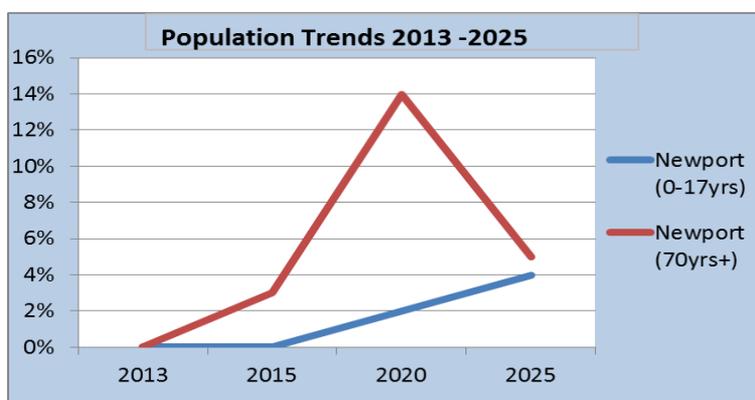


The budget for Social Services in Newport in 2014/15 was around £10 million below that proposed by Welsh Government's standard spending assessment. Despite this fact we were able to manage both children and adult social services within the budget.

The likely financial settlement for 2016/18 will require Social Services to prepare an option for a further 10% real terms cut in our base budget. At this point in time I would find it very hard to see how we could meet our statutory duties should there be a further 10% cut in our base budget.

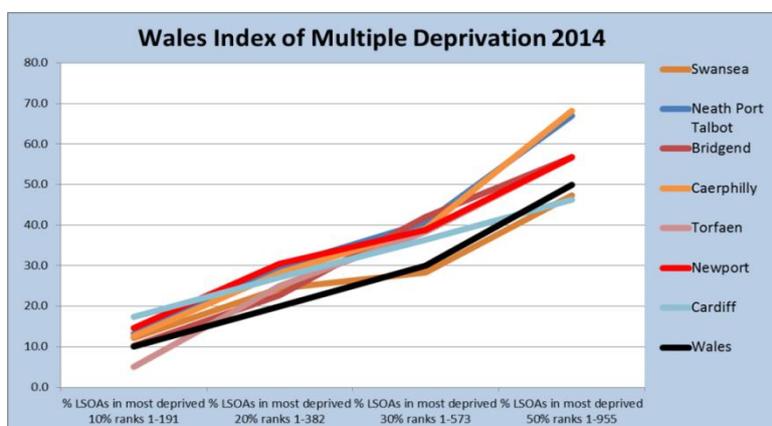
❖ **Our population is growing**

Demographic Pressures indicate a 2% rise in the number of children and young people aged 0-17yrs and a 14% rise in the number of adults over 70yrs of age by 2020.



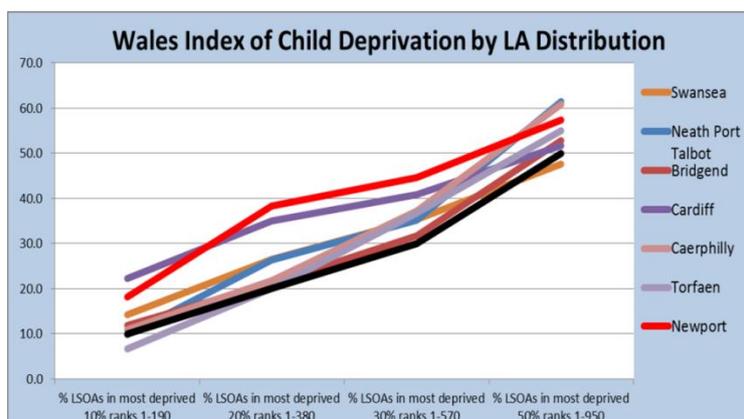
❖ **Deprivation is amongst the highest in Wales**

There is now a considerable body of evidence that links levels of deprivation and income inequality to increased patterns of poor health and wellbeing. Every 3 years Welsh Government commission research into the level of deprivation in each local authority and the 2014 data is the worst so far for Newport. Only 3 local authorities in Wales have greater levels of deprivation (Blaenau Gwent, Merthyr and Rhondda Cynon Taf). Within our benchmark group of local authorities we are at the top of the range and well above the average level of deprivation in Wales.



When we look at the deprivation indicators that impact upon children, the story is even worse with Newport's children clearly the most deprived in our benchmark group. We would expect

these levels of deprivation to lead to high vulnerability for our children when compared to other authorities in Wales.



❖ **How do we improve the quality of services at a time of reducing budgets?**

The honest answer to the question is that it is hard to significantly reduce budgets and at the same time ensure that our main focus is on improving service delivery. Our programme of budget savings has required considerable effort and we have had to be careful to work with staff and people who have been receiving our services over many years to help them to find alternative services and, for staff, alternative employment.

Our savings programmes have led to a large number of voluntary redundancies as we have reduced our residential provision for adults, reduced traditional day care services in order to create new day opportunities, using telecare, and reviewing the consistency of practice in relation to people who are receiving services.

In my last report I highlighted the fact that we had not always managed poor performance in some areas as well as we should. We had a challenging inspection of our residential homes for older people and also of our Youth Offending Service (YOS). We have made considerable progress in relation to our residential homes, but there is still much to do before our YOS is performing at an acceptable level. We are learning from our mistakes and as Director I have been visiting teams throughout the year in order to maintain a 'clear line of sight' on performance throughout the service.

Inspections of services to children in care with complex needs and residential homes for children have highlighted good practice as well as areas for improvement.

During November/December 2014 we had an inspection focussed on the quality of outcomes for older people with complex needs. The inspection looked at the quality of assessment, care and support planning as well as the range and quality of services available.

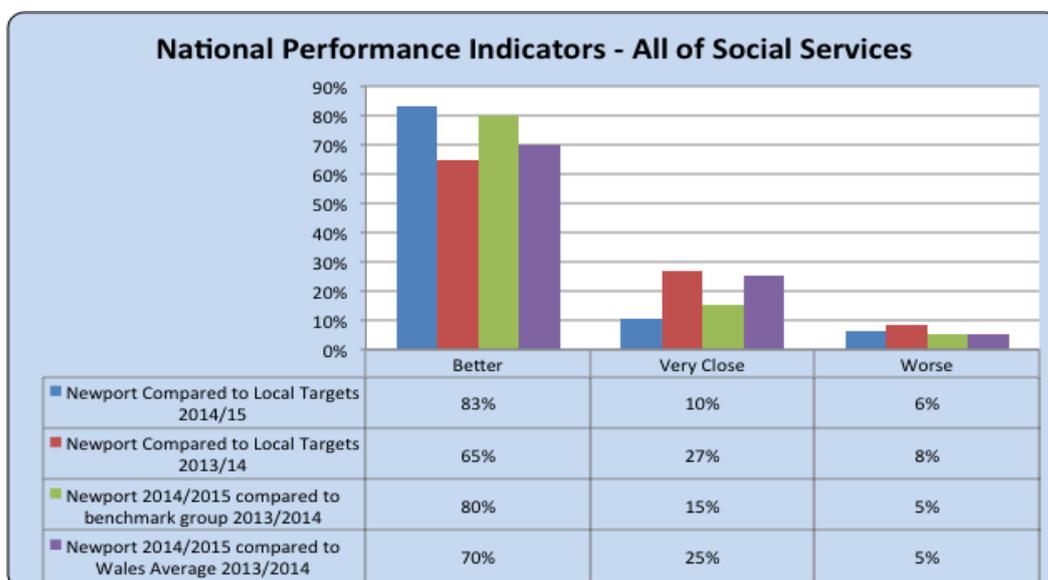
We were disappointed with the findings – not because we disagreed with the inspectors, but rather because we were in the process of making extensive plans for modernising the practice of our front line teams but the inspection came before we had set out our plans. However, the fact that we had been preparing for a major programme of improvement has

meant that we will have completed all the recommendations from the inspection within 6 months.

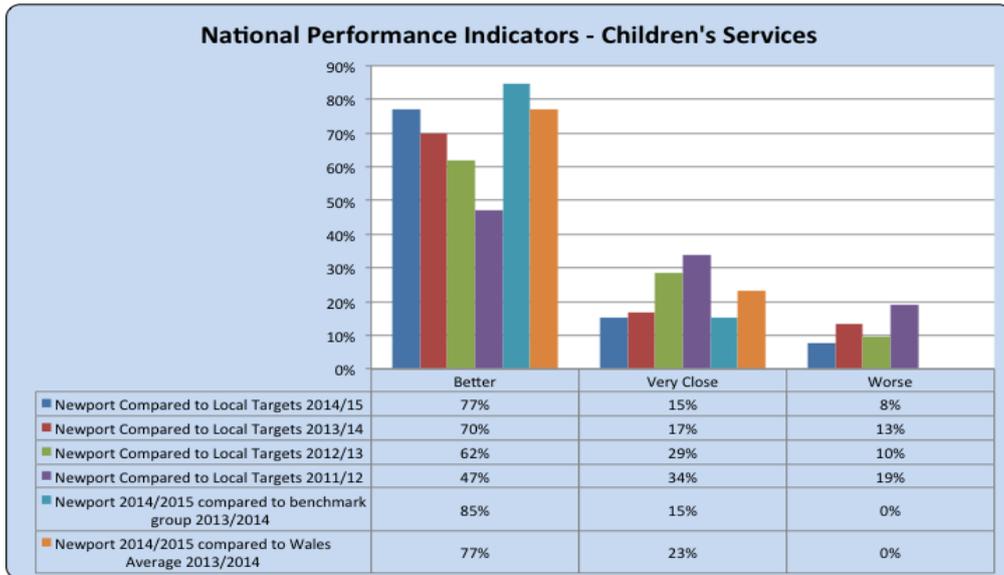
Despite the mixed findings from inspections during the year we have been able to manage within our reduced budgets, and also we have seen strong evidence of improving performance across the whole service area.

We collect around 38 performance targets for Children’s Services and overall performance is monitored against targets, against the previous year’s performance, and against the Wales Average. Unfortunately the most up to date data for the Wales Average relates to the year 2013/14 and so we cannot yet compare our performance against the Wales data for the year 2014/15.

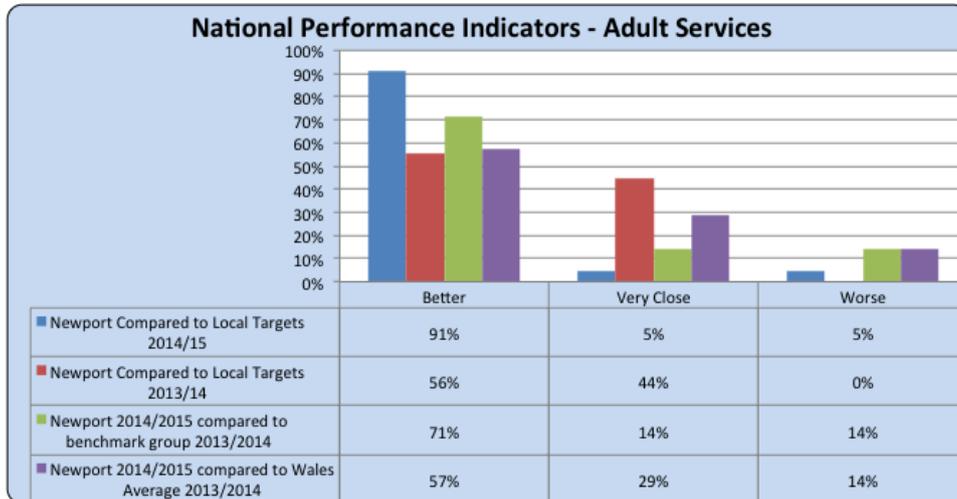
Despite this limitation, Social Services performance is much improved with 83% of indicators on target or above compared to 65% the previous year. Overall 80% of indicators are better than our benchmark group and 70% better than the Wales average (see below).



Children’s Services performance remains strong with evidence of steady improvement over the 4 years from 2011/12 to 2014/15. This year’s performance shows 77% on target or better, 85% better than our benchmark group, and 77% better than the Wales average. This is a positive performance for 2014/15 but the most encouraging factor is the consistent trend of improvement (see below).



We collect fewer indicators for Adult Services (around 22) and performance in 2014/15 is significantly improved upon that for 2013/14. An excellent 91% of indicators were on target and 71% were better than our benchmark group, but only 57% were better than the Wales average (see below). The next step for Adult Services is to improve on the number of indicators that are better than the Wales Average (57% compared to 77% for Children's Services).



b. Key Opportunities

The challenges faced during 2014/15 have been substantial and to an extent have impacted upon our ability to improve the quality and focus of our services in a timely and sustainable manner.

Despite the challenges Newport City Council has a compelling vision:–

“Improving People’s Lives within available resources”

Social Services part is to contribute to that vision by:-

“Promoting the independence and wellbeing of citizens, their families and communities through a range of effective support services”

We have a good story to tell about how we have been grasping opportunities to make that vision a reality – even in the most challenging of times. Key opportunities are set out below.

❖ **Preparing for new duties under the Social Services and Wellbeing Act 2014 (Duties commence on April 1st 2016)**

The act places a duty upon local authorities to ‘promote the wellbeing of people who need care and support and carers who need care and support.’ The definition of wellbeing now includes; physical and mental health and emotional wellbeing, protection from abuse and neglect, education, training or recreation, domestic, family and personal relationships, contribution made to society, securing rights and entitlements and social and economic wellbeing.

The act places a duty on local authorities and the NHS to ‘promote the availability of preventive services and provide information and advice to help people understand how care and support works. We are also required to promote social enterprises, co-operatives and user led/third sector services.

This goes well beyond statutory health or social services and is really the responsibility of public services, independent and voluntary sector as well as the business community. We have therefore been laying the foundations with our partners for the development of integrated learning and well-being pathways with a particular focus upon meeting the needs of vulnerable people.

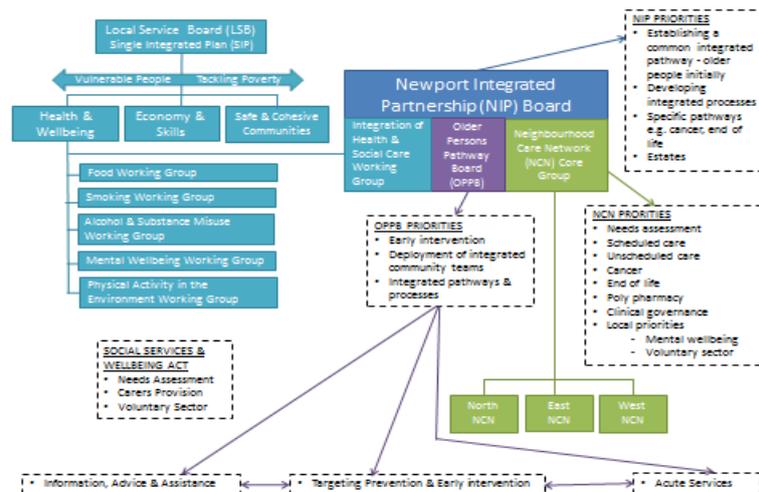
An integrated pathway is a seamless continuum of services designed to promote good outcomes for those with low levels of need through to those who require acute services. We are determined to bring this vision into reality for the following reasons:

- It makes sense – collaborative working is likely to be more efficient and effective in meeting needs when compared to silo based working
- There is a growing body of evidence that early intervention can be effective in reducing demand on acute services
- The Social Services and Wellbeing Act 2014 is operational from April 2016 and regulations require a strengthening of partnership working between local authorities and health boards

We have developed a shared commitment to move towards co-terminus boundaries between the local authority and health services. There are three neighbourhood care networks (North, East and West) which we have agreed will be the principal geographic areas for delivering health and social care services particularly for older people. These three NCNs are also co-terminus with our 7 school clusters which are the delivery area for children and family services in the city. Pathways for learning, health and wellbeing are being developed and during 2014/15 we have laid strong foundations and we hope to fully deliver the approach in 2015/16.

- a) **An Older Person's Pathway** - Together with senior managers in the Aneurin Bevan University Health Board (ABUHB), we have piloted a project in one of our busiest GP practices. We are developing an integrated pathway for older people by creating new roles based in the GP practice and in local communities. In addition we are preparing to deploy our adult social work and health care teams into our neighbourhood care networks

The programmes will be managed by the Newport Integrated Partnership Board. This Board will oversee the delivery of Health and Social Care priorities set by the Local Service Board as well as the action plans set by the three Neighbourhood Care Networks.



- b) **A Learning Pathway:** In consultation with our Local Authority Education Department, local schools and the Education Achievement Service, we are strengthening school clusters and creating bespoke learning programmes developed between secondary and primary schools. School clusters are developing bespoke learning pathways for students from primary through to secondary provision. Services such as education welfare, behaviour support, inclusion, and education psychology are now either devolved or are working closely into school clusters.
- c) **A Children and Families Pathway:** Team Around the Cluster is an approach that is built upon the work of our Prevention Service within the Integrated Family Support Service (IFSS). Effectively we are moving away from a city-wide team to creating an identified 'virtual' team of workers who are delivering services within a defined 'patch' which is consistent with the geography of the school cluster. The team work closely with services funded by Families First, Flying Start and increasingly Communities First. At the heart of the 'virtual team' is the Team Around the Cluster wellbeing panel which is generally chaired by a Head Teacher, and at which key members of support services who are working on the patch meet and discuss vulnerable children and families who need a range of services but where the family are not eligible for social work services.

The Preventions Service will:

- Provide a single point of entry for all referrals for prevention services on behalf of a range of agencies including those funded by Families First.
- Identify those who are most vulnerable and where a number of interventions may be necessary i.e. parent and child or siblings
- Create 4 new Education Social Worker (EdSw) posts and negotiate with school clusters to jointly fund the posts so we can eventually have 8 EdSw posts

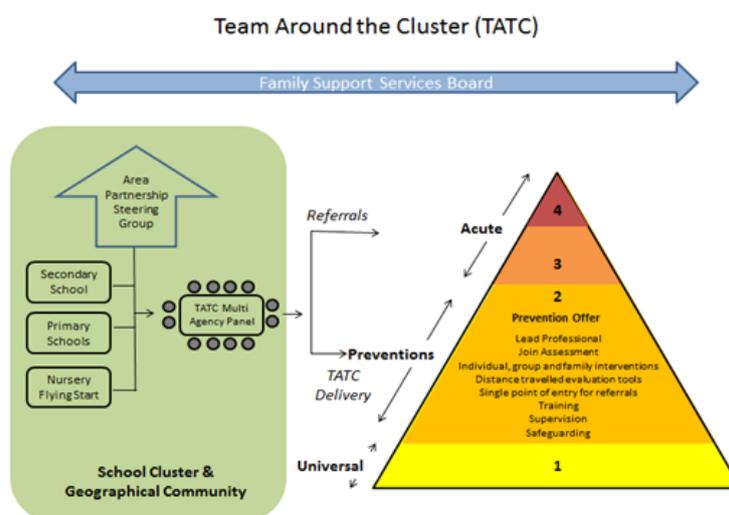
The TACT panel will take key decisions:

- To allocate a lead professional for the family
- To oversee the completion of a Joint Assessment Framework (JAF) with the lead professional and the family
- To contribute to the plan of action
- Supported by the preventions team the panel will prepare multi-agency training and support for professionals, secure best practice in relation to safeguarding and issues, such as supervision etc.
- Gather evidence of need and outcomes from local services and determine local priorities and local solutions.

The lead professional will:

- Work with the family to prepare a JAF assessment and plan
- Co-ordinate the work of agencies who have signed up to the plan
- Complete distance travelled evaluation tools
- Prepare reviews and recommend closure to the TACT panel

The TACT process is illustrated below:



As at March 31st 2015 we have two clusters fully operational

- *Newport High Cluster (9 schools, 1 nursery school)
- *Llanwern High Cluster (8 schools)

NB: All Welsh Medium Primary Schools involved in this stage of the pilot

We have three clusters that have completed our initial phase and they will be fully operational in July 2015

- Caerleon Cluster (4 schools)
- *St Julian's Cluster (3 schools and 1 nursery)
- *Lliswerry High Cluster (5 schools)

Our last three clusters will begin the initial phase from June 2015 and will be fully operational by September 2015

- Bassaleg Cluster (6 schools)
- Duffryn High Cluster (8 schools)
- St Joseph's Cluster (7 schools)

❖ **Developing a Regional Approach through Effective Partnerships**

The Directors of Social Services in the Gwent region have developed strong relationships with senior managers in the ABUHB through regular meetings and shared planning and delivery of services. We have prepared a statement of intent setting out our vision for partnership working for vulnerable older people and the Integrated Care Grant (ICG) of £50m across Wales in 2014/15 allowed for a step change in the delivery of integrated services across South East Wales.

We have used ICG capital to transform a residential care setting into a state of the art step up/down facility for vulnerable adults who would otherwise remain in hospital or go straight from home to hospital. In addition we have used ICG revenue funding to create the posts for our Older Person's Pathway project and for Community Connectors.

We have taken on the challenge of improving delayed transfers of care (DToC) figures and, by creating a single pathway for referrals from hospital wards into a multi-agency service hub in the Royal Gwent hospital, we have seen a transformation in DToC figures.

The Gwent Frailty Programme has been held as a national example of best practice and we have conducted an independent review which has recommended a number of improvements particularly in the financial model, and we are seeking a senior manager for the service to help us move into a whole pathway model for older people.

We have worked closely together to deliver a regional adoption service (managed by Blaenau Gwent) and Newport has also taken on regional leadership for a number of key services.

- a) Integrated Family Support Service (IFSS) – as Director of Social Services, I chair the regional IFSS Board. The multi-agency board oversees the delivery of the two IFSS teams in Gwent (Newport/Monmouth/Torfaen and Caerphilly/Blaenau Gwent). The

IFSS is a statutory service aimed at supporting families in which substance misuse is causing significant risk to the children.

Newport was an early pioneer for the IFSS and the successful service has now been rolled out across Wales and significant numbers of families have overcome their problems and many children have been prevented from coming into care.

- b) Substance Misuse – The regional Area Planning Board (APB) has designated Newport as the banker and lead agency for the substance misuse grant and the management of the core commissioning team. The Team Manager is supervised by our Service Manager (Commissioning and Quality Assurance).

We have let the contract for Adult Substance Misuse Services to a local consortium for the next 3 years and we plan to tender for Children and Family Services in 2016.

After some effort a memorandum of understanding has been signed by each Local Authority, the Police and Crime Commissioner and Chief Constable and the ABUHB. The new commissioning team has been brought together and the Consortium is operational as at May 1st 2015.

- c) Domestic Abuse – Newport also has the regional lead for Domestic Abuse Services. This was a result of an initiative called the Domestic Abuse Pathway Project commissioned by Wales Government and overseen by a Board chaired by the Chief Executive of Torfaen.

Services for domestic abuse have been very fragmented and local co-ordinators helped develop services in each authority. The pathway project demonstrated that the level of investment and co-ordination of services fell far short of what was needed. Welsh Government therefore decided to roll up their various grants into one and as a result we now have a Regional Co-ordinator and the full team will be recruited shortly. The new Violence against Women, Domestic Abuse and Sexual Violence Act (2015) provides the statutory framework and we have established a regional board that will work closely with the statutory boards for safeguarding adults and children.

Welsh Government are working closely with us in order to determine the criteria for roll out of these services across Wales from April 2016.

❖ **Developing new cross cutting leadership roles for safeguarding and quality assurance**

We have appointed to two cross-cutting service manager posts for Safeguarding and for Commissioning and Quality Assurance. We believe that this decision reflects the national approach to safeguarding and we believe that Children's and Adult Services have much to learn from each other.

We benefitted from a joint approach to commissioning with Torfaen over the past year and now we have recruited to our commissioning team manager post we hope to continue our links and shared learning.

This year we have completed an updated market analysis and consulted with providers, and we will now set out a procurement plan which will strengthen the focus on outcomes based commissioning and quality assurance.

We are holding our own in-house provision to the same expectations and standards we require from the independent sector and we are encouraged by the transformation of our residential and day care services following a challenging inspection a year ago. We have put in place strong leadership, and managers of in-house provider services are a motivated and inspirational group.

As well as managing our Child Protection Unit and the Protection of Vulnerable Adults team, our new Service manager (Safeguarding) is taking a lead on safeguarding for the Local Authority. She will report directly into the Senior Leadership Team (chaired by the Chief Executive) and the Corporate Management Team.

- ❖ **Working with Scrutiny to improve workforce stability at senior leadership, middle management and practitioner levels**
 - To complete after report is released
- ❖ **Developing better ways to communicate and listen to the views of the people we serve, our staff and our partner agencies**
 - To be completed
- ❖

CONCLUSION

Despite the challenges faced this year the evidence indicates that Children's Services continue to maintain good financial management and upward trend of performance. Some areas of improvement in service delivery are required, but there is a strong vision for prevention and early intervention that is integrated with acute prevention through IFSS. With a year to go I believe that Children's Services will be ready for the implementation of the Social Services and Wellbeing Act (2014) which is set for April 1st 2016.

Adult Services has now recovered from the financial and performance disaster of 3 years ago. There has been steady improvement in performance and budget management. We recognise that there needs to be further improvement in service delivery to ensure both improved quality and consistent performance that is better than the Wales average.

We retain a forensic focus upon the areas of service improvement still required, but we now have strong evidence of recovery in previously poor performing services. There is still much to do.

Our investment in early intervention and prevention by the development of a seamless learning, health and wellbeing pathway is significant and although at an early stage, there are strong signs of impact (particularly in Children's Services)

We are at a reasonable point in our preparation for the Act, but we need to pick up our pace to ensure readiness for April 1st 2016. However there is a significant risk to our preparedness

for the act and in relation to our statutory duties. This is the potential threat of unprecedented cuts which would be greater than for England because of the relatively low base of council tax in Newport (18%). If Welsh Government decides to protect Health and Education then there will be a severe risk to Local Authority Social Services.

3. Progress report on 'areas for development' identified in CSSIW Performance Evaluation 2013/14

a) Shaping services

- Ensure that recently agreed changes to the Gwent Frailty project have positive outcomes for people using this service
 - The Frailty Service was reviewed during 2014/15 and this evidenced clearly that the people who received frailty services reported improved outcomes as a result. The review was undertaken by Cordis Bright consultancy.
 - The report will be presented to Scrutiny Committee by the end of this financial year and provides the full detail on improved outcomes.
 - The performance data shown above demonstrates that we are reaching more people than we targeted, that is 64.1% as at December 2014 who had no package of care following the intervention of the Frailty team. We have also evidenced up to December 2014 that 95% of people felt their needs had been met following the intervention of the Frailty service. So the outcomes for people are being met and we will continue to deliver high quality services from the frailty type services.
 - The financial arrangements were reviewed in the early part of 2014/15 in particular the repayment arrangement. It was agreed that Newport would have a reduced rate to repay to Frailty with a change to the funding requirements across the other Local Authority partners. This amendment has improved the financial cost of the service.
 - In terms of the business model achieving realisable financial savings in line with the original business plan, the review of the service has not been able to identify specifically the generation of savings in line with that original concept. However, it is acknowledged there is a need to explore other measures of success that were not identified originally which proves the investment in Frailty is worthwhile to citizens and creates an efficient way of supporting peoples' needs. Discussions have been held with Welsh Government and it is clear that Frailty remains a recognised good practice model that is improving peoples' lives.

- Ensure that initiatives such as MAPS, combined with other workforce changes, result in improved outcomes for looked after children, such as placement stability, and reduced re-referrals
 - The Looked After Children teams have used a more settled period in terms of staffing to build on the support they are able to offer all Looked After Children.
 - The Matching and Placement Support team (MAPs) is offering focussed support to all children who are newly looked after, with psychologist support assessing their emotional needs to ensure effective consistency in relation to the care offered to them by all adults in their life.
 - Again this year there has been a steady fall in the use of Independent Fostering Agencies and growth in use of in house placements.

- Data on placement stability shows an improvement on the previous year's performance – the figure for this year is 9.8% and last year it was 10.9% with the Wales average at 8.3%. Re-referrals rates have reduced substantially from 31% to 23.9% and are now just above the most recent figures for the Wales average (22.2%).
- Children's Services and Education staff will be working on the consultation for Raising Ambition for Looked After Children.
 - As a consortia LAC group all LACE co-ordinators have access to pupil data. Schools have vulnerable groups data which specifically considers the achievement of LAC pupils. This is available on School Secure. LACE visits schools regularly to discuss LAC pupil progress. The AEN team discuss LAC pupil achievement at link meetings twice a year. The newly introduced QA SEN tool tracks the progress of LAC pupils against school interventions that specifically target progress and grant spend. LACE tracks PIs and reports to Corporate Parenting Forum and to scrutiny
 - Support for education is always discussed at foster panels as part of initial assessments and annual reviews. A senior Education officer sits on the panel. This academic year the EAS will provide training to foster carers on the literacy and numeracy frameworks within this years targeted foster carer training offer
 - Use of PDG LAC; advice has been sent to schools to inform them of process to access PDG LAC. A multi-agency process is involved requiring school and education social workers to work in collaboration to complete IDP and identify possible spend, which is then approved by LACE. Advice has been given to schools advising consideration of enhancing the experiences of LAC pupils, e.g. becoming involved with the music service, accessing extra-curricular activities, encouraging involvement in sport, sponsoring school visits
 - The EPS and advisory teacher for behaviour have delivered training to all schools on attachment. Inclusion Services have promoted to schools achieving attachment friendly status. Psychologists within Social Services have jointly delivered training with Education to schools and foster carers
- Exploration of alternative models of dementia care, in conjunction with partner agencies
 - Below are examples of 1) Partnership work regarding Dementia Friendly City Accreditation process, 2) Joint Delivery Plans for rolling out Dementia Friends Awareness Training and 3) Service User and Carer Engagement
 - Newport City Council is working towards national accreditation as a Dementia Friendly City in partnership with Alzheimer's Society. Public launch event to be held 4th June 2015. We have worked to ensure the right local structure is in place to maintain a sustainable dementia friendly community by developing a local Multi Agency Partnership Dementia Action

Alliance. This sub group of the NOPAG (Newport's Older Persons Action Group) contains membership from Local Authority, Health Board, Public Services, Third Sector, Community and private Businesses.

- We have developed a Dementia Delivery Plan to raise awareness about dementia in key organisations and businesses within the City by rolling out Dementia Friends Awareness and Champion Training. Since April 2014 we have trained 574 people over 22 sessions and this is set to increase with a partnership approach to joint delivery from April 2015 which includes police service and local business such as Shops, Banks and Office for National Statistics.
- As part of the Council's commitment to quality assurance, we are working towards developing a strong voice for people with dementia and their carers by engaging Forums and focus groups and formalising links with Memory Café and carers groups. Community Connectors have been working closely with these and participants of dementia friendly initiatives, to analyse the key issues that need addressing and investing in what is already working well.

b) Getting help

- The Council should understand the reasons behind the poor uptake of support to carers, and take effective action in response
 - 100% of young carers identified were offered and took up services during the year
 - Our reported performance for December 2014 for offering carers an assessment or review is low. However, as at February 2015 all recognised carers have been offered the option of a review of their needs as a Carer. On that basis we will exceed this indicator.
 - However, it is important to identify a different way of recording services for carers. Currently we record services offered primarily against the record of the cared for person, e.g. if someone has respite care in a care home then this is recorded as a service to them and not to the carer, however the respite is in place to support the carer and maintain that role. In 2014/15 we have not changed our recording approach but we will consider different approaches as we prepare for the implications of the Social Services and Wellbeing Act.
 - We have also employed Carers Connectors as part of ICF funding. This will further support carers in the community by providing advice and information and connection with community services available to support people.
- The Council should ensure that care plan reviews for users of Adult services are completed in line with statutory requirements
 - You will note from the performance data that our performance on care plan reviews is also improving.
 - We have a target set for 75% for 2014/15. The performance for 2013/14 was 64%.

- It must be noted that achieving the target for 2014/15, although an improvement, will result in performance below the expected Welsh Average.
- However, it was important to improve performance but to sustain longer term improvement. The target for 2015/16 will be set above the Welsh Average as it stands currently and this will further improve our approach to this crucial aspect of our business.
- During 2014/15 we continue to find new ways of working to make our systems and the processes more efficient. We have held a series of practice workshops in December 2014 where we have identified ways to improve efficiency of practice and the way we allocate work to frontline social workers. By 31st March 2015 we will have agreed our pathway for people needing Adult services and will refine the staffing structure to deliver that. This links to our vision within the commissioning strategy, so is part of our longer term objectives.
- The approach we are taking will ensure that people are responded to in a proactive and not reactive basis. This is achieved by improved planning of review activity, and the targets set outline our commitment to getting this right.

c) The services provided

- Ensure that key aspects of its services to LAC, including timeliness of initial core group meetings, pathway planning, allocation of personal advisors and the level of re-referrals, together with assessments for young carers are enhanced
 - The timeliness of core group meetings remains a challenge with only 55.6% of meetings happening in a timely manner (Wales average is 90%).
 - There has been considerable improvement in the completion of pathway plans (97%) which is a 10% improvement on last year and better than the Wales average of 89.2%. The allocation of personal advisors however remains an area requiring improvement – the allocation rate is 73.9% against a Wales average figure of 85.6%.
 - Re-referral rates are much improved and just above the Wales average rate, assessment rates for young carers is 100% and the proportion that receive services is also 100% which is considerably better than the Wales average of 85.9% And 80.1% respectively.
- Take effective action to reduce delayed transfers of care (DTOC)
 - You will note from the performance data that our performance on DTOC has improved significantly on the 2013/14 outturn position of 11.51/1000.
 - As at December 2014 we had a DTOC level of 4.5/1000 and we set a target for 2014/15 of 6/1000. Reaching target for this year will leave us above the Welsh average but with a significant improvement level.
 - We will be setting a further improvement for 2015/16 to 4/1000 of the population.
 - We have improved our position based on improved team management and direction for the hospital discharge social workers and the

- development of the processes which support efficient and effective assessment.
- We introduced a social care hub team to work closely with discharge liaison and bed management at the RGH. We now ensure a first assessment where applicable is responded to within 24 hours.
 - As part of the hub arrangement and our strategic discussions with ABHUB we piloted a single referral process with the wards at RGH. This pilot across older person's wards was designed to cut out duplication of referrals which previously were sent to therapists and social workers and led to disjointed care coordination of discharge. The pilot has improved work flow for people requiring assessment who are medically fit for discharge. The pilot is now being extended across all wards at RGH so should further improve referral processing.
 - We continue to work closely with therapist services, Frailty, the third sector and the community teams to ensure we respond to people in the hospital in the best way to facilitate speedy and safe discharge.
 - We have also improved the validation process to agree the correct reason for someone being delayed in hospital. This has improved working arrangements with ABHUB and improves the data reporting for this important area of our business.
 - The position improved significantly on 2013/14 as noted above and we will both sustain this and improve further in 2015/16.
- Ensure timely and effective completion of assessment and care planning for older adults, in order to inform the delivery of care needed to meet complex individual need
 - You will note from the performance data that our performance on care plan reviews is also improving.
 - We have a target set for 75% for 2014/15. The performance for 2013/14 was 64%.
 - It must be noted that achieving the target for 2014/15 although an improvement will result in performance below the expected Welsh Average.
 - However, it was important to improve performance but to sustain longer term improvement. The target for 2015/16 will be set above the Welsh Average as it stands currently and this will further improve our approach to this crucial aspect of our business.
 - During 2014/15 we continue to find new ways of working to make our systems and the processes more efficient. We have held a series of practice workshops in December 2014 where we have identified ways to improve efficiency of practice and the way we allocate work to frontline social workers. By 31st March 2015 we will have agreed our pathway for people needing Adult services and will refine the staffing structure to deliver that. This links to our vision within the commissioning strategy so is part of our longer term objectives.
 - The approach we are taking will ensure that people are responded to in a proactive and not reactive basis. This is achieved by improved planning of review activity and the targets set outline our commitment to getting this right.

d) Effect on people's lives

- Enhance outcomes for children leaving care, following re-shaping of After Care/16+ teams
 - We are in contact with 100% of children leaving care during the year already. Above target, Welsh average, benchmark and last year's performance.
 - There were 89.5% of children who had left care and found suitable accommodation and this compares to a Wales average of 92.7%. The figure is distorted by a young person currently serving a custodial sentence. Prison is not suitable accommodation.
 - Our performance on children leaving care who are in appropriate education, training or employment is above target at 63.2% (Target 55%) and above last year's Welsh average, benchmark group.

- Ensure maintenance /improvement of outcomes for users during the on-going re-shaping of adult services
 - The Social Services and Wellbeing Act will require an outcome focussed approach and reporting against that. We will develop our qualitative collation from the guidance so that we are consistent across Wales.
 - We have developed an action plan with Gwent colleagues to deliver an integrated assessment which is also outcome focussed. This is planned to be delivered in 2015/16.
 - We will complete an annual questionnaire for Adult services clients so will be able to judge that we are meeting outcomes.

- Specific evaluation of work of Disabled Children's Team
 - Work to measure outcomes for disabled children has been put on hold pending the outcomes framework within the Social Services and Wellbeing (Wales) Act, and also the need for specific support to carry out this piece of work.

e) Delivering Social Services

- Ensure that the resources identified for additional children's social work posts are effectively targeted at areas of most pressing need, including core group meetings. On-going turnover of staff in front line social workers, and impact of NQSW on morale and outcomes for children/young people
 - The resolution of Total Reward is due early this year. This will ensure we are able to advertise posts with long term remuneration. While the market supplement has assisted the temporary nature has still for some individuals swayed them to accepting alternative posts.
 - Overall recruitment and retention has improved for social workers. Most recent vacancies have arisen as a result of staff leaving for positive reasons – maternity and adoption leave, promotion, moving to be nearer families. There has been an encouraging trend of student social workers choosing to stay in Newport in frontline teams because they recognise the quality of the support and training offered. Similarly

- there have been appointments of agency staff to permanent posts because of the quality of the support and structures.
- Within Child Protection and Duty and Assessment steps have been taken to ease some of the administrative demands made on staff for example single assessments for placements. A unifying planning and reviewing structure is currently being drawn together. The appropriate movement of certain aspects of work to the fostering teams and the Looked After Children teams have eased some of the workload pressures.
 - Work is underway to address issues of inappropriately shared floor space within the Information Station.
 - The concerns in respect of parking continue to preoccupy, and while remedies are being sought this is likely to require on-going work.
 - The website for Children's Services vacancies has been very well received and the new induction process has received extremely positive feedback.
 - Current average caseloads, excluding Senior Practitioners, are 15 for Child Protection and 20 for Duty and Assessment.
 - Recruiting team managers is still a considerable challenge. However, the slow movement of some staff from social workers to Senior Practitioner posts is encouraging
 - There are no issues in recruiting social work assistants.
 - The teams see themselves as being in strong positions.
 - Within the Looked After Children teams stability has improved significantly. Vacancies are now the exception rather than the norm. Caseloads are currently standing at 17. A change in rooms for the teams has improved morale and focussed the teams more effectively on their areas of responsibility.
 - The Disabled Children's Team is carrying the highest caseloads with an average of 23. There have been challenges in filling posts, and whilst more recently this has improved it is still of concern and requires further attention.
 - The Scrutiny Task Group has undertaken an examination of the recruitment and retention of social workers, and an updated report is due to be shared shortly.
 - As referred to above there are some recent good examples of social workers staying and moving into senior posts and as team managers. In addition positive examples of agency workers choosing to apply and take permanent posts are very encouraging.
 - Some changes, for example provision of vending machines and regular meetings with senior managers, have been directly implemented following consultations with staff.
 - Changes in social work education are being addressed with staff from the training unit to build an offer to social workers to ensure professional development through the new pathways.
- Effective alignment of IT implementation projects to priority areas such as POVA recording and financial oversight and management (as highlighted in the director's report).
 - The new AIS System Safeguarding module that became live on 21st April 2015. The benefits of using eSwift (Adults) (AIS) over our old system are set out below:

- The screens are easier to navigate for the POVA Designated Lead Managers (DLMs)
 - Automatically highlights data errors/ discrepancies in terms of data entry
 - Provides adequate flexibility to enable necessary modifications to be made to meet changing requirements
 - Provides a clear, logical, sequential route through the POVA process
 - Ensures consistency of interpretation and usage across Local Authority Consortium members
 - Provides automatic links between different screens
 - Key data is entered once only, automatically populates other key areas of the POVA case
 - All recording completed on one system instead of some information being recorded on old Swift and AIS.
 - Ease of recording information (screens are more user friendly)
 - Reports / WG returns can be produced more efficiently
 - Provides data validation (improved data quality and integrity)
 - All information is stored in a single system
 - Ability to lock down the Safeguarding module to specific users
- There is an, 'Institutional Safeguarding' module that is available to track, monitor and highlight trends of abuse within Care Homes and other Institutions. We believe that this is a really useful resource for the Local Authority but very expensive (£15,000 approx.) , plus £3000 maintenance fee every year. I haven't put a business case together as yet?

f) Providing direction

- Role of Scrutiny in overseeing some areas of performance, coupled with lack of challenge and rigour in relation to the setting and monitoring of internal performance targets
 - To complete the Gwent Scrutiny Challenge project and use the resulting toolkit to undertake a self-assessment of Overview and Scrutiny in Newport, critically evaluating scrutiny performance and establishing priorities for improvement.
 - To include the priorities for improvement in the Scrutiny Annual Report 2014/15, and ensure progress is monitored through the year. Performance against this year's priorities will be evaluated in the Annual Report for 2015/16.
 - To develop the links between Scrutiny and Auditors, Inspectors and Regulators, responding to the research being undertaken at the national level as well as the findings of the Gwent Scrutiny Challenge. In particular, to set up direct contact with local representatives of CSSIW and other regulators to discuss how we can work more closely together, and to agree priorities for improvement and any necessary support.
 - To review the work programmes to ensure scrutiny work is focused on key risks and priorities, and can make a positive impact on service improvement and policy development.
 - To continue to develop the relationship between the Executive and Scrutiny, to include clarification of roles and responsibilities and the

links between the scrutiny function and Performance Board. On-going action through year

4. Appendix: Technical Reports

CHILDREN AND FAMILY SERVICES

1. Introduction

The purpose of the service is:

- i) To play a lead role in the protection of children at risk of harm.**
- ii) To aim for children looked after to have the same life chances we would want for our own children.**
- iii) To commission, develop and participate in the delivery of high quality preventative services to vulnerable children and families.**

The challenges faced by Children's social care during 2014/15 include the continued implications and still emerging issues for practice from the implementation of the Family Justice Review, preparation and thinking for the changes from the Social Services and Wellbeing Act (Wales) Act, a relatively inexperienced work force, working with appropriate but nonetheless demanding challenge from our regulators, societal pressures linked to perceptions of risk and perceived failings. Despite the challenges our staff and partner agencies have continued to strive to deliver the best possible services with children, young people and their families as they continue to improve, innovate and embrace positive developments.

2. Findings from Inspections

During the year we have had five inspections conducted by CSSIW.

- Our Fostering Service announced inspection took place in February 2015. The report cited good practice in respect of MAPS especially the introduction of the Thrive programme supporting social skills and emotional literacy in a primary school setting. The continued success in recruiting foster carers was welcomed by the Inspectors. Looked after children received good educational support and access to a broad range of social and leisure

activities. Foster carers enjoyed strong support. However, the inspectors were concerned at the number of reviews that were out of time. A plan together with resource to ensure there is no recurrence of the drift in reviews has been put in place. The training programme for foster carers needs to be clearer and this will be addressed in parallel with the improved processes for reviews.

- In addition our four residential units Bryn Glas Bungalow, Cambridge House, Forest Lodge and Oaklands were subject of unannounced inspections between January and March 2015. Brynglas provides a specialist resource aimed at enabling children to move to permanent accommodation. Cambridge House provides accommodation for children in the short term, including one emergency bed. Forest Lodge provides longer term residential accommodation. Oaklands offers short breaks for children with disabilities.

The four inspections presented a positive experience for children in the residential care units. However, the units all require some physical maintenance and there is a need to improve the education, training and employment opportunities for young people. The placing of children within the Units requires clear planning and matching.

Across the fostering service and the four residential units we are working to deliver a common action response to the shared themes arising from the recent inspections.

- In June 2015 the Youth Offending Service was subject to a full joint inspection. HMIP chose to inspect Newport because a sustained rise in the frequency of reoffending was accompanied by high levels of first time entrants into the youth justice system. The inspection reported positively that Newport had recently achieved a substantial reduction in the number of children and young people entering the youth justice system. However, reduction in reoffending had not been achieved. The inspection found that the quality of work with children and young people who offended had deteriorated markedly since the last inspection in 2010. The Youth Offending Service management board and management team needed to ensure that the quality of work improved substantially and rapidly. The inspection identified a need to sufficiently focus the activity of the team to reduce reoffending and protect the public, and ensure consistent provision across the service. In particular urgent work was required to ensure that the Youth Offending Service management team works effectively.

Since June the staff of the Youth Offending Service, the Management Board and the partner agencies have worked to an Improvement Plan overseen by the Youth Justice Board. The management and teams of the service have been restructured and a programme of team support and training implemented, interventions with accompanying training have been overhauled, recording and quality assurance processes have been put in place, the focus of the work has shifted and the Management Board has reviewed and begun to put in place robust challenge. The trajectory of improvement is towards a positive and effective service focussing on prevention of offending, a targeting of reoffending and a maximisation of opportunity for young people. The improvement work will continue in the coming year. The service will be re inspected during 2015/16.

3. Children in Need Commissioning Strategy

Our Children in Need Commissioning Strategy sets out 3 strategic aims.

- A. to support children to safely remain with their families**
- B. to improve outcomes for children in care and care leavers**
- C. to make the best use of resources.**

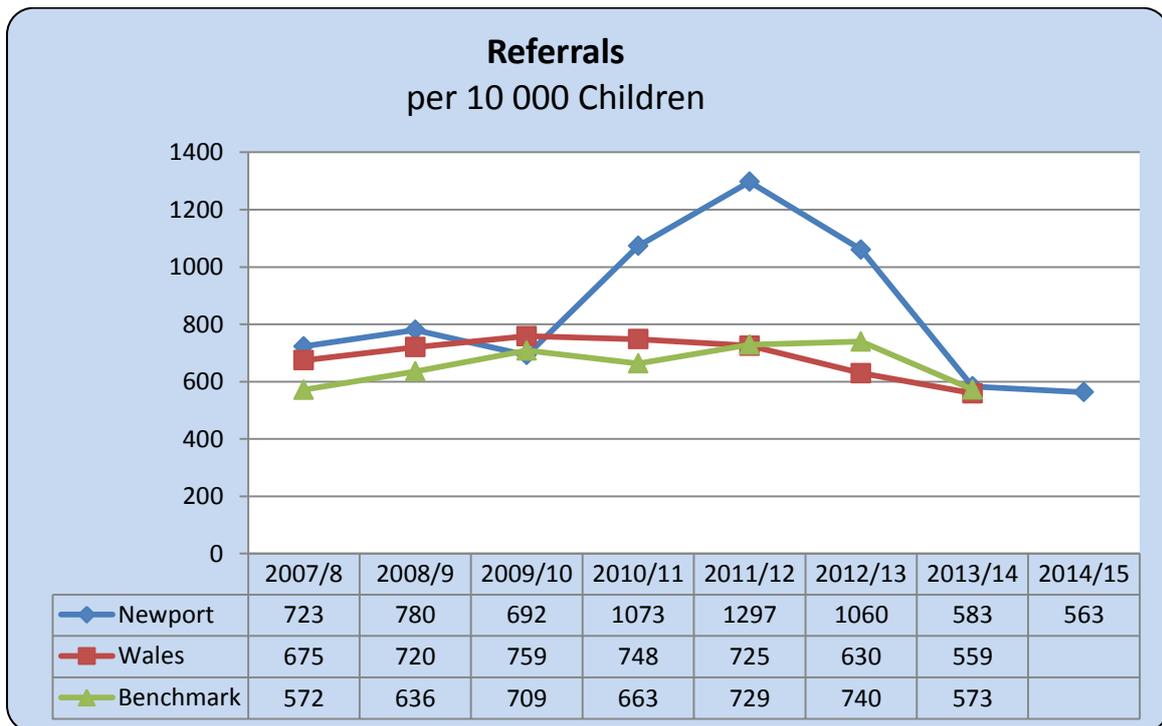
A. TO SUPPORT CHILDREN TO SAFELY REMAIN WITH THEIR FAMILIES

Our frontline Child Protection teams supported by the work of our Integrated Family Support Service (IFSS) and quality assurance teams are our primary resources for supporting vulnerable families and ensuring that children are safe.

“As a school we would like to acknowledge the work of both the allocated DAT Social Worker and the worker for FASS. Together they have provided the needed support for the family and we feel that there is light at the end of what can only be described as a very dark tunnel for the family. They have both been formidable and a positive influence on the family.”

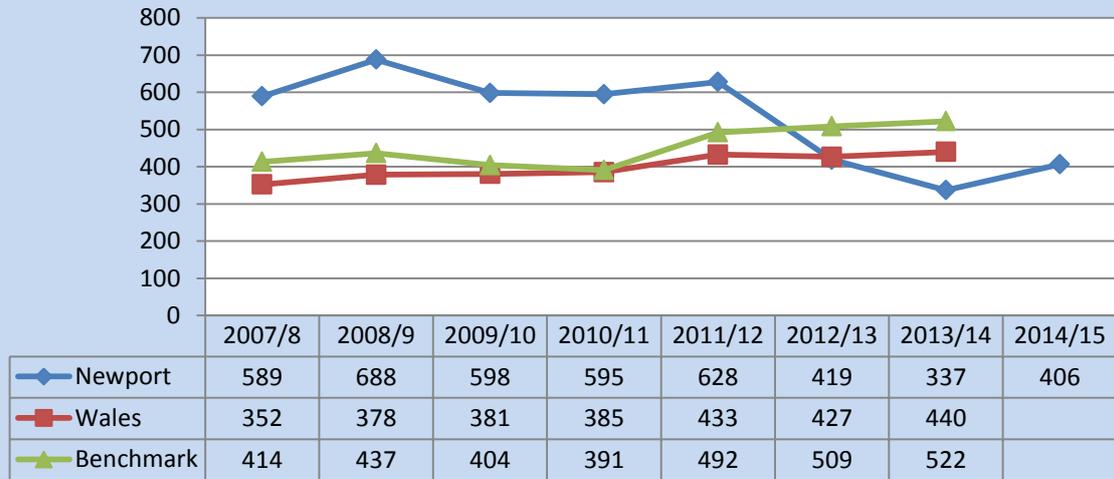
a) Duty and Assessment and Child Protection Teams

How much did we do?

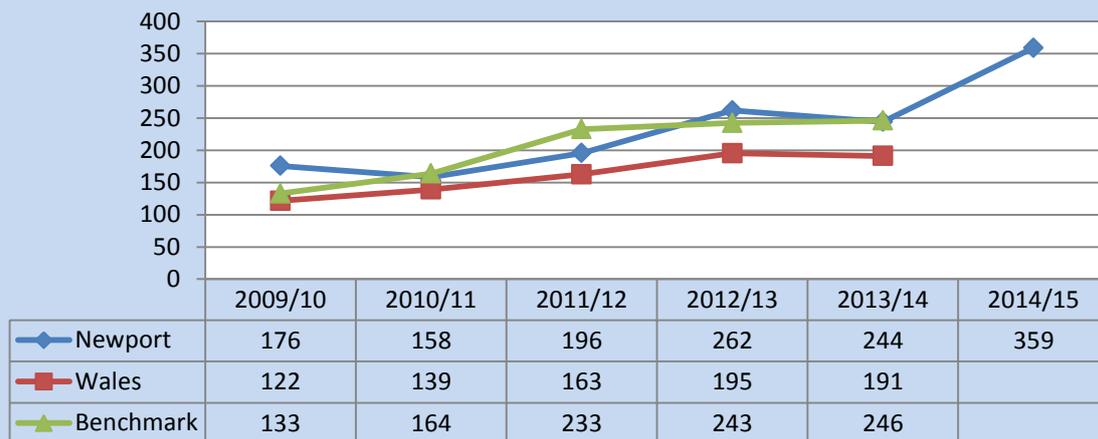


There were 11,957 contacts compared to 12,824 contacts in 2013/14. This is the second year with a reduction in the number of contacts. There were 4,573 police contacts compared to 6,628 last year. Further work is planned with all agencies to continue to improve the quality of contacts.

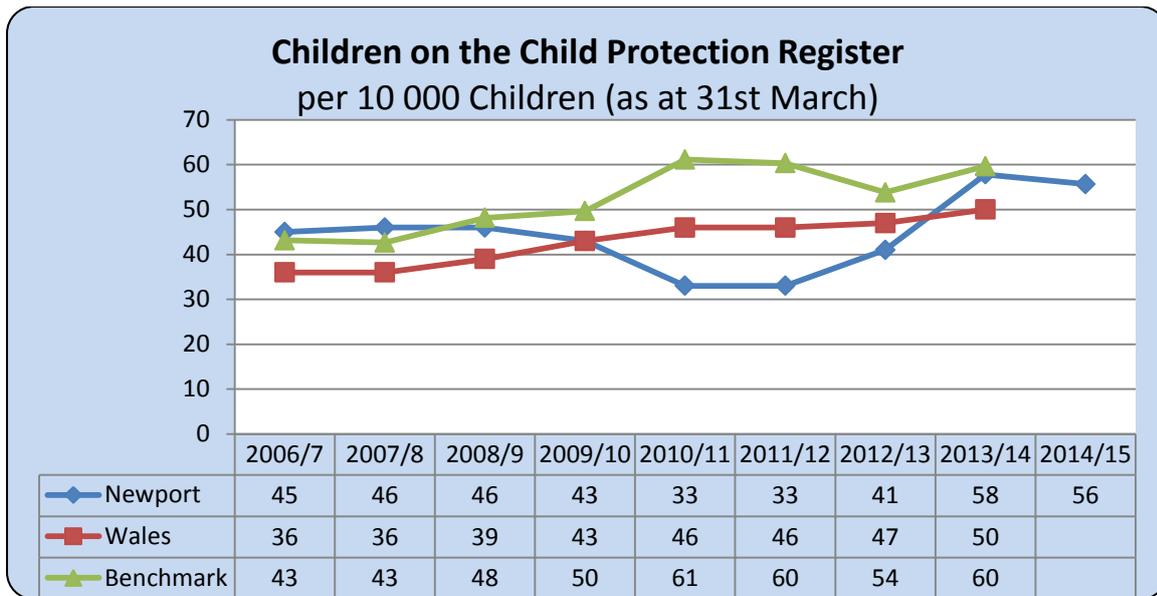
Initial Assessments per 10 000 Children



Core Assessments Completed During The Year per 10 000 Children



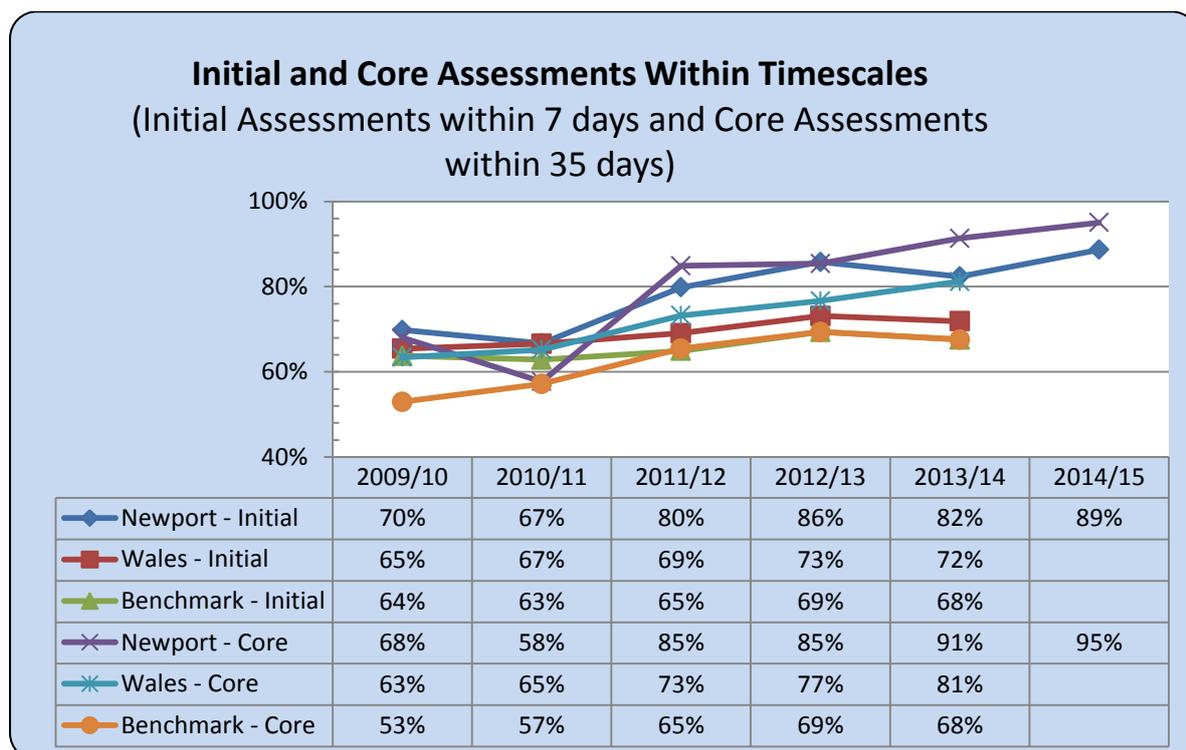
There were 1,350 initial assessments completed as compared to 1,089 last year. There were 1192 core assessments, compared to 810 last year. This is a rise in both and for core assessments a substantial rise. This is at significant dissonance with both the Wales average and the benchmark group. Over the first quarter of 2014 – 15 we will interrogate the rise, analyse the reasons behind the increase and ensure work delivered is in line with guidance and best practice.



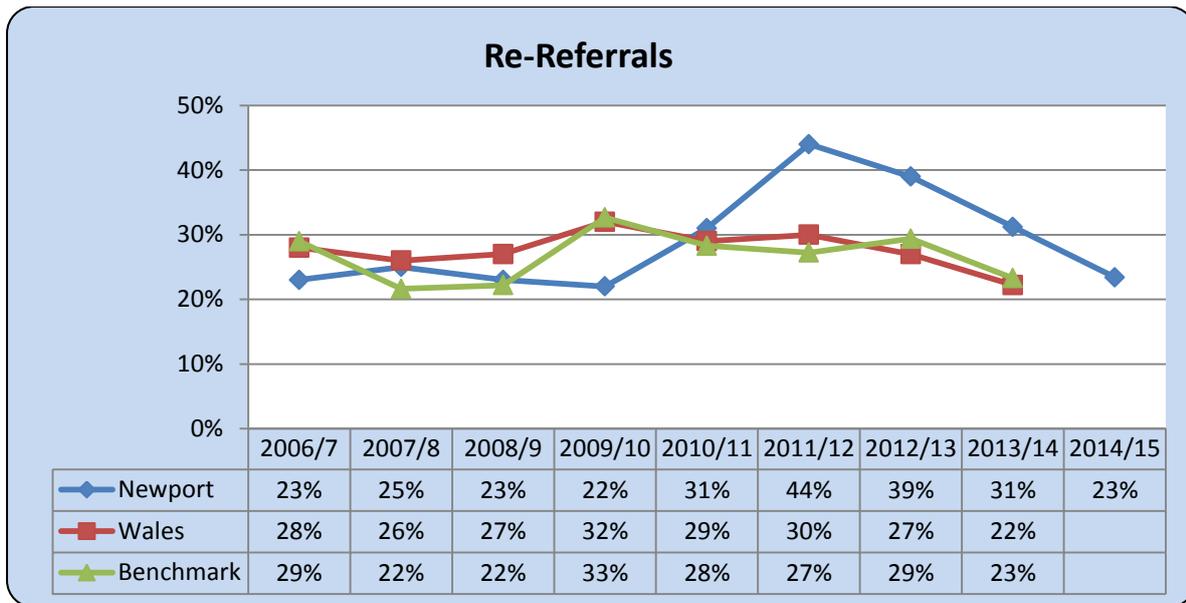
In 2014/15 there were 221 children placed on the CPR, compared to 228 last year and 185 children were on the CPR at March 31st compared to 192 last year.

The number of children on the Child Protection Register whilst above the Welsh average is now below the benchmark group and the unprecedented rise in 2013 – 14 has slowed. The supporting of families with effective use of Child Protection Plans is key to robust risk management but we will be exploring further the higher rates of registration.

How well did we do it?



89% of initial assessments were completed within 7 days while in 88% the child was seen by the social worker. 95% of core assessments were completed within 35 days. This is a further improvement against a backdrop of steadily improving performance and compares extremely well to other Welsh LAs. Given the high numbers of assessments, the relatively inexperienced staff group and the changes in Team Managers such a strong performance is indicative of the commitment and determination to deliver safe and effective services.



The rate of re-referrals has further reduced by 8% to 23%. This continued decline in re-referrals is encouraging and again affirms the consistency of the work within the front line teams.

All assessment and case management is undertaken by qualified social workers. During the course of the year we have harmonised assessments, planning and reviews ensuring coherence and ease of process.

On 31.3.2015 28 children were subject of Interim Care Orders. The work in the courts has intensified and the support of the Mentoring, Assessment and Consultancy team along with effective legal meetings and case management meetings have been vital in supporting effective work in the court arena. During the course of the year the fostering team began completing Regulation 38 and Viability assessments to give greater consistency and alleviate some of the pressures on the Child Protection teams.

100% of Young Carers received an assessment of their needs.

Has it made a difference?

DAT questionnaires highlight that young people and families have felt they have been supported to develop as individuals and to grow as a family group.

The quality of the work within the courts has improved and, in line with the Family Justice Review, timescales are now in line with the needs of children for permanency.

For both the Child Protection and Duty Teams positive management alerts from the Independent Reviewing Officers highlight good practice and evidence positive outcomes for children and families.

Case closures demonstrate individual improvement for some children in the areas of social isolation, education and training and social acceptable behaviour.

b) Disabled Children's Team

How much did we do?

There are 405 children on the disability index and at 31.3.2015 the Disabled Children's Team were working with 165 children a reduction from the figure of 207 last year. There were 21 disabled children subject to a care plan while a further small cohort is awaiting transfer following court proceedings. 31 disabled children are on the Child Protection Register. Over the past three years there have been year on year increases in the number of disabled children that are the subject of proceedings and child protection processes.

A duty worker is available daily. 83.6% of initial assessments have been completed within 7 days while 89.5% of core assessments have been completed within 35 days. All statutory visits and reviews are completed within timescales.

The Occupational Therapy Service worked with 58 children. The Transitional Planning Officer supported 74 young people.

37 children used Oaklands for short breaks and received 1,239 nights of care.

How well did we do it?

Our residential respite service for disabled children (Oaklands) is highly regarded by parents and children. Oaklands has been able to manage referrals and packages of care to ensure the resource is used to full capacity without generating a waiting list.

The Disabled Children's Team have successfully negotiated the use of specialist placements and collaboration with partner agencies ensures timely access to the full panoply of resources.

Staff from the service delivered information about the work of the service to the staff conference, councillors and senior managers.

We have employed a specialist family support worker who supports disabled children within their families and facilitates building the skills of the wider family support team. The staff from Oaklands have supported staff from Cambridge House to care for children with additional needs, rather than those children being placed away from Newport with all the accompanying changes in school and leisure activities as well as more difficult arrangements for contact.

Has it made a difference?

The better access to information and advice for families with an increased use of signposting has reduced the referrals to DCT. Referrals to CANS have increased but re referral post CANS intervention is negligible at 2.5%.

The Short Breaks policy, guidance, and information was presented and scrutinised by the Corporate Parenting Forum. The Forum will revisit Short Breaks annually to consider the service offered. The current service meets and exceeds the types and levels of provision recommend by Welsh Government.

Following the Staff Conference the wider staff group reported an increased awareness and understanding of the types of challenges facing disabled children and their families.

Parents, children and other agencies regularly provide positive feedback for the provision from our Disabled Children's Services. Children, young people and parents involved in the making of a film for the staff conference all reported the positive difference made by the service offered by DCT.

The number of complaints received has diminished this year as the service has worked proactively to manage expectation and improve communication.

c) Safeguarding Unit

How much did we do?

The safeguarding and quality assurance team undertook 62 professional strategies this year, in 15 cases the allegations were substantiated. This again represents a significant increase on last year's figures.

We have worked with the South East Wales Safeguarding Board on a number of areas including Professional Strategy meeting practice group, training and Child Practice Reviews. Newport staff have chaired the Child Sexual Exploitation group covering the region.

The Unit completed a multi-agency audit in respect of neglect and began an audit of adolescents involved in risky behaviours.

We completed the Corporate Safeguarding Policy and brought together the policies for Adults, Children and Education. The policies have been promoted through a poster campaign across the Local Authority and a dedicated section of the Intranet.

The IRO group has continued to develop and embed the signs of safety risk analysis process into its processes. This model is now the core risk analysis tool within core assessments.

How well did we do it?

The CSE audit completed in 2013/14 led to a significant body of work in 2014/15. A CSE protocol has been developed and adopted with an accompanying action plan to ensure appropriate safeguarding measures are in place in respect of children and young people who are at risk of or involved in child sexual exploitation. The multi-agency child sexual exploitation forum meets regularly and has improved the responses of all agencies as well as developing systematic intelligence gathering.

The duty role of the IRO ensures advice to social workers is via an easy access basis. Social workers therefore receive timely professional advice.

What difference has it made?

The launch of CCM v 28.2 and the development of more integrated planning across children's services has improved the quality and recording of plans. Planning processes are more efficient and effective.

The profile of safeguarding has been raised across NCC with increased awareness of safeguarding among all members and staff across NCC

Consistency in Professional Strategy meetings and the sharing of good practice has improved the understanding of the issues for all professionals.

A closer working relationship between the Children's safeguarding unit and POVA team has developed.

d) Integrated Family Support Services

How much did we do?

Our approach is to integrate city council services with ABHB, Barnardo's and other agencies as appropriate into a single Integrated Family Support Service (IFSS). IFSS does not subsume the professional identities of agencies but it does ensure a seamless service for families. In total IFSS engaged with 2068 children and their families during the year. The distinct services within the IFSS are as follows

Preventions (Team around the Family Service) - provides early support for vulnerable children and families, where no formal social work intervention is required.

Preventions received 1191 referrals in 2014/2015 compared to 1132 in the previous year a 5% increase. 750 were accepted by the service, 93 were rejected (8%) by the service as not appropriate while 348 were supported by other streams within Families First or signposted to appropriate provision. Schools referred 30% - a 2% increase from last year. 25% of referrals were for anti-social behaviour and restorative justice - a 5% increase from last year.

During 2014/2015 the preventions team engaged with 891 families and 1042 children. This includes families carried over from the previous financial year.

In addition there were 63 families consisting of 63 children supported within the transition project.

The Family Contact Centre (FCC) - provides supervised and personalised contact for children who are subject to care proceedings, contact orders or have a requirement for supervised contact as part of a families support plan. The FCC provided supervised contact for 172 children - a 13.9% increase.

The Integrated Family Support Team (IFST) and Family Assessment and Support Service (FASS) and Family Support Team (FST) - provide highly structured short term 'whole family' services where there is an acute need to protect children from harm. IFST and FASS teams have worked with 318 children compared to 260 in the previous year - a 22.3% increase. FST has worked with 473 children a 9% decrease however it should be noted that FST has also seen an increase of cases that were not accepted as FST but were transferred to FASS and IFST due to the level of need.

How well did we do it?

The Preventions Team have produced leaflets both for professionals and service users. Similarly FASS, FST and CANs have provided leaflets to families. The Family Contact Centre have updated their policy and shared the changes with staff and service users.

Team Around the Cluster meetings have been established in two pioneer school clusters and increased the capacity to provide the right services through a seamless pathway for children and families at the right time.

We have established a service user group across the IFSS services and introduced the use of Learn Pads to collate service users views.

Preventions allocates referrals on a weekly basis and has managed work to ensure there has been no build-up of a waiting list.

FASS, FST and CANs have established a group of internal PIs to respond to referrals and ensure responses are timely. Across the services a tightening of processes, avoiding unnecessary drift and the flexibility to work to the changing demands of the frontline are fundamental to the continued success of IFSS.

The IFSS reports to the Family Support Board and links to all key planning and strategic groups across the Local Authority.

What difference has it made?

A shared task group to consider rehabilitation plans across Children's Services and FASS has supported work with families within proceedings.

The service has been promoted more effectively across the City.

As increased participation embeds we are seeking to ensure the voice of service users if manifest throughout new developments.

Throughout the year the Preventions team has consistently exceeded the agreed improvement targets.

B. TO IMPROVE OUTCOMES FOR CHILDREN IN CARE AND CARE LEAVERS

The services for children in care, care leavers and children supported within their families but with additional protection provided by legal orders are provided by our Looked After Children team and 16+Teams

a) Looked After Children

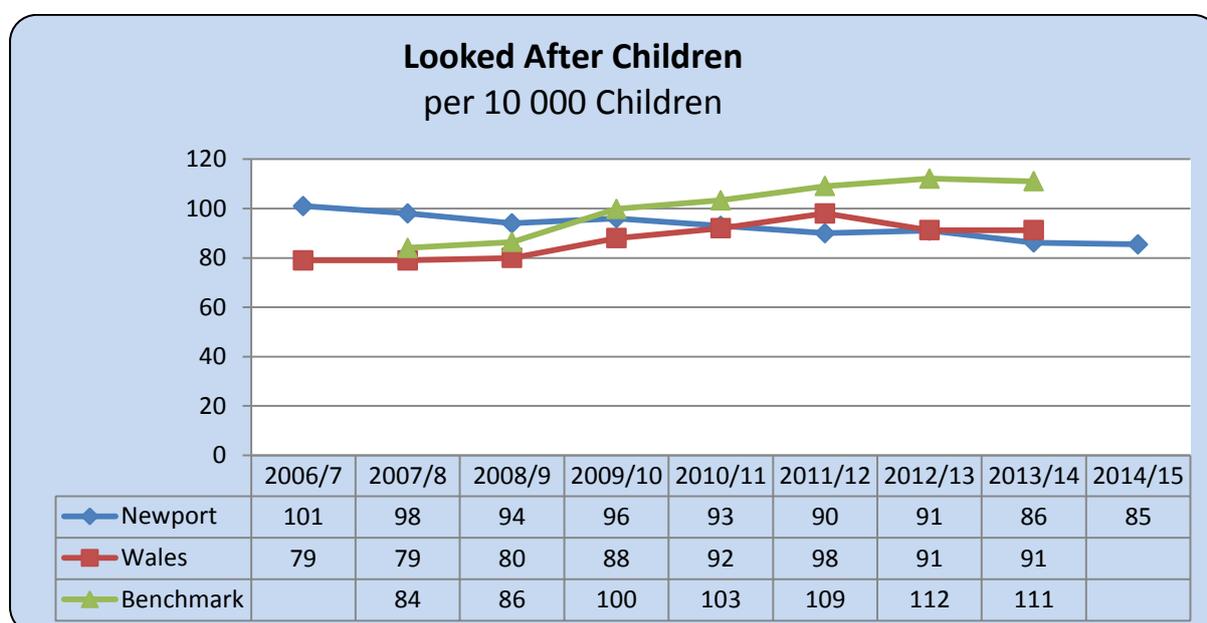
How much did we do?

Where family support is unsuccessful in managing the risk of harm, children come into care. In Newport 75% come into care as a direct result of abuse. The pattern of children entering care and remaining in care has shown a downward trend in the past few years. Again this trend has continued with a very small reduction in the number of children in care.

On 31.3.15 there were 283 children in care compared to 286 last year. 32 children were on Interim Care Orders. 1 child has been in proceedings for more than 26 weeks. The number of children coming into care has increased but resolution is more timely, placement with family members has increased while the time taking to secure adoptive placements has reduced.

We have 204 in-house foster carers, compared to 209 last year, offering 283 placements including a significant number of short term respite placements. We have 204 children in in-house fostering placements and 28 children in Independent Fostering Placements (IFA). The downward use of IFAs has continued. The continued work of the Fostering team ensures we are able to access a wide range of foster carers locally and as a result have very limited dependence on Independent Fostering Agencies.

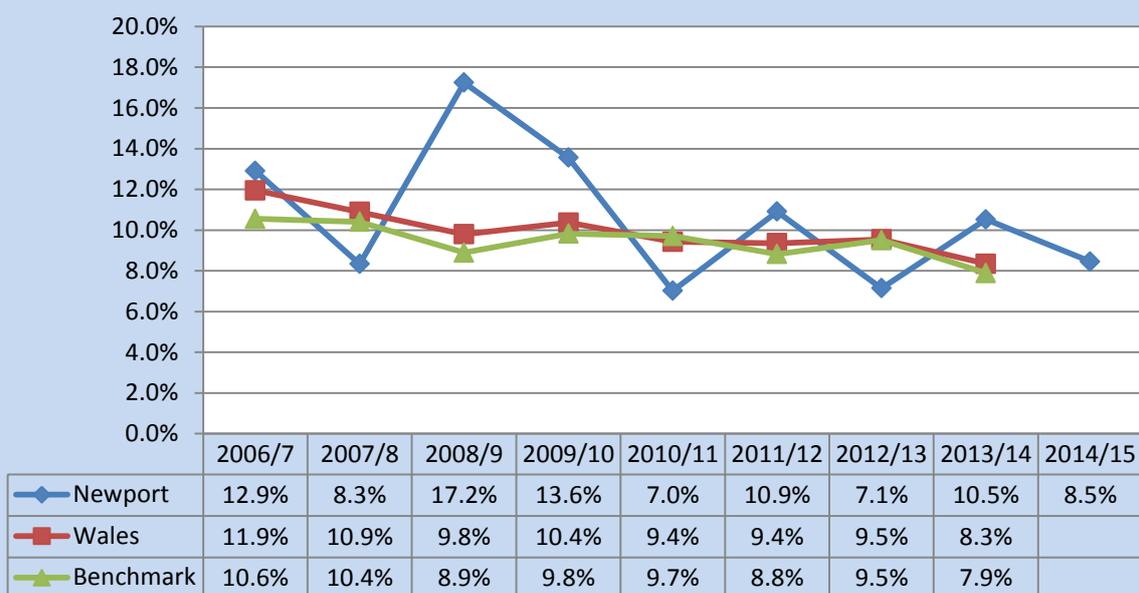
There are 13 children cared for in Out of Authority Residential placements which represents a small increase. Towards the end of the year we commenced a project to analyse the use of the OOA placements and look to trends to plan for the coming years.



How well did we do it?

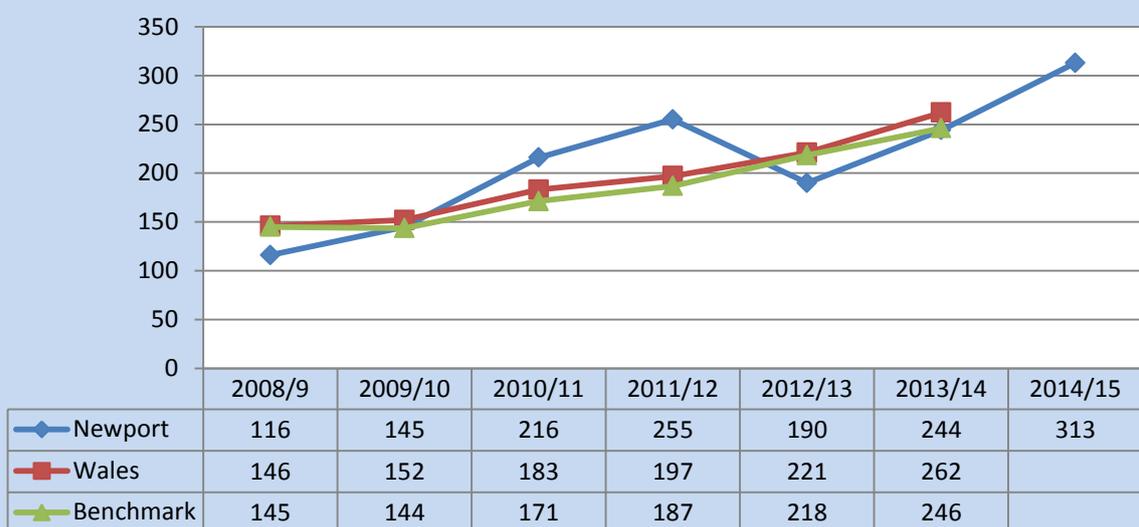
All children in care have a qualified social worker as their case manager. 98.4% of reviews and 90.8% of visits to children in care took place within statutory timescales.

Looked After Children 3 or more placements



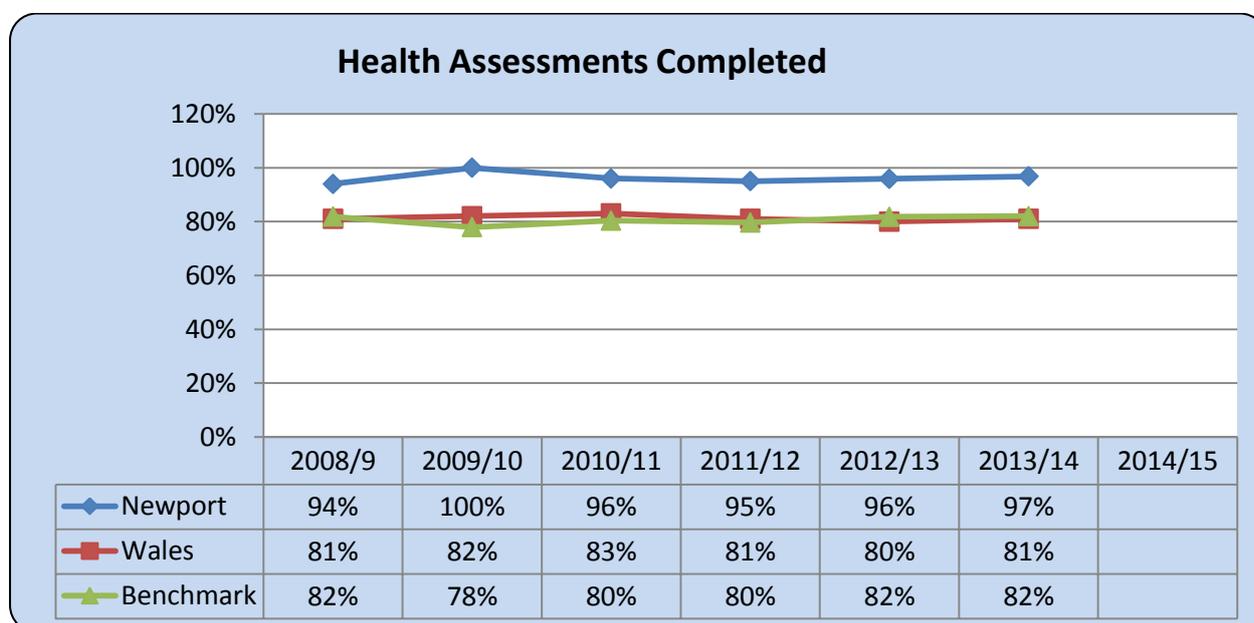
The number of children in care who had 3 or more placements decreased to 8.5 % from 10.5% in the previous year. This is a very welcome reduction.

Average Points Score For 16 Year Olds



There has been an increase in the average point score for 16 year olds from 244 last year to 313 this year which is an outstanding performance

88.7% of children in care had a Personal Education Plan within 20 days of a new school placement and 9.6% had a change of school within the year which represents a small decrease.



b) 16+ Team

How much did we do?

Of the group of children in care who reached 19 years during the year, we made contact with 100% compared to 90% last year and out of this group 90.9% were in suitable accommodation an improvement from 77% last year. The proportion of young people in care aged 19yrs who were in education, training or employment was 63.6% an improvement from 54% last year. 100% of eligible and former relevant children have a pathway plan and all have a personal advisor.

Young people in care who are reaching 16 years old continue to be identified in discussion with the children in care teams and cases are transferred in a timely manner with clear accountability. Meetings are recorded and recommendations made.

The 16+ team fulfils the duty of providing services to 16 and 17 year olds who are homeless and provides a 'single point of entry' for young people.

How well did we do it?

The performance of the 16+ Teams in respect of the statutory indicators improved significantly. There has been a particular emphasis on improving the practice of the YPAs work and a restructuring of the management and grouping arrangements to improve practice.

The service has worked with the CSE forum and led on establishing a multi-agency practitioners group to consider risky behaviours and vulnerability. Staff have worked with the Skills for Living Project and Changing Minds to enhance the emotional wellbeing of young people.

Has it made a difference for children in care and care leavers?

The Looked After Children and 16+ teams are stable and now offer children and young people more effective planning, a greater emphasis on outcomes and work across the teams has focussed on a strong, aspirational approach for all our children.

The Children in Care Council has a settled base and is part of the wider NCC participation work now supported Tros Gynnal. Young people completed and launched a film focussed on safeguarding and the views of young people.

The improved timeliness of care proceedings and clarity for transition between the teams ensures children are settled with the support of the Looked After Children and 16+ teams as quickly as possible.

The resource within MAPS gives all our children in care access to far greater degree of support in terms of play therapy, support workers and psychological support. The therapeutic coherence engendered by MAPS is an area we will continue to focus on.

Children are fully supported in education, training and employment with considerable resource dedicated to meeting their educational needs.

The review of the Corporate Parenting Strategy for 2015 has commenced and meetings of the Corporate Parenting Forum have been well attended with appropriate challenge.

The Children who are Looked After awards celebrate the achievements of children and recognise their successes. They were celebrated this year directly after the graduation ceremonies at the Caerleon campus of the University of Newport.

Individually children have continued to achieve in education, sports and in out of school activities.

The Delegated Authority Policy for Foster carers was presented in March 2014 and throughout the year has been agreed for individual children as part of the reviewing process.

C. TO MAKE THE BEST USE OF RESOURCES

a) Children's Workforce

The Children's Workforce Development Strategy Group has continued to meet throughout 2014/15. The group supported a body of evidence being drawn together for a Scrutiny task group considering the recruitment and retention of social workers.

The group works to two priority areas

- Recruiting the children's workforce - To attract high quality people to join the children social services workforce in Newport through workforce planning and a strategic approach to recruitment.
- Inducting, developing and retaining the children's workforce - To invest in and retain good quality staff in order to reduce the adverse impact on service provision that a high staff turnover brings and continue to improve outcomes for service users.

The website, comprehensive induction processes, work on the role of the Senior Practitioner, coach mentoring for all newly qualified social workers, focussed support through case management for social workers involved in court processes, additional team sessions along with the routines of regular supervision, team meetings and a strong platform of training are all enhancing the qualitative experience of the children's workforce. Caseloads for all social workers are within safe parameters and across all teams vacancy rates have fallen throughout the year.

The Children's Services Staff Conference in October was very well attended with positive evaluations. Feedback from students is strong with a number opting to stay in Newport. The support for newly qualified social workers is especially welcomed and viewed as positive.

In all areas the haunting issues of recruitment and retention have clearly receded. The children's workforce is however still relatively inexperienced and work now needs to focus on sustaining and building on the skills and commitment of a young and enthusiastic workforce.

b) Mentoring, Assessment and Consultancy Team (MAC)

The Mentoring, Assessment and Consultancy team are a small group of staff led by a Consultant Social Worker to support frontline social workers working with families subject to PLO processes. The CSW and her team work alongside workers to help formulate good assessments and define appropriate care plans. The team have been vital in preparing for work in the court arena and improving the quality of practice.

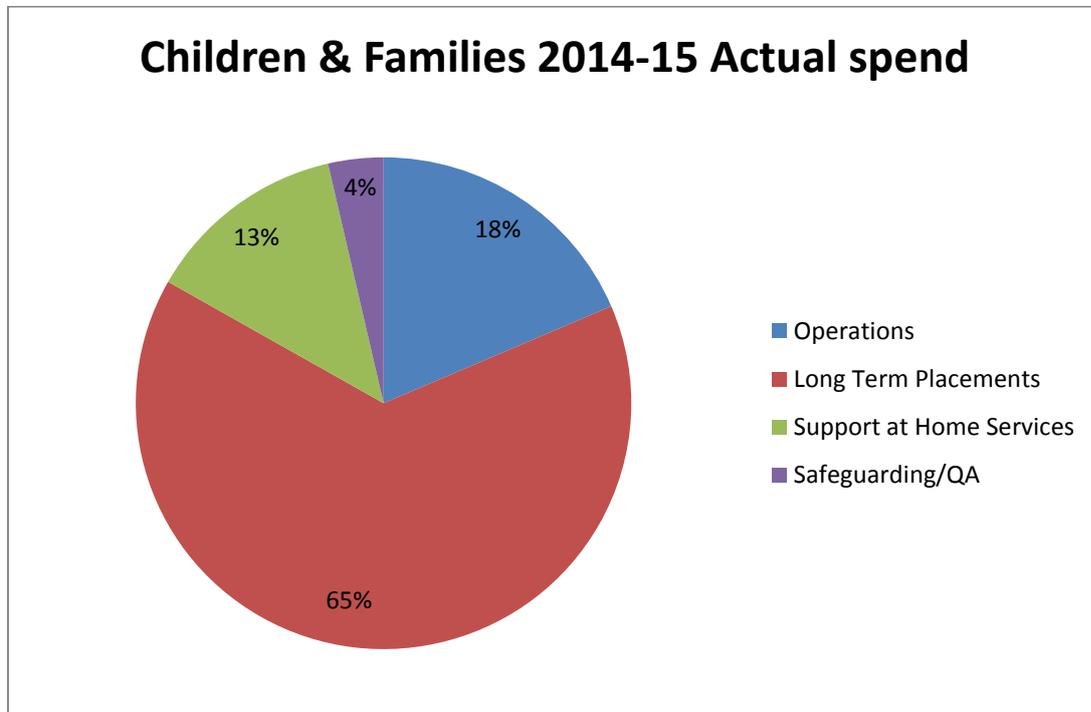
c) The South East Wales Adoption Service

On the 1st of April 2014 the regional adoption service SEWAS commenced work. Staff from the five Local Authorities have come together in a single team based in Mamhilad. The service was formally launched in November. Early indications are that the service has been able to accelerate placements for some Newport children who had been waiting and were coming to the end of the time agreed within Care Plans. Direct support for transition has been agreed as well as support for social workers.

33 children were placed for adoption compared to 24 last year while 12 children are subject to placement orders and awaiting adoptive placements compared to 22 last year.

d) Financial Resources

The Budget for Children and Family Services is as follows;



Sum of 2014-15 Actual	14-15 Actual Out turn
Area	£
Operations	3,706,820
Long Term Placements	12,925,867
Support at Home Services	2,633,332
Safeguarding/QA	720,872
Grand Total	19,986,891

ANNUAL REPORT 2014/15

HEAD OF ADULT SOCIAL AND COMMUNITY SERVICES

1. Introduction

Adult Social Care is a range of interconnected services that includes information, advice and assessment, nursing and residential homes, supported accommodation, day care, short breaks (respite), reablement and telecare. It also includes services that the council has a statutory responsibility to deliver to ensure vulnerable people are as safe as possible.

Newport City Council has a statutory responsibility to provide adult social care services to people who have an eligible level of need, but we also provide a range of preventative services. Many different kinds of people make use of adult social care services including older people, people with learning disabilities, or mental health conditions, and people with physical or sensory impairments.

Newport City Council uses our own staff as well as organisations in the public, private and third sectors to deliver social care. Whatever and wherever care is delivered we want to make sure that it is of a high standard, reflects our values and achieves the right outcomes for the individual and the community as a whole.

We know that demand for our services is increasing and will do for the foreseeable future. In addition the Social Services and Wellbeing (Wales) Bill will shortly require us to be mindful of the wellbeing of the whole population – not just the 2% with whom we usually work.

It was essential we established clear strategic direction for adult services based on the Local and National perspective. We have developed that commissioning strategy after wide consultation process during the previous year.

The vision for adult services is as follows-

Promoting the independence and wellbeing of citizens, their families and communities through a range of effective support services

The vision will be achieved by delivering-

- Universal wellbeing and support
- Prevention and early intervention
- Managed care

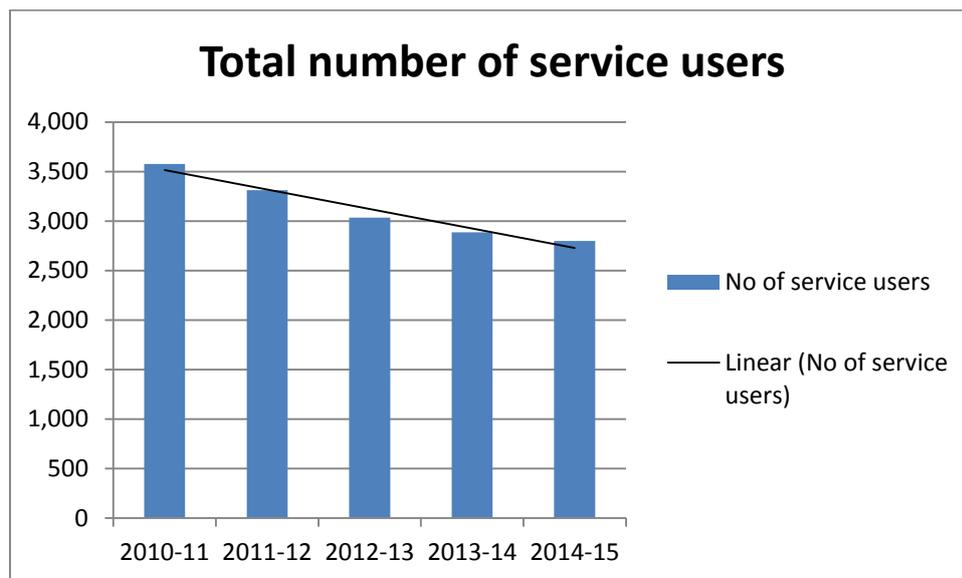
The full document can be viewed at- <http://www.newport.gov.uk/en/Care-Support/Care-and-Support.aspx>

This report will outline the progress we have made during 2014/15 to meet our strategic objectives and also to detail the delivery of current service models to adults in need in Newport.

Our strategic objectives are also identified in our Market Position Statement outlining how we need to develop the market place and inform our procurement planning.

The full statement can be viewed at – [Link to add](#)

2. How much do we currently provide?



(figure 1)

In 2010-11, Adult Services provided and commissioned services to 3,576 adults.

In 2011-12, Adult Services provided and commissioned services to 3,311 adults.

In 2012-13, Adult Services provided and commissioned services to 3,034 adults.

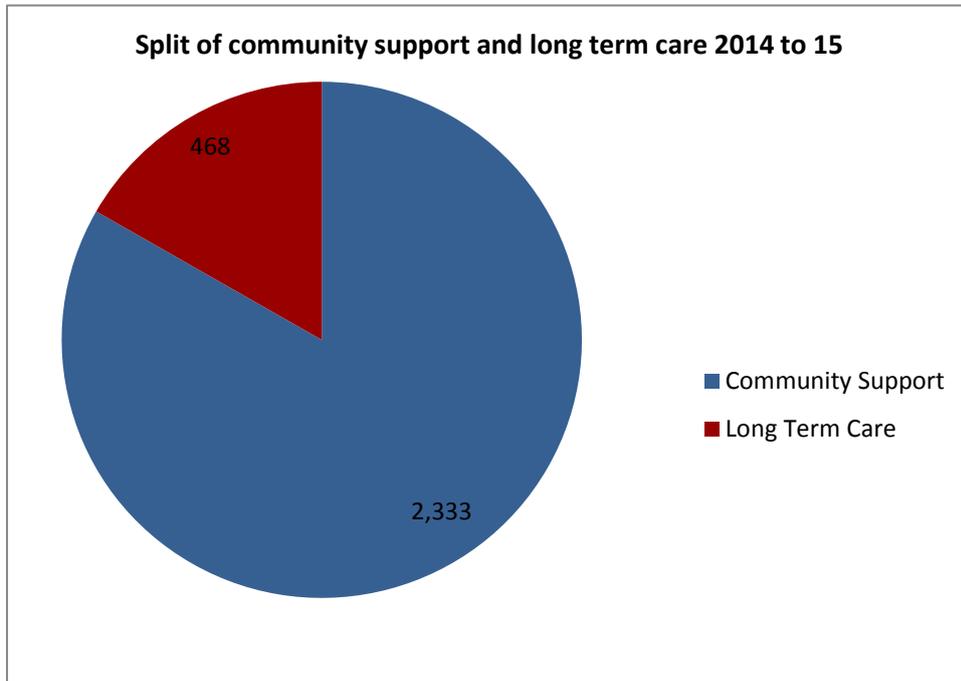
In 2013-14 Adult Services provided and commissioned services to 2887 adults

In 2014-15 Adult Services provided and commissioned services to 2801 adults

There is no dispute that we operate in an environment where there is increasing demographic pressure particularly from an increasing older persons population. We have, as demonstrated above, reduced the volume of people in receipt of adult social services. There are many factors that have contributed to that as follows-

- Increased use of frailty/reablement models (Gwent Frailty Service)
- Increased use of telecare services
- Well planned supporting people services in the community
- Applying eligibility criteria more accurately as defined in Newport (meeting substantial and critical needs)
- Improving process to support people with disabled facilities grants in their homes
- Improving our data management to ensure cases are closed with no further involvement where appropriate.

As shown in figure 1, adult services' currently provides service to 2801 people. That total of services is split between community based services and longer term care services for 2014/15 is as follows-



(Figure 2)

Figure 2 shows that of the 2801 people who currently receive services, 83% have services provided in the community (e.g. domiciliary care, day care) and 17% receive longer term types of service (e.g. residential/nursing care, supported living).

Since the previous year 1% more people have community support and 1% less have long term care.

The following breakdown details the type of community support services being provided in 2014/15-

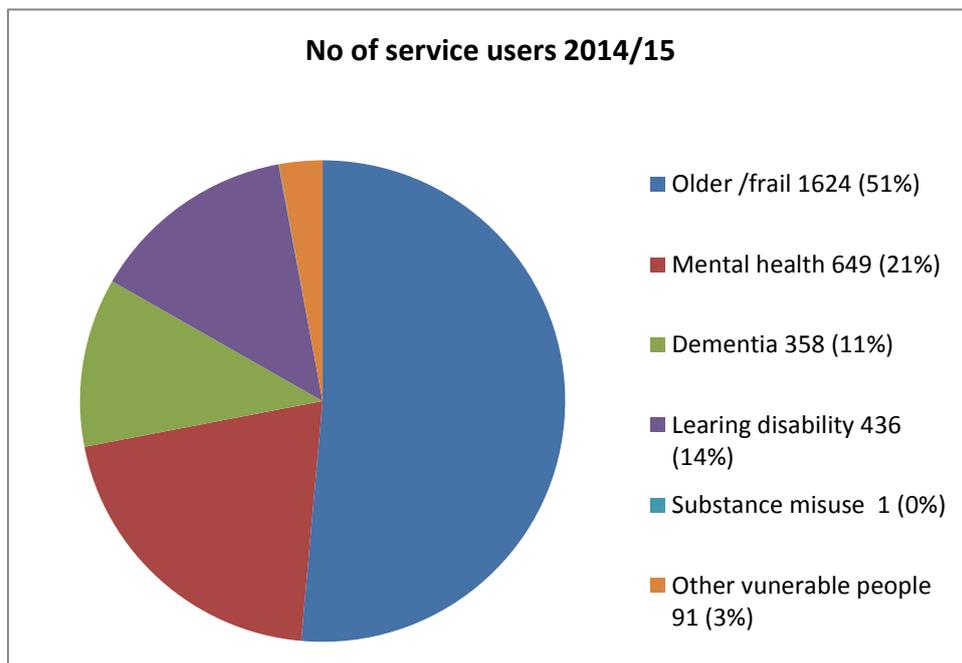
	2013/14	2014/15
People in receipt of home care support	968	883
People in receipt of day care services	409	293
People had community based support	182	202
People received respite forms of support	190	146

People have some form of supported equipment provided to them	1009	1201
People have received an adaptation to their home	247	205
People receive a direct payment to fund their care needs	79	115
People have a supported living placement	140	148
People receive an adult placement	32	37
People receive a Telecare package	281	732

The following breakdown details the type of longer term services provided in 2014/15-

	2013/14	2014/15
People receive a residential service via the Council provided care homes	91	90
People receive a residential service via the Independent care home sector	234	232
People receive a nursing service via the Independent nursing home sector	181	169

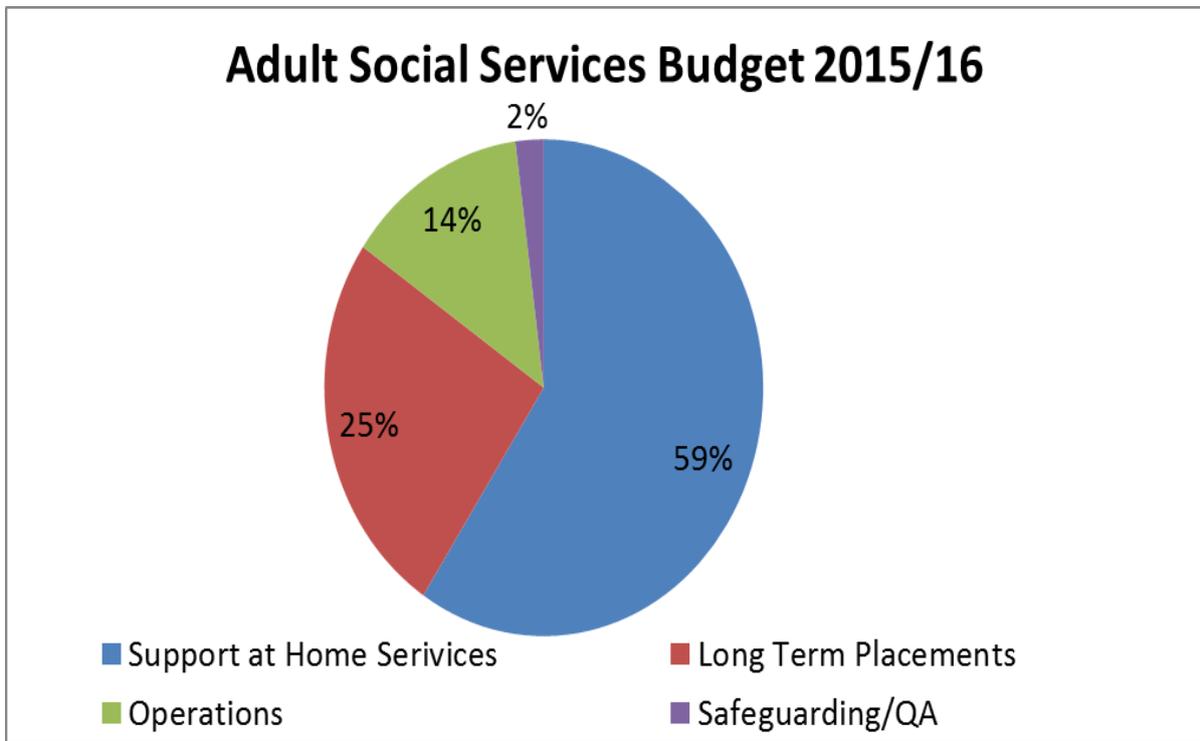
Based on the current total number of service users in 2014/15 the category of service user that we provide services to is split as follows-



(Figure 3)

The detail provided in figure 3 will be more detailed later in the report based on the specific client category review for 2014/15.

2. How much do we pay for adult social services?



Adult Social Services Budget	Total
Support at Home Services	22,591,422
Long Term Placements	9,662,679
Operations	5,088,636
Safeguarding/QA	788,315
Grand Total	38,131,053

(Figure 4)

3. Older People

3.1 Introduction

Throughout the UK increasing demographic pressures are leading to higher demand for both acute and community care services. Simultaneously, budgets within local government are reducing and the NHS is experiencing widely reported funding gaps.

The situation in Newport is no different. The population of those aged over 85 is expected to increase by 74% to an estimated 6,000 people by the year 2030. At the same time, the central government grant received by the local authority has been reduced by 1.2%, requiring the Council to achieve £10 million worth of savings for the financial year 2014/15. Moreover, there is a requirement to achieve further efficiencies within the Health Board in order to balance budgets. The implications of these financial challenges is a need to reduce pressures on social care and acute services, through means such as delivering integrated and outcome focused care within the community, whilst simultaneously managing future demand through early intervention and prevention techniques.

During 2014/15 we initiated our integrated pathway for older people pilot project.

The core objectives of this project include:

- Keeping people living safely and independently in their own homes
- Avoiding unnecessary admission into institutionalised care
- Developing effective anticipatory care planning with care wrapped around the individual
- The development of a continuum of multi-agency provision, deploying the right resources at the right time in a holistic manner
- Developing capacity for effective early prevention
- Delivering outcome focused service provision within a community setting as an alternative to primary care

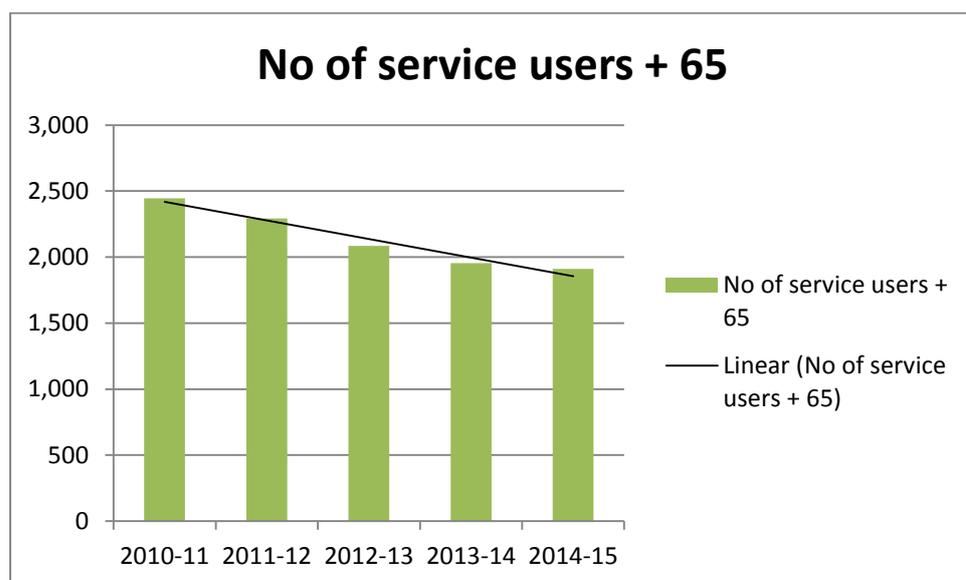
We have produced a mid-point review of the pilot which is available at: [link](#).

As we reported in last year's annual report we had a level of poor performance in the Council operated care homes for older people. This has continued to improve during 2014/15 with agreed quality assurance in place and a stable management and staff team in place. We have also been able to invest in Parklands care home via the Integrated Care Fund to provide accommodation more suited to independent living models (step/step down beds). We have engaged with Dementia Cares and Age Cymru to deliver accredited care for people with dementia. We expect this to progress further during 2015/16.

In December 2014 we were inspected by CSSIW for the social work services delivered to older people with complex needs. We received recommendations from the inspection that require remedial action but we also concluded that the recommendations were in line with improvements we had already identified. We have set an action plan ([link:](#)) which identifies all the key improvements required to be concluded during 2015/16.

The integrated care fund also provided funding for Community Connector posts during 2014/15. These posts are in place to provide robust information, advice and assistance within the community, very much part of the drive toward early intervention and prevention. This initiative supports older people at risk of social isolation in the community and we work on the principle that tackling issues at the earliest opportunity will improve people’s wellbeing and remove risk of emerging health and social care problems.

3.2 How much did we do?



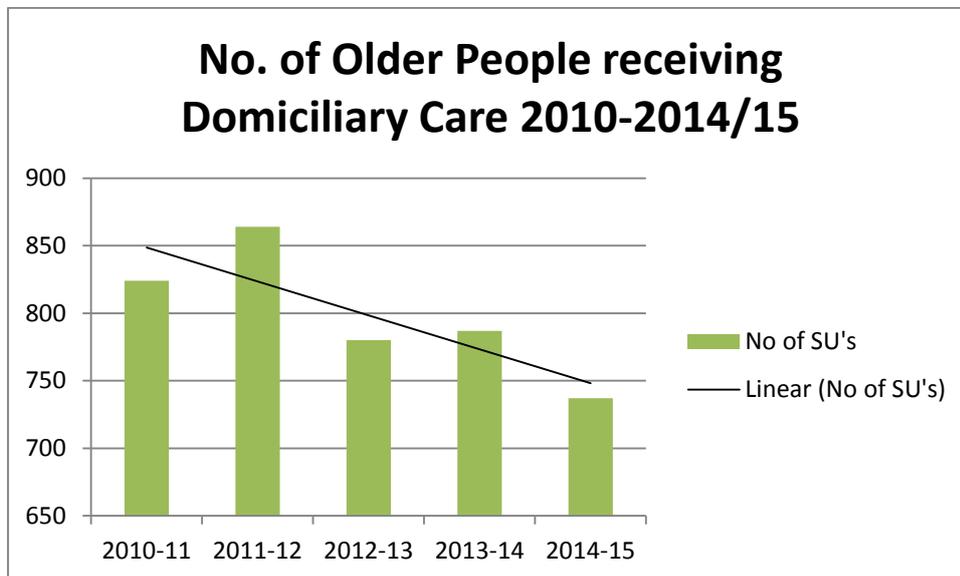
(Figure 5)

Since 2010/11 there are 535 less older people receiving services from Newport Adult Services, this is @ 22% reduction in numbers.

On first inspection of that statistic it could be viewed as a concerning statistic in that Newport provide less support to a vulnerable client group at a time when there is an increasing population of older people who may need support. However, there has been an approach in Newport to maintain as much independence for people in the community with alternative approaches such as-

- Increased use of frailty/reablement models (Gwent Frailty Service)
- Increased use of telecare services
- Well planned supporting people services in the community
- Applying eligibility criteria more accurately as defined in Newport (meeting substantial and critical needs)
- Improving process to support people with disabled facilities grants in their homes
- Changing information and advice approach, employing community connectors as part of integrated care fund grant (ICF)
- Emergence of ‘step up/step down’ type beds to support reablement and avoid hospital stays

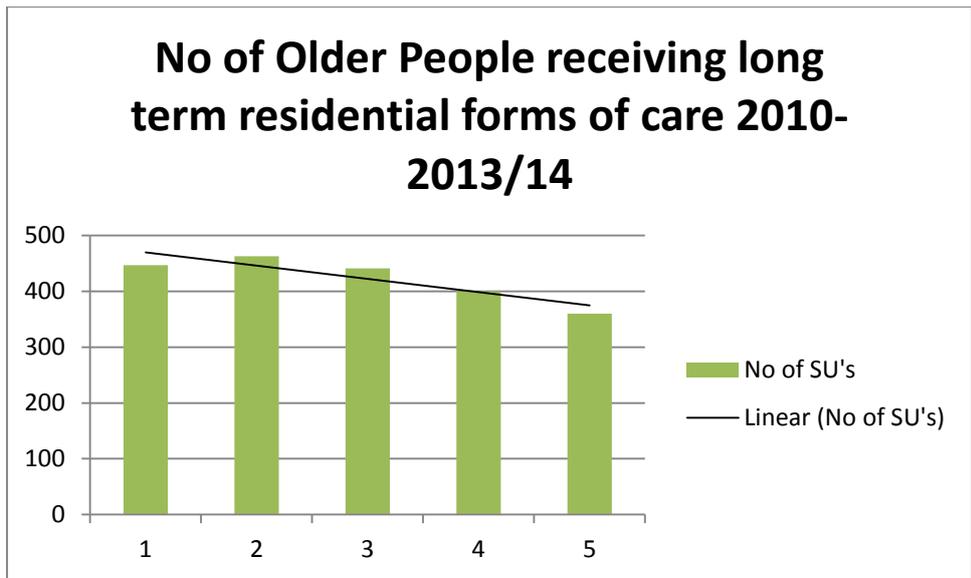
The key headlines which illustrate the type of services' provided for older people that have reduced are as follows-



	2010-11	2011-12	2012-13	2013-14	2014-15
No of SU's	824	864	780	787	737

(Figure 6)

Since 2010 there has been a 10.5% (87 people) reduction in the numbers of people receiving domiciliary care. Although this reduction is not fully attributable to frailty it plays a key part in reducing the overall number of people receiving support in the community, what we can be certain of is that many more older people that are supported intensively for a limited period will regain independence in their daily living and thereby avoid dependency on traditional forms of support.

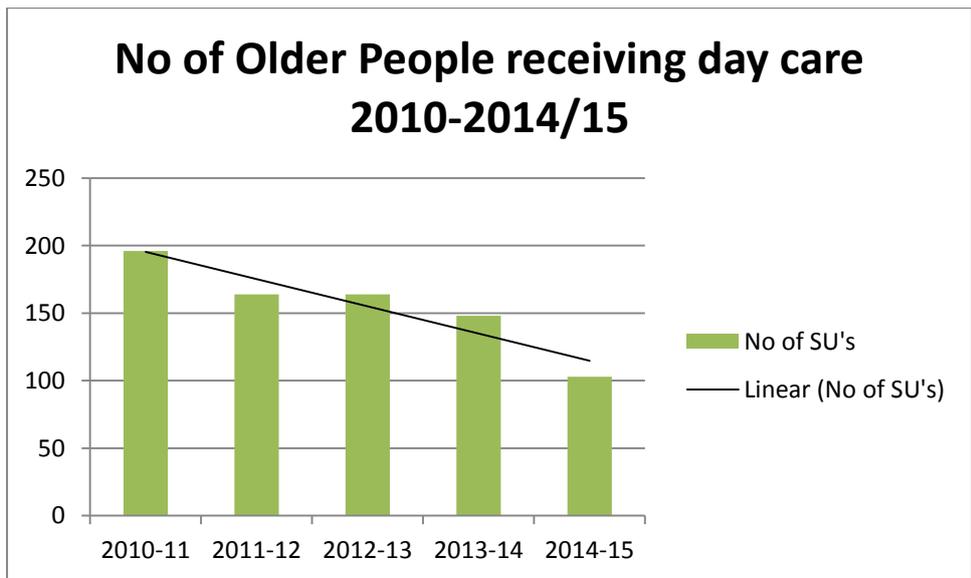


	2010-11	2011-12	2012-13	2013-14	2014-15
No of SU's	447	463	441	400	360

(Figure 7)

Since 2010 there has been a 19.5% (87 people) reduction in the numbers of people receiving long term forms of care such as residential, or nursing care.

People are living in their own homes or within other forms of tenure such as extracare schemes for much longer than they did previously. More people also receive continuing health care funding for their long term care needs than they did in 2010 and this has moved people to commissioned services via the Health Service.



	2010-11	2011-12	2012-13	2013-14	2014-15
No of SU's	196	164	164	148	103

(Figure 8)

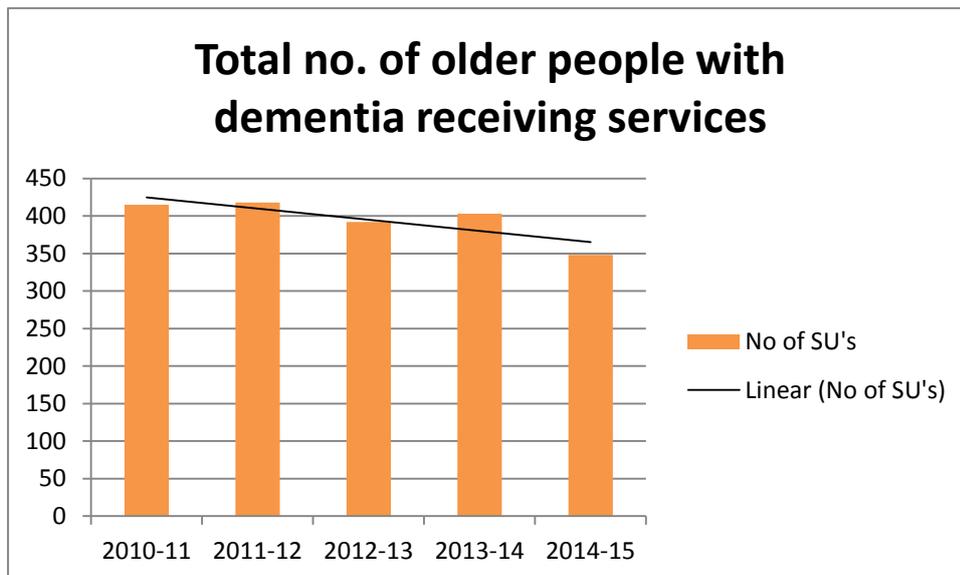
Since 2010 there has been a 47.4% (93 people) reduction in the number of older people receiving day care.

This presents as significant reduction but does however represent our approach to moving away from traditional forms of support to more community based support models. We continue to meet day care needs for people assessed as needing this based on a substantial and critical need.

There are a number of supporting people services available in the community for older people. This supports people in the community and in their own homes this providing non-traditional approaches to supporting older people.

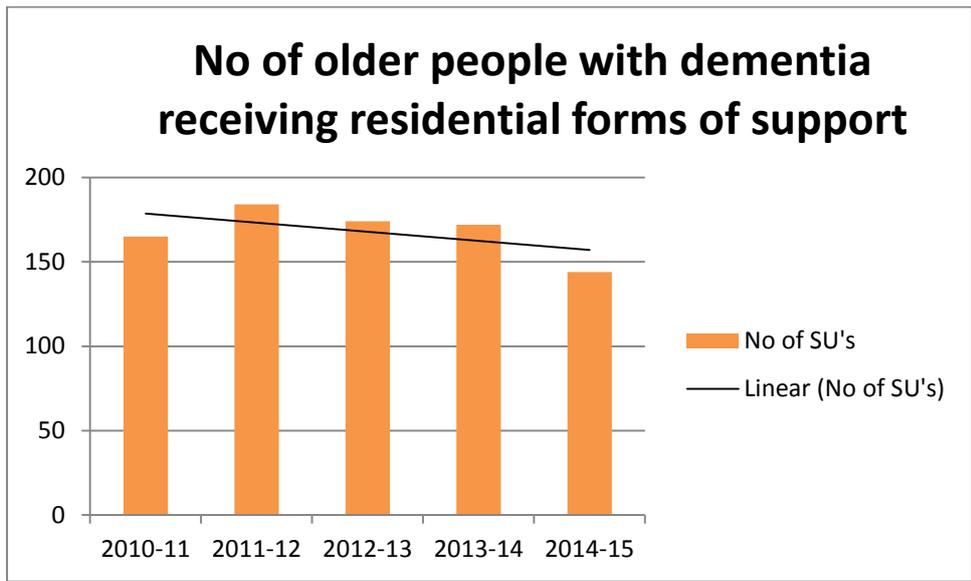
3.3. Older people with dementia

In 2014/15, 348 people with dementia were supported by Social Services. By 2020, it is estimated that 2,011 of Newport's population aged 65+ will have dementia so demand will continue to grow for social services and for other community based support services.



	2010-11	2011-12	2012-13	2013-14	2014-15
No of SU's	415	418	392	403	348

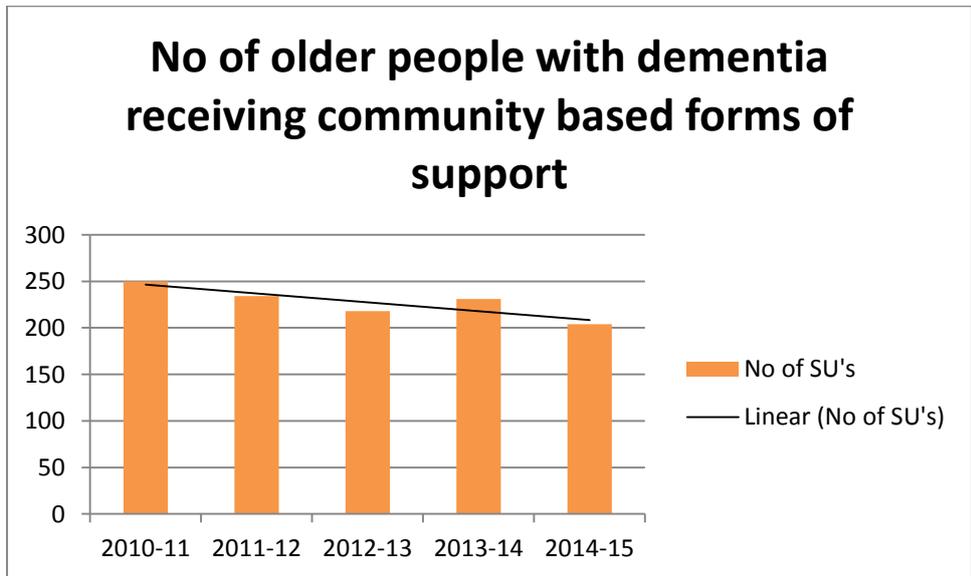
(Figure 9)



	2010-11	2011-12	2012-13	2013-14	2014-15
No of SU's	165	184	174	172	144

(Figure 10)

The trend since 2010/11 is decreasing as more support is provided at home and not in long term care.



	2010-11	2011-12	2012-13	2013-14	2014-15
No of SU's	250	234	218	231	204

(Figure 11)

The numbers of people receiving community based forms of support is also now decreasing based on 2010/11 levels. The emergence of more supporting people type support and the extracare type of accommodation models also support improved ways of living with dementia that do not rely on statutory or traditional forms of support. There is also much more information and advice available and improved awareness of living with dementia.

3.4 Future priorities-Older People

People in Newport are living longer and healthier lives than ever before, and services to meet their needs must keep up. Wales overall has the highest rate of growth for those aged 85 years and over of the UK countries. In Newport it is projected that the number of people aged over 85 will increase by 74%, to 6,000 in 2030. Older people also have higher levels of frailty, dementia and chronic conditions and often present a combination of these conditions. Already, it is predicated that there are more than 1,700 people with dementia in Newport, which affects two thirds of older people in residential care, and by 2021 the number is projected to rise by 30%.

The number of older people experiencing alternative age related challenges is also expected to rise sharply:

Demography indicates a growing demand for services including community services and home based care at a time when increases in resource to expand services and meet growing demand is no longer assured. As a result, refocusing services remains a high priority area within Newport and significant work has been undertaken to firmly apply the Fair Access to Care (FACs) eligibility criteria. Although this has resulted in a year on year reduction in the number of older people receiving services, this methodology is unsustainable without ensuring suitable support is available for those with low/moderate needs.

There is evidence to suggest that there is opportunity to further improve existing service structures. Research and anecdotal evidence highlights that services for older people remain fragmented, both within and across organisational and sectorial boundaries.

Social Services cannot deliver on the Vision alone. This approach requires the support of the whole Council, the 3rd Sector, communities, citizens and fundamentally, health services. Given the high level of interrelated health, social and wellbeing needs presented by older people, integrated models of support, that focus on prevention and early intervention is the only way to address individuals needs as well as the increasing demand for care and support both now and in the future.

The proposed new system of integrated support will be a consciously planned and managed system, built on the ambition for 'Active Living' in older age. Working closely together to reduce barriers, local partners will need to refocus their activities around those receiving care.

- preventative interventions that stop an avoidable slide into increasing dependency upon services;
- locating and linking services in community settings with smooth transitions between different elements and into more specialised services;

- creating fully integrated referral pathways that enables service users too easily cross organisational and sectorial boundaries without any harm or loss;
- capturing once, and addressing all needs of the service user.

The model will consist of a balanced set of services operating where necessary 24 hours a day, integrating early intervention services, support for independent living, rehabilitation and reablement, intermediate care, end of life care and pathways into specialised services and less often used services. Building on the work already underway in the Frailty Project there will be full engagement with all parts of secondary care focusing especially on those points of the pathway where the risk of undermining independence is greatest.

Fundamental to this approach is enabling service users to take part in developing their care plans, and to express their views regarding how care is delivered. Alongside this we will enable service users to receive an assessment of their support needs, have access to relevant, up-to-date and targeted information at every stage and express their views regarding how the care is delivered. This will become a statutory duty with the introduction of the Social Services and Wellbeing (Wales) Act..

We are committed to a co-productive approach to services and as such the new model of support will be built with and for service users and the local community. Services will not be designed and run without reference to the people they serve. There will be a strong commitment in developing services to increase the voice of the services users and the community. This aims both to support and facilitate community wellbeing in the broader sense and also to encourage and help individuals and communities to take more responsibility and control for themselves. Services must recognise that communities and individuals are themselves assets. Together service providers and recipients can help create a more effective service.

4 Learning Disabilities

4.1 Introduction

- The number of people estimated to have a learning disability (aged 18+) in 2012 was 2568. This figure is predicted to slightly rise over the next 5 years by around 3%
- For the age group 18-24, it is predicted that people with a learning disability will reduce from 382 in 2012 to 338 in 2020 (11%)
- It is predicted that there will be an increase in the numbers of people with learning difficulties aged 25-44 and those over 55.
- Newport Adults aged 18+ with a learning disability, predicted to display challenging behaviour remains the same.
- It is estimated that in 2014, there are 1074 adults aged 18+ with a learning disability and who have an autistic spectrum disorder. This figure is predicted to increase by just under 3% over the next 5 years.

A core principle of the Gwent strategy for Learning Disability is that

“People with a learning disability and their carers should be supported to access, use and understand appropriate information about the range of services available and such services should be equally available to all people with a learning disability across Gwent.”

The Newport City Council web site provides information to support this principle.

The Promoting Independence and Choice project aims to develop sustainable services for the future. Services are being modernised so that people with a Learning Disability and their carer's are undergoing many changes. A communication and consultation strategy was developed to ensure that everyone was aware and had input into the developments. People were supported to understand and be part of the changes. There are still those who find the process unsettling.

Newport City Council's Community Connectors service has developed knowledge of what community resources are available and can sign post people or be a source of information. This approach has highlighted a range of services and facilities already available in the community as alternatives to traditional models of service.

At the beginning of 2014, building on the work of neighbouring Local Authorities, the learning Disability team started using an Outcome Focussed Integrated Assessment document. The new format has enabled people to focus on what matters to them and what outcomes they want to achieve.

As part of the Promoting Independence and Choice Project, the learning disability social work team has re-assessed 100% of people who attend LA day centres. There has also been re-assessment of 80% of people with a learning disability who receive a service. There has been a closure of a Council run day centre at the end of 2014/15 as people find alternative models of support in the community.

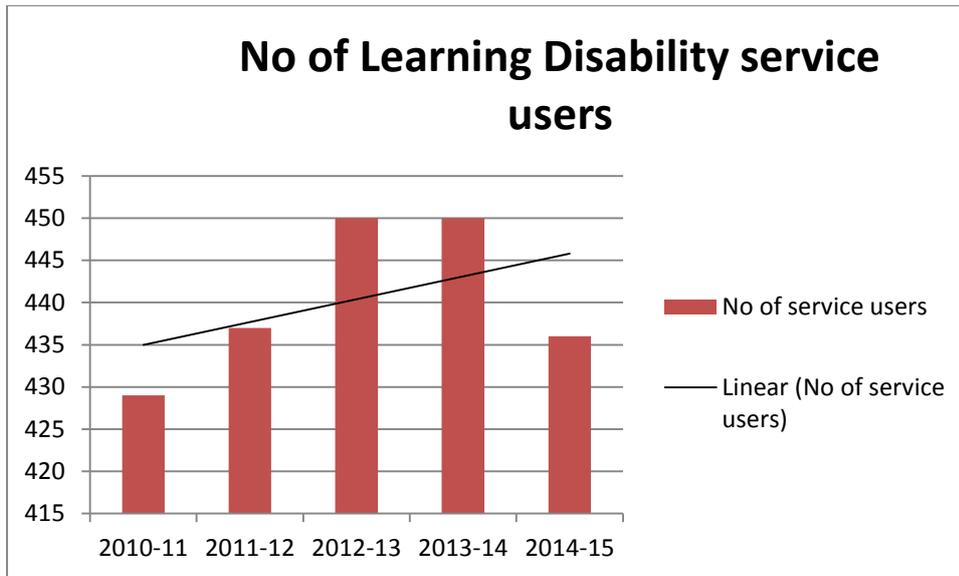
During the year the team have also reorganised the Learning Disability transition process to ensure that staff are dedicated to this key planning phase in people's lives. We now have three social workers in the team dedicated to this work when previously there was only one.

A recent Mental Capacity Act Supreme Court judgement has required that people who lack capacity and are deprived of their liberty in residential care settings should have that deprivation authorised. Similarly with people in supported living settings applications will have to be made to the Court of Protection to confirm their deprivation. All staff in the team have received in house training from the legal department. Some staff have received external training as well.

Care home providers have been advised to make applications to the Pan Gwent Deprivation Of Liberty team. Due to the number of Court of Protection applications, these have been prioritised for completion in 2015/16

Newport City Council has collaborated with Cardiff and the Vale of Glamorgan on the development of alternative service models for residential college provision for young adults with learning disabilities.

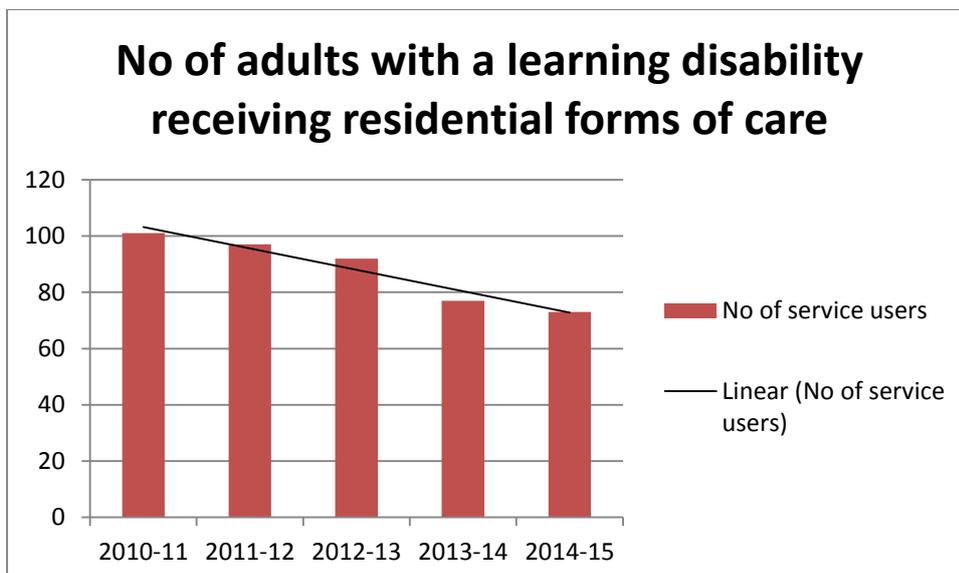
4.2 How much did we do?



	2010-11	2011-12	2012-13	2013-14	2014-15
No of service users	429	437	450	450	436

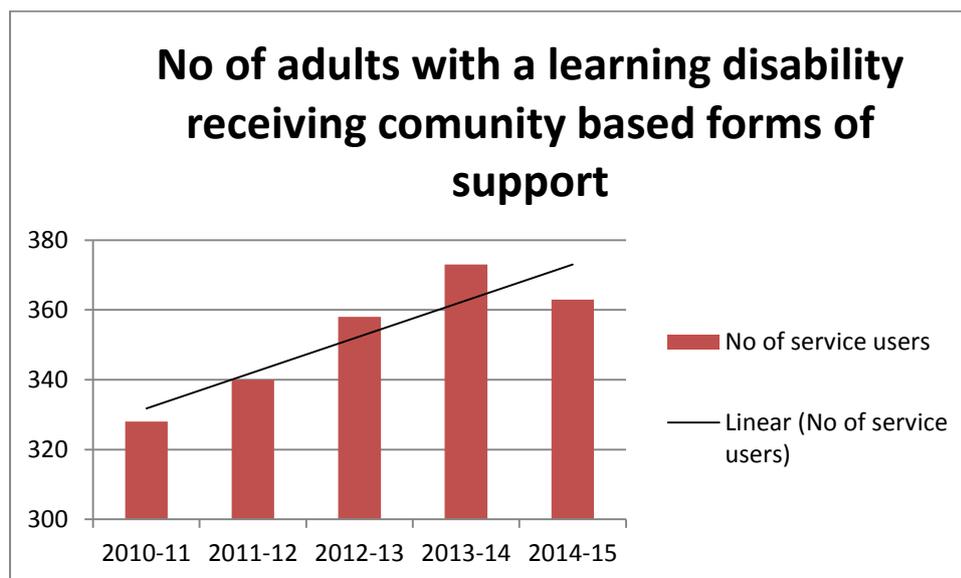
(Figure 12)

You will note the trend line for numbers of adults with a learning disability receiving services has risen since 2010. The numbers in 2014/15 have started to fall. There has been a full reassessment of the people receiving services throughout 2014/15 and some people have been assessed as not eligible for services from the Local Authority, this may account for the reduction this year.



	2010-11	2011-12	2012-13	2013-14	2014-15
No of service users	101	97	92	77	73

(Figure 13)



	2010-11	2011-12	2012-13	2013-14	2014-15
No of service users	328	340	358	373	363

(Figure 14)

4.3 Future Options-Learning Disabilities

- The Learning Disability Delivery Group is supporting a pilot of the Vanguard project in Blaenau Gwent. The approach undertakes a full systems review for the service with the aim to improve the outcomes for the service users. Evaluation of this pilot will inform future development and strategy.
- The web site pages will be reviewed and updated to reflect the changes within Learning Disability Services and to ensure that advice and information is always available and updated.
- We will be continuing to work with people with Learning Disabilities, their carers, voluntary agencies, providers and generic services to promote independence and choice.

- Further development of the use of Outcome focussed assessments and use of performance measures to determine real outcomes for people. We aim to continue to develop services in the community as alternatives to traditional models of care.
- During 2015/16 we will prioritise the review and development of Supported Living models. We want to commission services that are flexible, that will promote independence and that are not necessarily for life. To achieve this, we need providers who can demonstrate a flexible and innovative approach and who can work with service users to help them reach targeted outcomes.
- There are currently 2 residential respite facilities, for people with learning disabilities, within Newport, one provided in-house and one where support is provided by an independent sector provider.
- The Council is currently undertaking a review of respite provision and proposals/options for alternative service delivery and will be undertaking a benchmarking exercise, using internal and external data, both financial and non-financial. It is proposed to establish a framework of providers who are able to provide short breaks and holidays.
- The respite/ short break services need to be modernised and new tenders are being proposed with a framework of holiday provisions and different service models for respite. A redesigned respite service will need to act as a hub for holidays and short breaks. The service will need to know service users well in order to help facilitate opportunities whether they be traditional respite, holidays or short breaks. This will enable better outcomes for service users and meet developing aspirations and the support provider(s) will be key to this.
- The Council is committed to regional collaboration and to the work of the SEWIC brokerage process. We will also look for opportunities for regional collaboration where appropriate, particularly if there are specific niche areas where we and other authorities are struggling to meet need. More work needs to be done at a regional level to identify where there are such areas of mutual needs arising from deficits in service levels

5. Mental Health

5.1 Introduction

- The number of people (aged 16+) estimated to have any mental health problem in 2013 was 19,125. This figure is expected to increase by 4% over the next 5 years.
- It is estimated that there are 35 people with early onset dementia aged 30-64. This figure is expected to increase by over 11% over the next 5 years.
- It is estimated that that 12,994 people aged 16-59 currently misuse drugs. This figure is expected to increase by 5% over the next 5 years.

- It is estimated that 31,225 people aged 16+ currently binge drink. This figure is expected to increase by just over 3% over the next 5 years.

The CMHT assessment clinic system continues to evolve, 24 hour appointments are available throughout the week where a comprehensive assessment will be completed by 2 clinicians from the multi-disciplinary team. A dedicated duty desk is available during normal working hours and is staffed by a qualified clinician.

A single point of entry referral pathway is established that manages all referrals in a prompt fashion and crisis assessments can be seen within 4 hours.

There is access to a qualified clinician 24 hours a day for service users wishing to self-refer under part 3 of the Mental Health Measure for Wales.

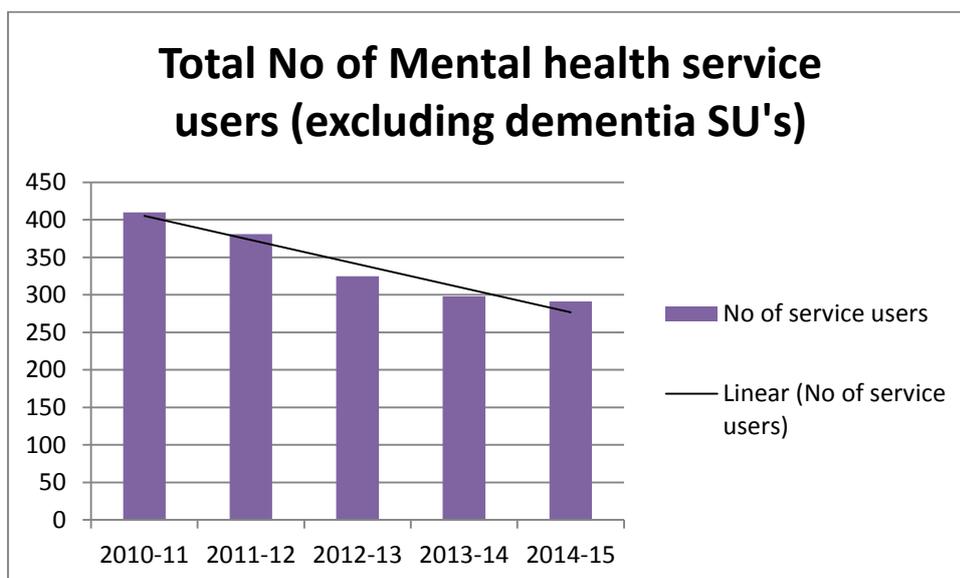
The Psychiatric Liaison service based at the Royal Gwent Hospital has expanded which has increased service provision.

The assessment document has been modified in line with Care and Treatment Plan (CTP) guidance and is service user focussed. CTPs have become more outcome focussed.

Two additional AMHPS are now employed by the local authority, with an additional 2 currently undergoing training. A policy has been developed for AMHPS to validate practice and maintain high standards of service provision.

A Consultant Social Worker has been appointed and will take the lead for all AMHP related guidance and practice within Newport.

5.2 How much did we do?

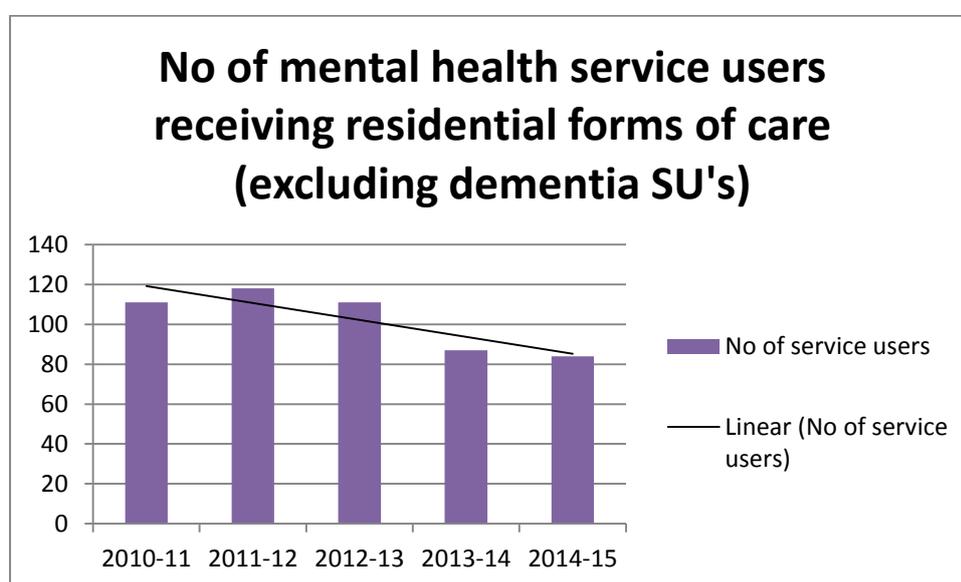


	2010-11	2011-12	2012-13	2013-14	2014-15
No of service users	410	381	325	298	291

(Figure 15)

The numbers of people supported by statutory services has reduced to 291, this represents a 29% reduction (119 people) since 2010.

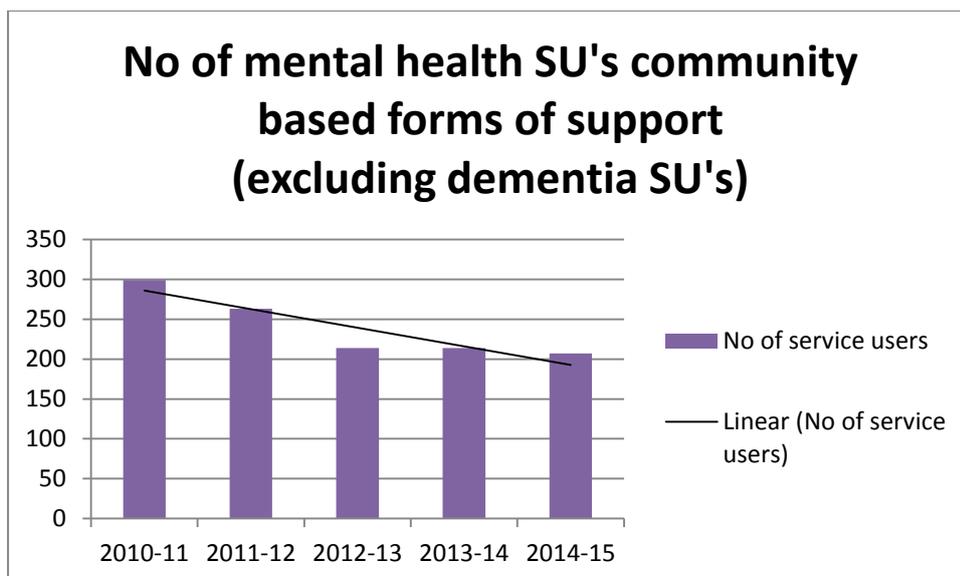
The mental health teams operate a single access point for referrals, base assessments and intervention on a recovery model and therefore not a reliance on longer term forms of care or support. This is reducing numbers of people receiving traditional forms of support as identified above.



	2010-11	2011-12	2012-13	2013-14	2014-15
No of service users	111	118	111	87	84

(Figure 16)

As noted above the 29% reduction in numbers of clients receiving traditional forms of support has reduced residential forms of support as detailed above.



	2010-11	2011-12	2012-13	2013-14	2014-15
No of service users	299	263	214	214	207

(Figure 17)

5.3 Future Priorities-Mental Health

- A pathway for assessment of those with learning difficulties and mental health problems continues to be developed.
- The reduction in waiting times for routine referrals that are in line with the Mental Health Measure for Wales targets.
- The continued development of integrated structure will support less duplication across professionals. This approach is well embedded in Newport and may be further enhanced by Section 33 legal framework.
- For mental health services in Newport to become involved with the LEAP initiative (known as Vanguard)
- On-going reviews to take place over the next 12 months that are recovery based and focus on recovery.
- Working with supported employment providers to support people stay in work.
- Improved physical care of all service users under secondary care services.
- On-going development of voluntary employment opportunities to aid recovery.

- The development of sustainable housing for service users that have been admitted for extended periods within mental health inpatient units.
- On-going programme to ensure a minimum of 2 staff per year undertake AMHP training.
- Explore further options for recruitment and retention for AMHP qualified staff

6.Provider Services

6.1 Introduction

Information about the in-house provider services has been reviewed and updated, where possible on the council's website. For some of our services, clearer, more up to date information is now available for the public generally and specifically social workers, families and people using our services allowing them to make more informed choices. This has been particularly important to support the transition of people into residential homes.

Work has begun with the Council's corporate communications team to consider how we can better target key stakeholders so that they are aware of our services, whether they are social workers or members of the public

The residential homes have recently supported the launch of the Good Care guide – on-line service that provides reviews about the quality of life in our homes.

In line with Older Persons Commissioner recommendations, the residential homes have begun to develop hand books for residents and families

Families and guests that have used New Willows are being introduced to Centrica Lodge and short breaks. This is being undertaken through face to face engagement sessions. The transition from New Willows to new alternatives has taken place for a number of the families and has been undertaken at a pace that has met their needs.

Each service has adopted a 'quality standard' to follow to improve good practice focused on person centred outcomes. These include MyHome Life; Butterfly project; Involve me and other such schemes that proffer a person centred approach. In some instances, training and capital work is already underway in order to support good practice.

People attending services, their carer's and families have been engaged and consulted about changes that are being made to their services. Their views have been taken on board and they have been supported during transition of the service.

Quality Assurance reports are undertaken for each registered service which sets out how people feel about the service they receive. All services send at least an annual survey to people using the service and have coffee mornings or similar where people can share their views. Service user committees, amenity funds and tenants meetings take place regularly.

An escalation process has been put in place to ensure that if a manager is concerned about the changing needs of an individual, there will not be a delay in getting a review of their care plan by social work teams.

Residential homes have an allocated social worker to undertake annual reviews.

Restructure of the domiciliary care service ('Reablement and Homecare Service) means that the emphasis is now on ensuring that people maintain/re-gain their independence.

Intermediate care service has been piloted at Hillside for step up and step down and has now been moved to Parklands following renovation on that site.

Supported Living Agency has identified a number of tenants that will be supported to move to more independent living environments and are also identifying employment opportunities where they would benefit.

6.2 Future priorities providers

- Services that have been undertaking significant changes over the past 12 months have found it difficult during this process to provide up to date information about the outcomes they can provide. Over the forthcoming year, we will be focussing on ensuring that direct communication either through the council's website, through printed media or other reflects the new style services.
- Regular contact with social work teams to ensure that they are aware of the services provided will be put in place.
- Good practice rolled out across all services.
- External evaluation of 'quality standards' will take place.
- Further training and development of good practice to be undertaken.
- Consideration to be given to recruitment on basis of personality as well as skills.
- Further development of Amenity Fund committees to ensure that they add to the life of the service.
- Continue to monitor people's needs to ensure timely reviews take place.
- All domiciliary care staff trained to be reablement workers.
- Expand the intermediate care service to ten beds, provided in re-furbished facilities at Parklands
- Supported Living Agency considering developing to create 'move on' service
- More supported living tenants in paid or voluntary employment

7. Carers

7.1 Introduction

- There are 16,212 people providing unpaid care in Newport, representing 14% of Newport's total population aged 18+ (Census 2011).
- As at 2013, 9,248 carers in Newport provide 1-19 hours of unpaid care per week and 2,500 carers in Newport provide 20–49 hours of unpaid care per week.
- As at 2013, 4,464 carers in Newport provide 50+ hours of unpaid care per week. Across all age groups.
- The number of carers aged 65 and over is predicted to rise by 7% over the next 5 years.

There is a continued production and provision in Newport of a comprehensive range of information for carers making them aware of the services available to them.

Carers Champions have been identified in all but two of Newport GP surgeries to support and promote good practice within the GP surgeries as well as provide carers with relevant information early in their caring role. Carers Contact hold weekly GP surgeries in 17 of Newport GP surgeries

The council continues to work closely with ABUHB, other local authorities and the third sector to progress with the joint Carers Information and Consultation Strategy.

The Carers' Forum continues to develop and has a well-established membership of Carers representatives. The meetings are regularly attended by these carers, officers, third sector agencies and councillors. The Council has supported the Carers Forum when they required a minute taker and also with the hire of one of the meetings whilst they were waiting on grant funding decisions.

The Council continues to seek Carers' views throughout the Unified Assessment Process as well as recognising their individual needs through the Carer's Assessment Process.

Carers have been involved in the continued progression and monitoring of the Joint Carers Information and Consultation Strategy, with carer representation on each of the Programme Board Sub- Group meetings.

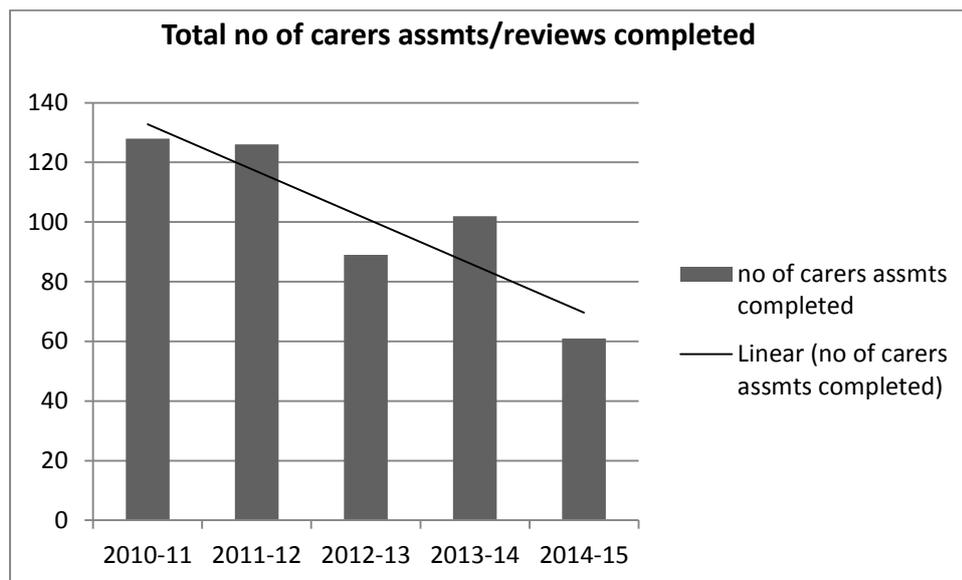
Carers are involved in the Council's Carers Strategy Group meetings, updating the Strategy 2013-2018

A clear Carers' Assessment process is in place with guidance and an appropriate form which is to be completed. The departure of the current person in the Social Work Assistant role dedicated to Carers Assessments has been compensated by the recruitment of Community Connectors (Carers). They are continuing to undertake Carers Assessments, albeit at the lower level to establish a general understanding of what support needs within the community Carers want. The Connectors roles primarily exist to identify new carers, provide information, support and instigate innovative solutions to the needs of carers within the community.

Newport City Council commission a broad range of services for Carers from the Third Sector which provide advice, support and respite from their caring role allowing Carers to lead fulfilling lives.

The Carers Pathway Project finished in September 2014. As part of the ABUHB Carers Measure Conference in November 2014 it was identified that there is a much needed requirement to set up closer and more carer aware partnerships with Department for Work and Pensions to consider and support Carers and Former Carers when job seeking. Carers assessments highlight Carers employment commitments and are considered especially when Carers identify they wish to return to work and support (where possible) is provided for them to do this. The Connectors remit is to support access to community based services, along with compiling a directory that identifies education, learning and training opportunities for carers.

7.2 How much did we do?



(Figure 18)

The number of carers assessments completed during the year has decreased. We now have carers community connectors in post which will improve this performance in 2015/16.

7.3 Future Priorities- Carers

- Continue to develop close working relationships with ABUHB in order to produce detailed and relevant information to support Carers' in their caring role.
- The Local Enhanced Service, LES, an initiative led by ABUHB has Carers Champions in all GP surgeries bar two; however the funding may not continue post

April 2016, which will then require both Health and Local Authority to consider how the work within GP surgeries can be sustained. Carers Contact and Carers Forum are possible avenues to support this

- The council will continue to support the Carers' Forum. In addition the council will also engage with Carers' regarding any changes or developments that will impact them and/or the people they care for.
- Carers will continue to be consulted with and be involved in the progression and monitoring of the Joint Carers Information and Consultation Strategy. Each of the Sub Group meetings has Carer representative.
- Continued representation from Carers at Strategy Meetings and consultation on updates to Strategies.
- The process by which clients enter social services will need continued monitoring to improve customer experiences and ensure appropriate access to relevant assessments.
- Carers Champions have been identified across Adults and Children Services and have met to discuss their role. Continued meetings will occur every four months with the next meeting being due in April. It is envisaged that the Carers Champions will be involved in the re-training exercise in order to refocus promote and support good practice.
- Carers Champions will be a useful way of considering how carers' needs are most effectively met and outcomes delivered within each of the Social Work Teams.
- The Five Authorities are formulating a Carers Training programme for new carers to attend and receive information and advice on their welfare, how important it is for them to remain healthy, both physically and mentally, what carers assessments are along with covering the financial and legal basics to be considered in their caring role. It is anticipated that further work will be identified from gaps in provision to ensure future development of training opportunities for carers around moving and handling and managing challenging behaviours.
- The Council will continue to monitor its contracts to ensure that services are fit for purpose and are good value for money, whilst effectively meeting Carers needs.
- The Council will continue to promote Carers needs around Education, training and employment opportunities. A possible pilot project between ABUHB and DWP/Job Centre is being considered in Newport to raise awareness of Carers and the difficulties they face whilst seeking employment or training opportunities. Continued updating of the directory of activities identifying education, learning and training opportunities for carers.

8. Performance 2014/15

Mar 2015

Measure	Actual	Target	Last Year	* Benchmark Group	Wales Avg.
	Data	Data	Data	Data	Data
SCA/001 Delayed Transfers of Care (NSI, SP) # (M)	5.37 per 1,000	6.00 per 1,000	11.51 per 1,000	5.58 per 1,000	4.70 per 1,000
SCA/002a) Support for Older People in the Comm (NSI, SP) # (M)	61.81 per 1,000	61.00 per 1,000	63.32 per 1,000	85.70 per 1,000	74.48 per 1,000
SCA/002b) Supt for Older People in Care Homes (NSI, SP) # (M)	14.36 per 1,000	17.00 per 1,000	16.20 per 1,000	19.94 per 1,000	19.84 per 1,000
SCA/019 Adult Protection risk managed (NSI, PAM, SP) (Q)	97.78%	90.00%	97.08%	93.05%	94.45%
SCA/020 Clients Supported in the Community (PAM) (M)	87.32%	85.00%	85.68%	87.15%	86.33%
SCA/007 Care Plan Reviews (PAM, SP) % (M)	77.9%	75.0%	65.0%	84.4%	81.1%
SCA/018a) Carers offered assmt or review (PAM, SP) % (M)	94.0%	85.0%	87.9%	80.5%	85.8%
SSL/015 telecare packages # (M)	732	366	281	--	--
CCAS/L/015 Number new frailty packages provided (SP) (M)	597.0	504.0	492.0	--	--
CCAS/L/016 Number closed frailty packages provided (SP) (M)	573.0	492.0	481.0	--	--

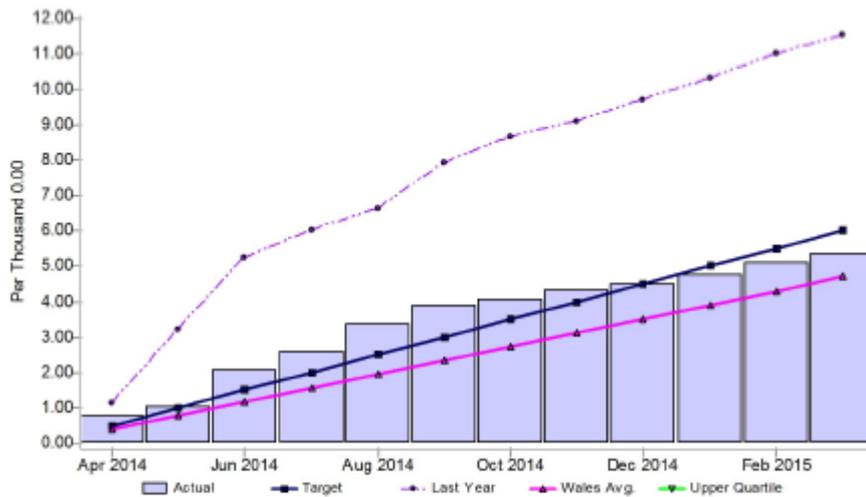
Mar 2015

Measure	Actual	Target	Last Year	* Benchmark Group	Wales Avg.
	Data	Data	Data	Data	Data
CCAS/L/006 % Service users said service met their needs (SP, IP) (A)	100.00%	92.00%	90.00%	--	--
CCAS/L/007 % Service users satisfied with service/equipment (SP, IP) (A)	96.55%	92.00%	90.00%	--	--
CCAS/L/014 % with no Package after frailty intervention (SP) (M)	64.7%	62.0%	60.7%	--	--
CCAS/L/017 Number hospital discharge assessments (IP, SP) (M)	1,297.0	360.0	--	--	--
CCAS/L/018 Number of step down beds available (IP, SP) (M)	28.0	7.0	--	--	--
CCAS/L/019 % people needs met following planned discharge (IP, SP) (Q)	92.0%	70.0%	--	--	--
CCAS/L/020 Number of people fully reabled (IP, SP) (M)	371.0	210.0	292.0	--	--
CCAS/L/021 % people receipt of services had delay (IP, SP) (M)	22.1%	25.0%	35.0%	--	--
CCAS/L/022 % people feel views considered (IP, SP) (A)	92.1%	70.0%	--	--	--
CCAS/L/023 % of Closed Community Reablement and Intervention Teams cases that resulted in the clients reablement (IP, SP) (Q)	58.06%	55.00%	--	--	--
Employee Sickness (M)	20.73days	15.04days	15.83days	--	--
NHR/010 RTW in 7 calendar days % (M)	67.82%	68.99%	61.57%	--	--
NHR/001 Your Review Completed % (M)	--	75.0%	53.6%	--	--

Adult Services performance levels against the targets set for 2014/15 have continued to improve in key areas from the previous year. It is our intention to achieve sustainable improvement and recognised the need to set realistic improvement targets for 2014/15. Our teams have delivered the improvement in performance at the same time as we continue to operate in a challenging financial environment. The level of performance leads us to the forthcoming year when we are now in a position to set targets at or above the Welsh average levels. Set out below are some of the key performance areas doe adult services in 2014/15.

8.1 Key performance issues

SCA/001 Delayed Transfers of Care (NSI, SP) # (M) (Social Services: CC&AS) This Year to Date (Sum)



Description

The rate of Delayed Transfers of Care (DTC) for social care reasons per 1,000 population aged 75 or over.

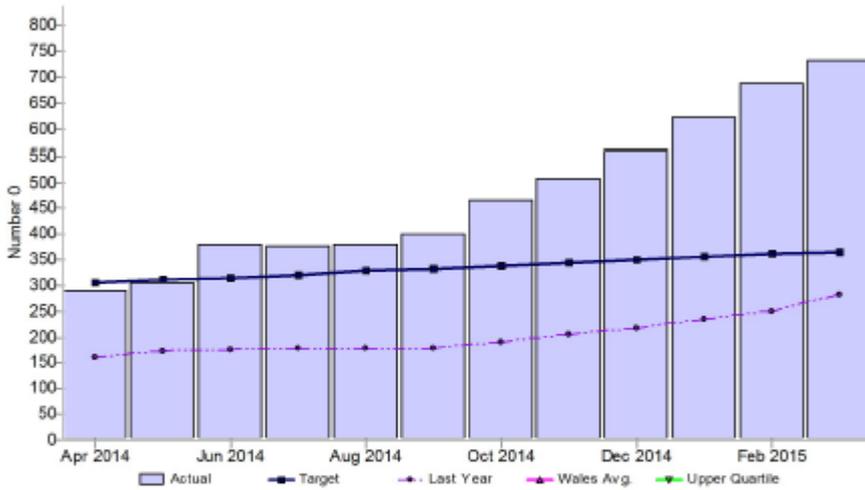
Improvement Agreement Theme 1: Adults helped to live in the Community.

Policy Agreement ref. 9.
Previously NAWPI 3.8.

	Actual	Target	Last Year	Wales Avg.	Upper Quartile
SCA/001 Delayed Transfers of Care (NSI, SP) # (M) (Social)	5.37 per 1,000	6.00 per 1,000	11.51 per 1,000	4.70 per 1,000	-

(Figure 19)

SSL/015 telecare packages # (M) (Social Services: CC&AS)
This Month (Last Value)



Description

SLT dashboard

No of telecare packages in place and in use (monthly – change programme) during the month.
 Data from Telecare Team.

	Actual	Target	Last Year	Wales Avg.	Upper Quartile
SSL/015 telecare packages # (M) (Social Services: CC&AS)	732	366	281	–	–

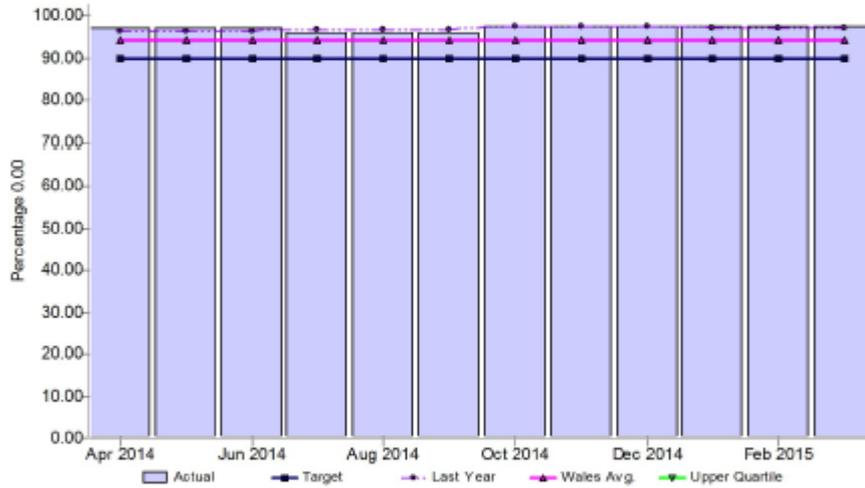
(Figure 20)

Preventive services such as Telecare cut across health and social care, and Telecare is a key tool which can be used internally and externally in enabling people to delay entry to or avoid entry to health or social care services.

Promoting Telecare technologies across the care pathway from individuals presenting a low end need to those with the most complex support requirements produces substantial financial and non-financial benefits. The earlier individuals engage with assistive living technology, the easier it becomes to embed more complex systems as their needs increase reducing dependency on more intensive statutory support services.

The improvement in performance for 2014/15 is notable and evidences our commitment to early intervention and preventative approaches.

SCA/019 Adult Protection risk managed (NSI, PAM, SP) (Q) (Social Services: CC&AS)
This Year to Date (Last Value)



Description

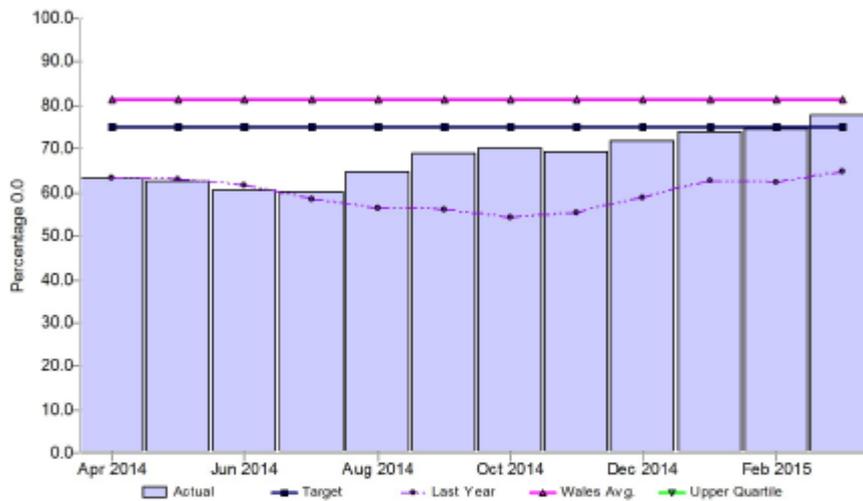
The percentage of adult protection referrals completed where the risk has been managed

	Actual	Target	Last Year	Wales Avg.	Upper Quartile
SCA/019 Adult Protection risk managed (NSI, PAM, SP) (Q) (Social Services:	97.78%	90.00%	97.08%	94.45%	—

(Figure 21)

Adult protection levels of risk management have achieved above target. The team has applied a very consistent process and improved data management. We are achieving above the Welsh average which is a promising performance level.

SCA/007 Care Plan Reviews (PAM, SP) % (M) (Social Services: CC&AS)
Moving Year (Last Value)



Description

The percentage of clients with a Care Plan at 31st March whose Care Plans should have been reviewed that were reviewed during the year.

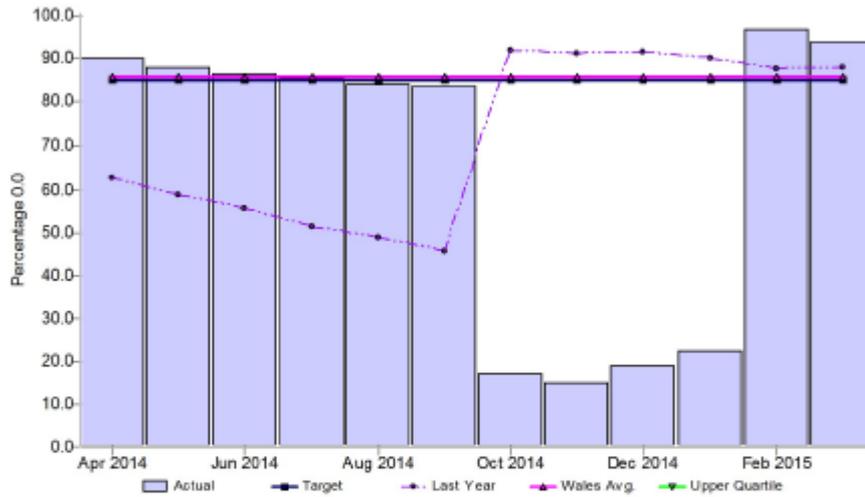
Rolling monthly figure.

	Actual	Target	Last Year	Wales Avg.	Upper Quartile
SCA/007 Care Plan Reviews (PAM, SP) % (M) (Social Services)	77.9%	75.0%	65.0%	81.1%	-

(Figure 23)

The improvement in completion of reviews was identified as a key improvement area for adult services and also was set as a key improvement objective of the Council. It is pleasing to see further improvement and we have achieved over target by the end of 2014/15. The commitment to continuing improvement for this key activity will be maintained next year where we aim to exceed the Welsh average levels of performance.

SCA/018a) Carers offered asmnt or review (PAM, SP) % (M) (Social Services: CC&AS)
Moving Year (Last Value)



Description

The percentage of Carers of Adults who were offered an Assessment or Review of their Needs in their own right during the year.

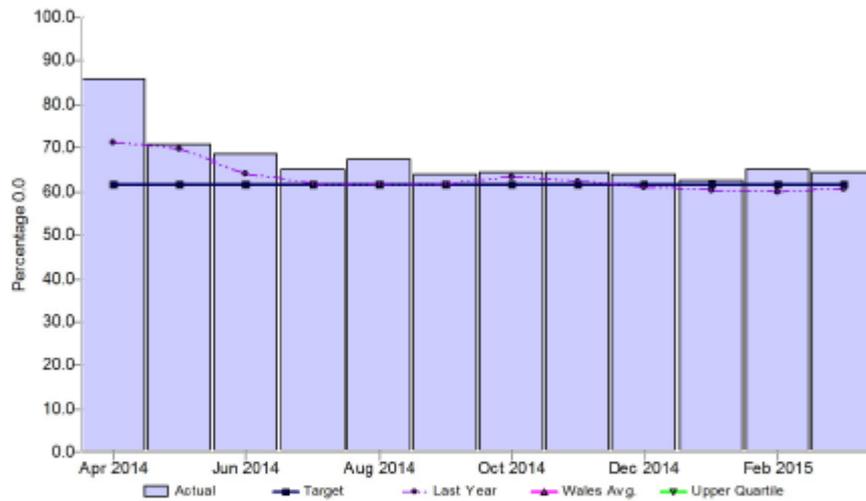
Replaced SCA/012a).

	Actual	Target	Last Year	Wales Avg.	Upper Quartile
SCA/018a) Carers offered asmnt or review (PAM, SP) % (M) (Social)	94.0%	85.0%	87.9%	85.8%	-

(Figure 24)

We have ensured that we offer assessment or review to identified carers and have exceeded the target set for 2014/15. However we recognise the need to improve the overall volume of carers by increasing initial assessment of carers as noted in figure 18.

**:CAS/L/014 % with no Package after frailty intervention (SP) (M) (Social Services:
This Year to Date (Average)**



Description

% of packages at the end of frailty intervention that require no ongoing package re-abled / deceased / other

	Actual	Target	Last Year	Wales Avg.	Upper Quartile
CAS/L/014 % with no Package after frailty intervention (SP) (M)	64.7%	62.0%	60.7%	-	-

(Figure 25)

We have continued to perform well with reablement achieving over the target we set. As we continue to improve in this area we demonstrate our commitment to promoting independence for people.

9.Conclusion

In 2014/15 Adult Services have met the performance targets and managed its budget in a challenging environment where we are establishing new models of delivery and moving away from traditional forms of care.

The Vision for adult services has been communicated to our staff and key stakeholders and our aim has been to continue to raise awareness of the key strategic objectives. The Market Position Statement has also been concluded from which we will now outline our procurement plans for 2015/16.

The Integrated Pathway for older people project has been implemented during the year and sets our commitment to early intervention and prevention. We will expand the project in 2015/16 across the NCN areas in Newport.

We have also in the latter part of 2014/15 produced the client pathway and our staffing structure to support an integrated approach to meeting needs across the NCN areas of the city. We have committed strategically with Health to examine a single integrated pathway for health and social care which will improve outcomes for people.

During 2015/16 we are committed to the Greater Gwent Partnership arrangements which will ensure a regional perspective to meeting the challenges we face. The key area for 2015/16 will be to ensure we deliver our services within the requirements of the Social Services and Wellbeing Act, undertaking this on a regional basis will add value.

It is clear that we will continue to operate in challenging financial circumstances over the next few years. It is therefore essential that we continue our progress to achieving our strategic priorities to ensure we meet care and support needs for adults who need our support.

The future priorities outlined in this report clearly identify that we have significant work to undertake over the next year. We will continue to develop as a very different organisation guided by changes in Legislation, more collaborative models of delivery, changes to Local Government arrangements and by the changing needs of the people that require care and support.

Jonathan Griffiths

Head of Adult and Community Services

6th May 2015

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