

Agenda



Performance Scrutiny Committee - People

Date: Tuesday, 12 December 2023

Time: 10.00 am

Venue: Microsoft Teams / Committee Room 1

To: Councillors W Routley (Chair), J Cleverly, C Townsend, P Bright, B Davies, P Drewett, D Jenkins, R Howells and D Mayer

Item	Wards Affected
1	<u>Apologies</u>
2	<u>Declarations of Interest</u>
3	<u>Minutes of Previous Meeting</u> (Pages 3 - 8)
4	<u>23-24 Mid-Year Reports - Social Services</u> (Pages 9 - 112)
5	<u>Conclusions of Committee Reports</u> Following the completion of the Committee reports, the Committee will be asked to formalise its conclusions, recommendations and comments on previous items for actioning.
6	<u>Scrutiny Adviser Reports</u> (Pages 113 - 122) <ul style="list-style-type: none">a) Actions Arising (Appendix 1)b) Forward Work Programme Update (Appendix 2)
7	<u>Live Event</u> Click here to watch the Live Event.

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Date of Issue: Tuesday, 5 December 2023

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Minutes



Performance Scrutiny Committee - People

Date: 28 November 2023

Time: 10.00 am

Present: Councillors W Routley (Chair), J Cleverly, C Townsend, B Davies, P Drewett, D Jenkins, R Howells and D Mayer

In Attendance: Sarah Morgan (Chief Education Officer), Deborah Weston (Assistant Head of Education - Resources), Katy Rees (Assistant Head of Education - Inclusion), Councillor Deb Davies (Cabinet Member for Education and Early Years), Samantha Schanzer (Scrutiny Adviser), Simon Richards (Governance Officer)

Apologies: Councillors P Bright

1 Apologies

Cllr P Bright

2 Declarations of Interest

None.

3 Minutes of Previous Meeting

The minutes of meeting held on **26th September 2023** were **accepted as a true and accurate record.**

4 2023/24 Service Plan Mid-Year Report - Education Services

Invitees:

- Sarah Morgan – Chief Education Officer
- Deborah Weston – Assistant Head of Education – Resources
- Katy Rees - Assistant Head of Education - Inclusion
- Councillor Deborah Davies – Cabinet Member for Education and Early Years

The Cabinet Member for Education and Early Years presented the report to the Committee.

- The Committee asked for the proposed demolition date of Millbrook Primary School. The Assistant Head of Education – Resources informed Committee that the proposal needed to undergo the necessary planning approval and the estimated demolition date was June/July 2024. They assured Committee that additional security measures had been arranged in the interim including CCTV, fencing and guards. The Committee asked for the estimated completion date for the replacement school. The

Chief Education Officer (CEO) informed Committee that the earliest possible completion date would be January 2026 but could not confirm an exact date at this time. The Committee asked to be kept updated regarding Millbrook Primary School.

- The Committee queried what the 1.2% of Education employees actively learning Welsh equated to numerically. The CEO agreed to provide this information and highlighted that GEMS and Gwent Music employees were included in this. They assured Committee that the same level of support and investment was given to all employees. The Committee asked whether teachers were included in the figure. The CEO stated they were not.
- The Committee asked what the measurable outcome of progress by March 2024 would be in increasing the uptake of Education employees that can speak Welsh. The CEO informed Committee that this would be the increased use of incidental/conversational Welsh. They agreed to provide more information to the Committee.
- The Committee asked whether a link had been identified between poverty, school absence and attainment. The CEO stated that research confirmed the link between attainment and poverty. They informed Committee that they operate practices including the Raising the Attainment of Disadvantaged Youngsters (RADY) approach which had been successful in improving attainment. They explained that there was a link between school absence and poverty, but absence could be seen in all types of families. They explained that the focus was on the progress of learners and looking at all young people's attendance to identify patterns and put support in place where necessary and beneficial.
- The Committee highlighted the use of Fixed Penalty Notices (FPN) to deter school absences and raised concern about the potential impact these could have on disadvantaged families. The CEO assured Committee that work was carried out with schools to explore multiple measures including attendance cluster policies to manage attendance expectations for families, analysing school's data and absence codes to identify patterns, using preventative measures and offering support to families. They assured Committee that FPNs were issued as a last resort and were preceded by many measures and warnings. They agreed that while it was uncomfortable, there was an obligation to ensure children attend school and there was evidence that FPNs are effective in influencing attendance improvement. The Committee asked how many FPNs had been issued. The CEO agreed to provide this data. The Cabinet Member informed Committee that there was a Welsh Government (WG) directive for Local Authorities to start reissuing FPNs and it formed part of the Headteacher's toolkit but they did have discretion. They agreed to keep Committee updated on the progress of this. The Committee asked for evidence to be provided to demonstrate the effectiveness of FPNs. The CEO agreed to do this and explained that they would need to look at pre-Covid figures as they were in the public domain.
- The Committee asked whether attendance was currently actively reported. The CEO informed Committee that it was informal and voluntary currently as there was no WG requirement to report on this. They assured Committee that there was strong collaboration with schools and highlighted that most schools continue to set attendance targets despite it not being statutory. The CEO noted that there were approximately 3 schools who did not set targets but reiterated that they were not required to. They informed Committee that this was ordinarily a statutory requirement, but Primary Headteachers had been in action short of strike and did not have to report. They confirmed that this action had ended in the previous week. They highlighted that they were working in collaboration with Trade Unions and there had

been a national request for a transition period, but that attendance data had been prioritised and would be reported.

- The Committee asked what support was offered to children in poverty and the teachers who support them. The CEO highlighted that there are free breakfast clubs, free school meals and schools have food banks and uniform banks. They informed Committee that roadshows were held to promote other services to parents which could support them outside of Education Services. They highlighted the importance of sharing best practices and funding. They highlighted that there is more support for after school clubs via the Family and Community Engagement (FaCE) Network.
- The Committee raised concern about the cost of branded uniforms and its impact on disadvantaged families and asked whether there was encouragement to allow non-branded uniform to be accepted. The CEO informed Committee that from September 2023, WG changed the duty of governing bodies, who now must give due regard to non-branded uniform. They assured Committee that families in receipt of Universal Credit could access a free school uniform grant for Year 7. The Assistant Head – Resources provided the example of Maindee Primary School, who allow families to purchase up to 3 items of school clothing for £1 each and the money collected supported an onsite food bank. They noted that Maindee Primary School worked closely with New Life in Maesglas who provided surplus uniform to this shop and that there were plans to expand this scheme across Newport. The Cabinet Member explained that some schools provided free feminine hygiene products and these were being utilised. The Committee were pleased to see the work being done. The Committee asked whether they could signpost residents to these schemes and facilities. The CEO informed Committee that they are interested in acquiring waiting lists to ensure that they are reaching as many families as possible and would speak to schools across the city to encourage sign up. The Committee highlighted the environmental importance of pre-loved uniforms. The CEO highlighted that any voluntary supportive work school staff undertook could not be reported on as it was voluntary. The emphasis, instead, was on the goodwill and generosity of spirit of staff to support children in poverty.
- The Committee asked what challenges refugee children were facing in assimilating into schools and what support was being offered to mitigate. The CEO highlighted that temporary accommodation could be difficult for families in knowing which schools to apply for and settle into. They noted that where these families were settled into city centre locations, schools with space to accommodate children may be at a distance and require transport, which could be funded if criteria were met. They noted that additional help could be provided to families who may need further support in this such as an accompanying adult. The CEO emphasised that every child had the right to education and all children were treated in the same regard.
- The Committee noted that progress on the Accessibility Strategy was not moving forward as quickly as intended and asked what was being done. The Assistant Head – Resources informed Committee that there were multiple phases to this Strategy and that they were currently in phase two. They agreed that progress had been slower than hoped due to initial surveys and resourcing issues, but delivery had not come to a standstill. They noted that there was overlap between this Strategy and WG capital grants for Additional Learning Needs (ALN) which meant that time limited grants could be redistributed to support other work. They highlighted that there had been significant improvement even if it had not been reflected in this point. The Committee asked what resourcing issues they had encountered. The Assistant Head noted that this was a project they were keen to progress but the project management team must prioritise projects across the capital estate, according to greatest need and assured Committee they were in constant communication. The CEO reiterated that some grants were time limited.

- The Committee asked whether there was research to support links between Free School Meals and improved attainment and were there plans to roll out Free School Meals to Secondary Education. The CEO noted that they had not received any news about further roll out and they personally hadn't seen any research to this end but felt that WG would be aware of and use this research to inform decisions.
- The Committee congratulated the team on their successes and thanked Officers for attending.

5 Conclusions of Committee Reports

- The Committee congratulated Officers for their work and the successes within the report.
- The Committee welcomed the universal rollout of free school meals to all primary schools and acknowledged the positive impact of changing the terminology from "Free School Meals" to "Universal Free School Meals".
- The Committee requested the figure for the 1.2% of Education employees actively engaged in learning Welsh.
- The Committee requested information on how many Fixed Penalty Notices had been issued and evidence of Fixed Penalty Notices' effectiveness.
- The Committee requested to be updated on the figures related to school non-attendance.
- The Committee requested an update on the demolition of Millbrook Primary School closer to the time of demolition.
- The Committee requested further information on Welsh Language in schools and the work being done to encourage Welsh Language in English medium schools.

6 Scrutiny Adviser Reports

a. Actions Arising (Appendix 1)

The Scrutiny Advisor noted no change in the Actions Sheet.

b. Forward Work Programme Update (Appendix 2)

The Scrutiny Advisor noted no change in the Forward Work Programme at this time. The Scrutiny Advisor noted that the date of the next meeting was the 12th December 2023.

7 **Live Event**

[To watch the recording, please click here.](#)

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Scrutiny Report

Performance Scrutiny Committee – People

Part 1

Date: 12th December 2023

Subject 2023/24 Service Plan Mid Year Reviews

Author Scrutiny Adviser

Responsible Cabinet Member / Officer:	Area / Role / Subject
Sally Anne Jenkins	Director of Social Services
Councillor Jason Hughes	Cabinet Member for Adult Services
Councillor Stephen Marshall	Cabinet Member for Children Services
Councillor Deb Harvey	Cabinet Member for Community Wellbeing
Natalie Poyner	Head of Children and Young People Services
Mary Ryan	Head of Adult and Community Services
Caroline Ryan-Phillips	Head of Prevention and Inclusion

Section A – Committee Guidance and Recommendations

1 Recommendations to the Committee

The Committee is asked:

- 1.1 To consider the following Service Plan Mid-Year Reviews in relation to their performance for 2023/24. Each Year-end review report includes an Executive Summary, 2023/24 Revenue Budget and Forecasted Outturn, Service Areas Risks, Analysis of Performance against Service Plan Objectives and Performance Measures as at end of Quarter 2 (30th September 2023) for:
- **Appendix 1** – Prevention and Inclusion Mid-Year Report 23-24
 - **Appendix 2** – Children and Young People Services Mid-Year Report 23-24
 - **Appendix 3** – Adult and Community Services Mid-Year Report 23-24

2 Context

Background

- 2.1 The Corporate Plan 2022-27 has four Well-being Objectives to support its mission an ‘*Ambitious, Fairer, Greener Newport for Everyone*’. To support the delivery of these objectives and strategic priorities, each service area has developed their service plan. Each service plan outlines its own priorities and how the service area will contribute towards the Corporate Plan 22-27.
- 2.2 The Well-being of Future Generations (Wales) Act 2015 requires all public sector bodies to set Well-being Objectives in their Corporate Plans. To achieve this goal the Council’s Corporate Plan

22-27 has four Well-being objectives that will prioritise our focus over the next five years and beyond:

- Newport is a thriving and growing city that offers excellent education and aspires to provide opportunities for all.
- A city that seeks to protect and enhance our environment whilst reducing our carbon footprint and preparing for a sustainable and digital future.
- Newport is a supportive city where communities and care are at the heart of what we do.
- Newport City Council is an inclusive organisation that places social value, fairness and sustainability at its core.

2.2 To deliver these objectives, in 2022 each service area produced a service plan that outlined how the service area will support the delivery of the Corporate Plan 22-27. Formal monitoring of the Service Plans commenced from 1st January 2023. These plans will be monitored every quarter and at the end of 2023/24, service areas will complete an End of Year review on the progress against this plan which will be presented to the Performance Scrutiny Committees. This report presents Members with the Mid-Year Reviews for each Service Plan and Appendices for:

- **Appendix 1** – Prevention and Inclusion
- **Appendix 2** – Children and Young People Services
- **Appendix 3** – Adult and Community Services

2.3 Service Plans for 2023/24 include:

- Key programme and project work being undertaken by the service area;
- Service Plan Objectives and planned actions including links to the Strategic Recovery Aims;
- Performance measures including National (Welsh Government / Public Accountability Measures) and locally set measures; and
- Service area risks.

2.4 The Local Government and Elections (Wales) Act 2021 requires Newport Council to Self-Assess:

- The effectiveness of its functions.
- Consider if it is using its resources, economically, efficiently and effectively.
- Whether the governance arrangements are effective for securing these areas.

These reports will support the Council's self-assessment and integrated with its annual Corporate Well-being Self-Assessment report.

3 Information Submitted to the Committee

3.1 This year's report for Mid-Year reviews cover the period 1st April 2023 to 31st September 2023 and include: 2023/24 Budget and Forecasted Expenditure, Service Areas Risks, Executive Summary, Analysis of Performance against Service Plan Objectives and Performance Measures.

The updates are structured into the following sections:

Introduction	Each report provides an introduction to each service area and their main objectives, budget and forecasted expenditure for the financial year 2023/24.
Head of Service Executive Summary	The Executive Summary provides a self-assessment of the service area performance for the last financial year. The summary also self-reflects on the

	service area successes and challenges faced during the last financial year as well as looking forward towards any new / emerging priorities for 23/24.
Service Area 23/24 Overview	This section provides a snapshot overview of progress against its objectives, its risks and also the finance outturn for 2023/24. <i>Note: Corporate and Services risks are reported quarterly to the Council's Governance & Audit Committee and Cabinet.</i>
Programmes & Projects	This section focuses on any programmes and projects being led by the service area. This may contain service area specific projects and/or major projects such as any buildings, infrastructure projects being led by the Council.
Workforce Development	These are actions which the service area in collaboration with the Council's Human Resources team have identified to improve the capacity and capability of the service to meet the needs of the service.
Analysis of Progress against Objectives / Actions	Each service plan will have an overview of progress made in 2023/24 (1 st April 2023 to 31 st March 2024) against the objectives and their actions. The table also shows where actions are supporting the delivery of the Council's Corporate Plan Well-being Objectives and its strategic priorities and any other Council Strategy e.g. Climate Change Plan. Performance against each action will be based upon Red / Amber / Green (RAG) status based upon whether the action is anticipated to be delivered by the agreed date or not. Each action also has a percentage of completion to enable Members to understand the current progression against the action. <ul style="list-style-type: none"> • Green C - Action has been completed • Green % - Action is on target to complete by agreed timescale • Amber % - Issues are identified which could impact on the delivery of the action by the agreed timescale. • Red % - The action is not going to be able to deliver by agreed timescale and immediate action is required. • ? – Unknown – Data missing.
Performance Measures	For performance measures that are reported the figure will indicate whether it is achieving its target or if it is under achieving. Where measures are under achieving against the target (Amber / Red) the service area will provide commentary to explain the reason(s) and what action is being taken to improve performance. Performance of the Measures is ranked using the following: <ul style="list-style-type: none"> • Green - Performance is above Target • Amber - Performance is below Target (0-15%) • Red - Performance is under achieving (+15%) • ? – Performance is unknown (data missing) <p>The report will also include the performance measures previous performance in the last three years for comparison.</p>
Glossary	Provides an overview of how projects, actions, risks and performance measures are assessed. Any abbreviations used in the document.

4. Suggested Areas of Focus

4.1 Role of the Committee

The role of the Committee in considering the report is to:

Assess and make comment on:

- **Corporate Plan** – Service area contribution and delivery against the Council's Corporate Plan 2022-27.
- **Finance** – Consideration of the service area outturn and resources to effectively deliver best value for their services provided and to achieve the objectives identified in their service plan.
- **Objectives and Actions** – Is the service area making good progress against the actions identified in the service plan?
 - For actions that have been completed, has the service area demonstrated what the outcome(s) of delivery are and what impact it has had on the service area.
 - For actions still in progress, are these actions still projected to be completed on time and are there any areas where further clarification is required.
 - Do Members have sufficient assurance that good progress is being made by the service area to support the overall delivery of the Corporate Plan.
- **Performance Measures** – Are there any performance measures that are under performing and is there reasonable explanation and sufficient action being taken to address performance both in the short term and long term.

In drawing its conclusions, the Committee should assess:

- Is the Committee satisfied that the service areas are making good progress against their objectives, actions and performance measures at the mid point of the financial year
- Are there any specific areas which the Committee requires further assurances on its delivery (reported separately through the scrutiny committee work programme)?
- What was the overall conclusion on the information contained within the reports?
- Are there any areas in the report that are missing and/or require further clarification?
- Does the Committee wish to make any Comments / Recommendations to the Cabinet?

4.2 Suggested Lines of Enquiry

In evaluating Service Plan performance, the Committee may wish to consider:

<ul style="list-style-type: none"> Analysing the Service Plan Mid-Year Reviews and evaluating how well Service Areas performed in 2023/24 against the objectives, actions, recovery aims and performance measures in their service plans; Is the service area taking demonstrating sufficient steps to transform or change the way they deliver services to meet the long term needs of its users? Are actions appropriately contributing to the Well-being objectives? Is any underperformance being addressed and are associated risks being mitigated? Are there any emerging risks / issues and lessons learned the service area should consider in the short term and long term? Are there any barriers to improving performance of objectives, actions and performance measures in the Service Plans? Is the Service Area managing its resources effectively, efficiently to provide best value?

4.3 Well-being of Future Generations (Wales) Act

5 Ways of Working	Types of Questions to consider:
Long-term The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.	Do the objectives and actions of the service area take into account the long-term trends that will impact services areas?
	Do the objectives and actions consider the needs of service users and future trends of service delivery? E.g. What is the demographic forecast of young people living in Newport services required to support needs of future service users?
Prevention Prevent problems occurring or getting worse.	Do the objectives and actions undertaken prevent issues being faced by service users / communities now and in the future?
	Are the solutions being provided today having an impact on the root causes of the problem(s)?
	Is the service area addressing areas of underperformance that will improve service delivery in the short term and long term?
Integration Considering how public bodies' well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.	Are service areas considering the goals of strategic partner organisations, the Public Services Board and wider regional / national objectives?
	Is the progress of delivery against objectives aligned with that of other Council service areas, strategic partners and that of other organisations?
Collaboration Acting in collaboration with any other person (or different parts of the organisation itself).	Who does the service area collaborate with (Internal / external) to deliver objectives and actions?
	What are the lessons learned and benefits from collaborative working?
	How does collaboration benefit the Council and service users in the long term? E.g. resource, knowledge, expertise, best value, outcome(s) for the service user.
Involvement The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.	How are the views of the service user / wider community and partners being considered in the delivery of services and activities?
	How does the feedback of service users, citizens and businesses improve their experience and ensure lessons are learned?
	How do you ensure the views of vulnerable and marginalised communities taken into consideration on decision making?

Section B – Supporting Information

5 Links to Council Policies and Priorities

- 5.1 Service Plan Mid-Year Reviews directly support the delivery of the Council’s Well-being Objectives set in the Council’s Corporate Plan 2022-27 and the Strategic Recovery Aims. Furthermore, the four Well-being Objectives contribute towards the delivery of the Gwent Public Services Board Well-being Plan 2023-28 and ultimately the Well-being Goals set in the Well-being of Future Generations Act 2015. An overview of the strategic alignment is highlighted in the table below.
- 5.2 Members of the Committee should also consider the statutory duties that service areas are required to deliver and comply with necessary legislation. These are outlined in the Council’s Constitution and where necessary stated in the report.

Well-being Objective	1 – Economy, Education and Skills	2 – Newport’s Environment and Infrastructure	3 – Preventative and Equitable Community and Social Care	4 – An Inclusive, Fair and Sustainable Council
Aims:	Newport is a thriving and growing city that offers excellent education and aspires to provide opportunities for all.	A city that seeks to protect and enhance our environment whilst reducing our carbon footprint and preparing for a sustainable and digital future.	Newport is a supportive city where communities and care are at the heart of what we do.	Newport City Council is an inclusive organisation that places social value, fairness and sustainability at its core.

6. Background Papers

- [The Essentials – Well-being of Future Generation Act \(Wales\)](#)
- [Corporate Plan 2022-27](#)
- [Adult and Community Service Area Plan 2022-24](#)
- [Children and Young People Service Area Plan 2022-24](#)
- [Prevention and Inclusion Service Area Plan 2022-24](#)

Report Completed: 12th December 2023

MID-YEAR REVIEW

PREVENTION & INCLUSION

2022-24



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Strategic Leads

Cabinet Member for Community Well-being	Councillor Deb Harvey
Director of Social Services	Sally-Ann Jenkins
Head of Prevention & Inclusion	Caroline Ryan Phillips

Introduction

Newport City Council's Corporate Plan 2022-27 has four Well-being Objectives to support its mission to deliver an Ambitious, Fairer and Greener Newport for everyone and contribute towards Wales' Well-being Goals set in the Well-being of Future Generations Act. To support the delivery of these objectives, strategic priorities, and deliver continuous improvement each service area has developed their service plan. This report provides the Mid-Year progress against the Prevention & Inclusion Service Plan 2022-24 (23/24).

The Prevention and Inclusion service area is part of the Council's Social Services directorate, responsible for delivering a range of early intervention and preventative services. Embracing Prevention - one of the core principles of the Social Service and Wellbeing Act (Wales) 2014 and Wellbeing of Future Generations (Wales) Act 2015, the service area is structured to offer early help to families and individuals and strive to prevent escalation of support needs to statutory services. All teams work closely with a range of partners to deliver effective and timely support, working with individuals and families on what matters to them and will improve their lives. Building on families own strengths and resources, interventions are tailored to develop and strengthen individual skills and coping strategies to manage their own lives and families. Support on parenting, mental health and educational attainment are some examples of the type of work undertaken.

Flying Start and Early Years

Flying Start and Early Years services provide quality part time childcare for young children. The programme helps children with their communication development and offers an enhanced health visiting service. Support is also available for parents and carers of young children where tips and strategies on managing behaviour, feelings and relationships are also offered.

Youth and Play

Youth and Play services offer a range of provision for children and young people including Youth clubs and play groups. They provide and facilitate an environment which young people can relax, have fun whilst feeling secure, supported and valued. Young people can also access opportunities to gain national accreditations such as the Duke of Edinburgh award.

Preventions

The merging of these two established teams will create an enhanced resource available to support individuals and families with a whole range of issues. Strategies for positive parenting, emotional regulation managing budgets and support building positive relationships are some areas of work undertaken.

Adaptations Team

Disabled Facilities Grants are available for disabled owner-occupiers, or tenants, that rent from private landlords to adapt their property. Discretionary grant funding is available for smaller adaptations which are not available under a Disabled Facilities Grant. The grants are utilised to prevent hospital admission and allow individuals to live in their home independently. The team work closely with Occupational Therapists to ensure all needs are adequately assessed and any adaptation work will bring improvement to the quality of individuals lives.

Substance Misuse

Hosted by Newport, the regional team supports the work of the Area Planning Board (APB) and oversees all the contracting and monitoring of substance misuse services commissioned. The APBs exist to provide a regional framework, to strengthen partnership working and strategic leadership in the delivery of Welsh Government substance misuse strategy (Working Together to Reduce Harm); and enhance and improve the key functions of planning, commissioning and performance management.

Community Engagement & Delivery Team / Carers

The Community Connectors, Carers and Community Development Teams have moved into the Prevention and Inclusion Service area and collectively have created the Community Engagement and Delivery Team. The team continue to implement the Welsh Government National Carers Strategy and the Age Friendly Communities Strategy as well as delivering community focussed activities and projects that respond to emerging needs e.g. cost of living, poverty. The service collates and updates information about community resources, schemes and activities and signposts citizens to these to meet their needs via direct referral and via drop in and pop-up events in the community.

Service Area Objectives

Objective 1 - Deliver effective early intervention and preventative services for adults, children, young people and families to remain in their own communities.

Objective 2 - Deliver an appropriate range of inclusive early intervention and preventative services to meet the needs of adults, children, young people and families.

Objective 3 - Support families to lead emotionally healthy and happy lives in their communities.

Objective 4 - Improve outcomes for adults, children, young people and families building self-worth. Working with strengths based and trauma informed approaches.

Head of Service Executive Summary

The first half of this year has seen services within the Prevention and Inclusion service area continue to build on last year and further develop their early intervention and preventative offer of support to Newport residents. With teams now largely settled following the service area restructure, we have been able to turn more attention to detail such as quality, performance, inclusivity, and participation. This has included undertaking service reviews to identify gaps and areas for development. Taking stock on what is offered has enabled teams to reflect on their service provision, question 'is it making a difference?', and to explore more fully the evidence base to support what we do. Examples of work progressed include a fundamental multi-agency review of the Promoting Positive Engagement with Young People (PPEYP) grant to engage with children and young people to prevent antisocial behaviour, remodelling and aligning our complex play provision for children with disabilities within the Disabled Childrens Team (DCT), and as part of the corporate Asset Rationalisation Programme, developing a more robust place based preventative model within communities.

These examples could not take place or progress without our collaborative and partnership arrangements with a great range of individuals and organisations. Prevention and Inclusion continues to cement its approach to robust and holistic preventative support by valuing and embracing our partners and key stakeholders. Collectively we continue to work with each other, residents, and communities to ensure the support available is effective and responsive to their identified needs. Furthermore, work is ongoing with our colleagues at the front door to Children and Adults services as we look to develop pathways to get the right referrals to the right services earlier, and in the same token assist in alleviating some of the pressure experienced at these points.

A significant piece of work progressed this year has been for the service area to access WCCIS, the social services case management and data system. Taking a staged approach, improving this access, and having an improved visual and joined up approach to information sharing has long been on our agenda. We are thrilled this has started to take shape and can only assist in our safeguarding of adults and children and transparent decision-making.

Summary of achievements

- Positive internal audit of the Family Information Service
- Continued successful partnership with Newport Live with transition of the Aspire alternative education programme.
- Actively working towards Newport being an Age Friendly City and a member of the World Health Organisation to become a member of the global age friendly network. This included public engagement to shape the delivery plan.
- Flying Start expansion programme continues to reach an increasing number of children and families providing childcare and parental support.
- Successful transfer and merge of Community Connectors and Community Engagement teams
- Successful recommissioning of substance misuse services for children and young people
- Strengthening safeguarding practice and understanding across P&I with social work support
- Improved co-ordination of multi-agency parenting courses across the service area adopting evidence based models.
- Transfer of the Disabled Parking Bays to the Adaptations Team
- EcoFelx4 programme commenced (access free energy efficient installations)
- Continued reduction in waiting times for families of children with disabilities accessing preventative support, following a comprehensive review and remodelling.
- Continued development of the Gwent wide Bridging the Gap Short Breaks for Carers Service, formerly launched in August59.

Successes

The service area has seen many successes in the first six months of this year that we are immensely proud of. This includes young people with additional learning needs (ALN) completing bronze and silver Duke of Edinburgh expeditions, a significant reduction in Covid related backlog cases in the Adaptations team for Disabled Facilities Grants, a consultation exercise with parents of children with complex support needs to assist in shaping future provision, and the amalgamation of the Community Connectors Team and Community Engagement Team forming the new Community Strategy & Delivery Team. This new combined team has strengthened the prevention and inclusion offer across the service area whilst utilising our resources more smartly. The Connector Team has continued to provide Information Advice and Assistance (IAA) to individuals and families, helping socially isolated people to connect with appropriate activities and support services. Within the first half year reporting period, 2,789 individuals benefitted from their support.

It is also a delight to highlight in May of this year, the Community Connector team won 'Highly Commended' in the Social Care Accolade for their work in supporting carers. The service provides invaluable information and support to unpaid carers. The project also runs a Carers Café, Carers Network and Staff Network for employees who care outside of work. The award nomination is testament to their great work.

The Community Engagement Team have continued to support our youth and play services with delivery of the Schools Healthy Eating Program (SHEP). They directly supported 12 food & fun sessions linked to holiday hunger for children of Newport and saw 442 people attending sessions in the May half term alone. The Team also continues to lead on and develop support around the cost-of-living crisis, providing 'drop in' sessions across the city and events in partnership with other organisations such as Pobl, Citizens Advice Bureau, Welsh Water and Dragons. 206 individuals have been supported with income maximisation in the first six months of the year and 200 people attended a Riverfront event accessing advice and support. The team are also supporting minority ethnic communities and attended Africa Day/ Cultures in the Community to ensure all sections of communities in Newport have access to available advice and support. Furthermore, a Cost-of-Living survey was completed by 580 residents helping us to build local knowledge on the issues faced by Newport residents. The new combined team produce a Cost-of-Living Directory (updated monthly) and set up and manage a dedicated cost of living email for members of the public.

Challenges and Risks

The current financial climate affecting all public services and organisations continues to have an impact. Whilst the Prevention agenda is heavily supported and embedded in key legislation including the Social Services and Wellbeing (Wales) Act 2014 and Wellbeing of Future Generations (Wales) Act 2015, the very nature of how many of these services are funded makes it challenging to build a comprehensive and sustainable preventative programme. Short term grant funding and often not a statutory requirement can put many of the services delivering a range of effective lower-level support at risk. Unfortunately, we are already seeing this in practice with the loss of our key Early Intervention Project (EIP) from next April due to partnership funding ending. This is a huge loss, despite proving to be effective in engaging with many families outside the statutory arena. Such short-term approaches to delivering these services mean we lose much of the expertise and knowledge built up when projects need to end, and often the learning and outcomes from projects can become lost.

The national workforce challenges across many disciplines are also an area of challenge within Prevention and Inclusion. Capacity issues with Health Visitors in our Flying Start programmes, shortage of qualified Youth Workers and Play Workers have all been felt. Teams are working tirelessly under these workforce challenges to both keep services going and develop and improve where necessary. An internal workforce development plan has been developed to assist with some of these issues, whilst also providing training and progression opportunities for our staff. We want to invest in our workforce and value their contribution to providing services to the residents of Newport.

As we continue to develop increased community presence and support, we need to be mindful of the requirements from Care Inspectorate Wales (CIW). We must ensure our sustainable business proposals consider the necessary requirements from CIW in relation to our registered services, and the challenge of lack of appropriate venues can be a barrier in progressing this as much as we would like.

Plans for the next 6 months

Despite services already delivering a significant amount of support to children, adults, families, and communities there remains work to be done. For the remainder of this year, each team is focussed on the priorities to be delivered as we all work towards Prevention and Inclusion being recognised for delivering quality and effective advice, support, and intervention at the right time to those that need it. Just some of the key areas we are focussed on in the coming months include:

- Working to achieve silver quality mark in our youth service.
- Preparing for a possible Estyn inspection with our Youth Service
- Developing a dedicated P&I webpage providing one point of access for information, programmes, and resources
- Continued collaborative working with Housing and Communities as we respond collectively to the increasing homelessness crisis.
- Strengthening our partnership arrangements with Health, focussed on developing early intervention pathways between the 2 organisations.
- Trusted Assessor training to build in improved response times to those wanting support from the Adaptations Team
- Exploring with key partners the possibility of a weekend play club being established
- Youth and Play service to set up a youth group from children and young people with additional learning needs (ALN)
- Completion and outcome of an internal audit of the Community Connector Team
- Delivery of a Participation Strategy, which embraces the principles of consultation and co-production.

Prevention & Inclusion 2023/24 Overview

Service Plan Objectives

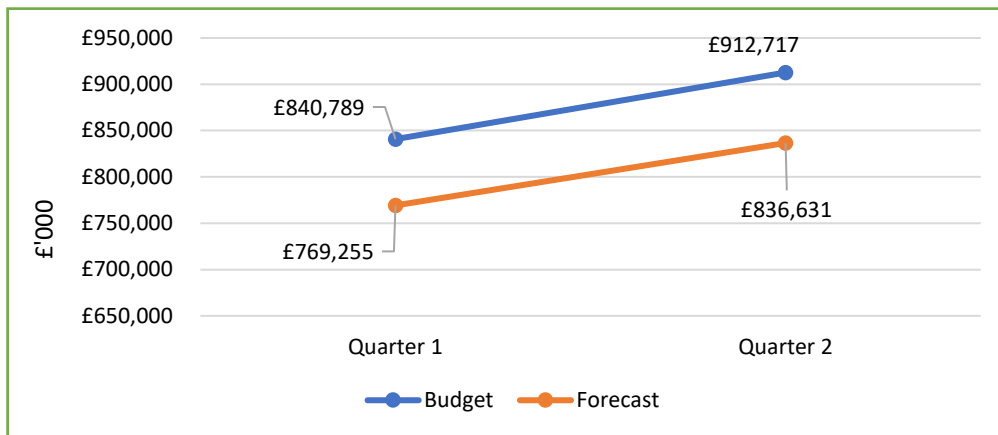
Objective	Mid-Year Status (Red / Amber / Green)
Objective 1 - Deliver effective early intervention and preventative services for adults, children, young people and families to remain in their own communities.	
Objective 2 - Deliver an appropriate range of inclusive early intervention and preventative services to meet the needs of adults, children, young people and families.	
Objective 3 - Support families to lead emotionally healthy and happy lives in their communities.	
Objective 4 - Improve outcomes for adults, children, young people and families building self-worth. Working with strengths based and trauma informed approaches.	

Service Area Risks

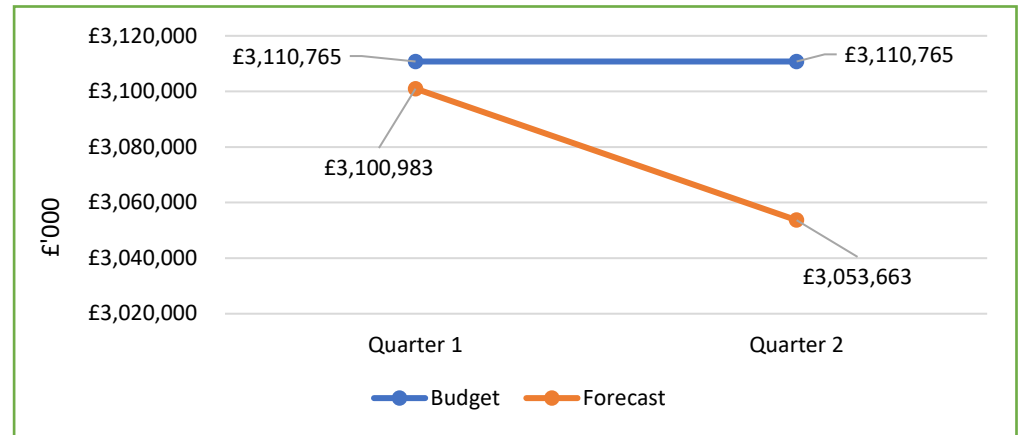
Risk	Corporate / Service Risk	Inherent Risk Score	Target Risk Score	Quarterly Risk Scores (Q3 2022/23 to Q2 23/24)			
				Quarter 3 22/23	Quarter 4 22/23	Quarter 1 23/24	Quarter 2 23/24
Prevention & Inclusion Grants	Service	9	6	8	8	6	6

Service Area Finance Forecast (End of Quarter 2)

Revenue Forecast (exc Grant Funding)



Capital Forecast



Programmes and Projects

Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
CEMP / WCCIS	<p>Use of the CEMP system is being reviewed and part migration to WCCIS use is in progress. This will improve information sharing across service areas and improve joined up case management recording.</p>	<p>Well-being Objective 3 Well-being Objective 4</p>	<p>Quarter 4 2023/24</p>	<p>75%</p>	<p>Currently there is a collaborative approach to the testing of the WCCIS system across the service area. Training has been undertaken by all staff due to access the system and the following timescales have been scheduled: 10/11/2023 - Test case – By this date, three Family Support Workers would have been selected to update WCCIS with all of the cases within their caseload that meet the criteria above, i.e. known on WCCIS. They will then test the usage and effectiveness of using WCCIS alongside CEMP. 30/11/2023 – Consultation – Meeting with Safeguarding Hub Team Manager to discuss the progress and any modifications suggested. 31/12/2023 – The remainder of the Prevention Team will then update WCCIS with all their cases known to WCCIS.</p> <p>After this date there will be a focus on further roll out. with the aim of full implementation by end of March 23.</p>

Workforce Development

To support workforce development across Prevention & Inclusion service area the following actions have been identified as priority between 2022-24.

Action	Outcome(s) of Action Delivery	Action Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
Build on the existing work to support staff to access social care training including the Open University route to social work qualification.	Retain staff in Newport and increase the pool of qualified social work staff.	1 st October 2022	31 st March 2024	50%	The Workforce team are supporting our staff to undertake the OU degree, the interviews were held- and we are supporting 16 people through the degree this year.
Access appropriate regional and national workforce development groups to increase capacity and support the whole social care workforce.	Increase the number of applications of staff to posts in Newport and retain staff within the social care workforce.	1 st October 2022	31 st March 2024	70%	This remains high on the agenda, we are working with the workforce teams, to encourage more people into the profession. Social Care Wales is also paying the fees for the social work degree, which will assist with new starters.
Prevention & Inclusion - In addition to routine supervision and team meetings, all teams to provide regular sessions for wellbeing and support.	Support staff in their own wellbeing and ensure staff are motivated and enabled to carry out their roles.	1 st October 2022	31 st March 2024	75%	Wellbeing and support is a standing agenda item across all relevant staff forums and individual check-ins. Regular meetings take place with HR colleagues to determine performance on wellbeing check-ins and this has shown an improved trajectory in recent months. Monthly and bi-monthly check-ins continue to improve with just under 80% of the workforce receiving these. These are important 1-1 sessions where wellbeing and support can be more closely discussed with individuals.

Objectives and Action Plan Update

Objective 1 - Deliver effective early intervention and preventative services for adults, children, young people and families to remain in their own communities.							Objective 1 Mid-Year Assessment
Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Improve use of smart technology and supporting Carbon reduction to assist with safe, sustainable and independent living.	Individuals supported to remain in their own homes and communities. Supporting the delivery of the Eco Flex programme through Cardiff Capital Region.	WBO3 / Strategic Priority 3	1 st October 2022	31 st March 2024	C	Implemented smart technology with the use of Mi HUB (Council's performance management system) for programme management and surface pros. Team have begun delivering EcoFlex4 scheme with applications now received.
Page 25	Explore effective models for early intervention and preventative support, offering timely and meaningful interventions.	Improved outcomes for individuals and families, whilst reducing the need for statutory services.	WBO3 / Strategic Priority 3	1 st October 2022	31 st March 2024	90%	A contextual safeguarding operational group has been formed reporting into One Newport. The contextual safeguarding model is supported by research in supporting a holistic approach to exploitation. The partnership consider the context of concerns and oversee and develop interventions to address harm/risk. The Promoting Positive Engagement with Young People (PPEYP) grant that is currently under review and the multiagency team created through this will be part of any response.
3	Develop an effective communication strategy for Prevention and Inclusion (P&I).	Use of social media and intranet to promote available support, having greater reach into communities.	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	85%	P&I have a newsletter now in place, recently P&I facilitated a conference and staff consultation for the range of services is planned for early November as a hybrid model of face to face / teams and through surveys - a collaborative piece of work developed with HR. Further promotional work to upgrade Families First is in the process of being developed and event timetables across P&I are planned monthly.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	To deliver a strong and consistent safe network of open access Youth & Play clubs within local communities across the City of Newport.	Children will have greater access to community support, advice and guidance, with improved safeguarding oversight.	WBO 3 / Strategic Priority 4	1 st October 2022	31 st March 2024	80%	Team manager is also completed a review of the core Youth Work budget to be able to employ 9 x 4hr youth workers to support the Youth & Play Network and in the new year open new clubs. The Service has been able to work towards having a play apprentice to help with the support of Play clubs.
5	Implementation and embedding of Welsh Government Age Friendly Community Strategy.	Older members of communities feel valued, included and respected, with their voices heard.	WBO3 / Strategic Priority 3	1 st September 2023	31 st March 2025	25%	On track – public engagement has been completed which has shaped the delivery plan.
Page 26	Supporting the Council delivering the Asset Rationalisation Programme and examining how Inclusion team utilises its assets to support Newport's Communities.	A Council wide programme reviewing all its assets and utilisation, with the aim of having an asset portfolio that is fit for purpose and in line with wider corporate strategies.	WBO 3 / Strategic Priority 4	1 st April 2023	31 st March 2025	80%	A proposal form has been submitted to the Asset Rationalisation Board and is due to progress to Executive Board in November. The content of the initial proposal contained in the report has been agreed, An operational development plan is also in the early stages along with development of a Fairness and Equality Impact assessment. The report will then be submitted to SAMG for final approval.
			WBO 4 / Strategic Priority 6				

Objective 2 - Deliver an appropriate range of inclusive early intervention and preventative services to meet the needs of adults, children, young people and families.

Objective 2 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Develop a range of services that sit within Prevention and Inclusion service area.	Appropriate services established to respond and support families and children with their multi- faceted needs.	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	90%	Two Cost of living (COL) advisor posts have been added within the Community Strategy and Delivery team, recruited 14 September funded through SPF until March 25. The new employees will have a primary focus on building a citywide Newport Cost of Living offer. They will examine ways to maximise household monthly spends, link in with NCH Energy team, and other RSL's and build on existing relationships with COL Network partners. The service area is also collaborating with housing and communities to develop an increased offer of support for families in temporary accommodation.
2	Invest in programmes aligned to whole system change as part of the vision for the Prevention and Inclusion service area.	Services commissioned are informed by comprehensive evidence base, local need and service gaps – better placed to respond to individual and community needs	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	75%	The Single Point of Access review supports whole system change identifying smarter ways of working to improve outcomes for children and young people. As part of this work we are identifying further resources from across P&I that can reduce waiting lists prior to support. Early Years Transformational work continues - recent work surrounding whole system change has been demonstrated through an introduction in a new ante-natal system across health / Local Authority.
3	Develop a high-quality robust city-wide Youth Service provision.	Children will have access to out of hours youth provision for emotional support and activities.	WBO 3 – Strategic Priority 4	1 st October 2022	31 st March 2024	80%	We have been able secure additional funding through SPF that will support additional youth work staff. Staff continue to work towards the silver quality mark and Estyn Framework for best practice.

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Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	Improve participation of children, young people and adults, ensuring their voices are heard and meaningfully contribute to inclusive service-design.	Inclusive services are developed in partnership with users – including Welsh medium provision, those with protected characteristics and special interest groups.	WBO 3 – Strategic Priority 1	1 st October 2022	31 st March 2024	50%	The participation, collaboration and co-production strategy for Prevention and Inclusion is being compiled. A consistent approach to obtaining feedback and on-going consultation in events, development and delivery of services (e.g. parent facilitators in E-Pats course) is being progressed. The volunteering strategy is also being developed alongside this which will promote creation and development of services by those accessing them.
Page 28	Develop a robust volunteering programme to assist with social care workforce challenges, delivering care and support in local communities.	Continuity of support to families and individuals in the face of national and local workforce challenges. Citizens to engage with work experience and achieve qualifications /accreditation.	WBO3 / Strategic Priority 1	1 st August 2023	31 st March 2024	25%	A volunteering strategy is being developed for Prevention & Inclusion, in conjunction with HR, to ensure promotion of opportunities and consistent processes across the service area. This will raise awareness of social care career opportunities and provide opportunities to gain work experience, career development and training/qualifications.

Objective 3 - Support families to lead emotionally healthy and happy lives in their communities.

Objective 3 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Consider widening scope for utilising discretionary grant funding.	Increased offer of adaptations and equipment to support poor mental health affecting individuals.	WBO 3 / Strategic Priority 3	1 st October 2022	31 st March 2024	C	Completed action and now awarding ring door bells to support applicants and families with safeguarding needs.
2	Commission services that are well placed to respond to issues impacting on residents – such as poverty and cost of living crisis.	Services are responsive, flexible, and promote longer term positive outcomes for families and individuals faced with challenges.	WBO 3 / Strategic Priority 3	1 st October 2022	31 st March 2024	90%	Families First commissioning has been completed - we are currently developing a commissioning model for school which forms part of the Food and Fun initiative / recent Shared Prosperity Fund proposal.
Page 29	Establish formal collaboration with health and third sector to maximise support for emotional health and wellbeing.	Individuals receive holistic and trauma informed responses utilising psychological and evidence-based approaches.	WBO 3 / Strategic Priority 3	1 st October 2022	31 st March 2024	90%	The entry route / front door referrals into the Prevention and Inclusion Service area is managed through a collaborative approach with Health. We are currently reviewing this process to look at smarter ways of managing the referrals / better use of administrative resources and to reduce many front doors across the service area. Ongoing partnership with Health surrounding the Ringland East Wellbeing Centre are expanding.
	Obtain Silver Quality standard for the Youth Service	Children and young people will receive an improved qualitative youth provision with clearly defined standards	WBO 3 / Strategic Priority 4	1 st August 2023	31 st March 2024	60%	The Youth Service has completed the first draft of the Silver Quality Mark self-assessment. This has been sent to service manager Mandy Shide for comments and feedback. We are hoping to submit in January 2024 for an inspection in the February 2024.

Objective 4 - Improve outcomes for adults, children, young people and families building self-worth. Working with strengths based and trauma informed approaches.

Objective 3 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Explore and utilise evidence-based interventions that are goal and family/individual focussed.	Improving outcomes for individuals whilst addressing issues that matter to them .	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	90%	The Children with additional needs (CANS) team came into internal provision as part of the families first recommissioning. This team delivers the Cygnet parenting support programme for parents/carers of autistic children, the team are developing their parenting programme offer by also delivering the E-pats programme for families raising a young child with a learning disability. This will be co-delivered with a parent facilitator in the New Year. One to one work utilising these programmes is also being undertaken. The parenting programmes across early years ad preventions are also increasing in scope with the preventions team undertaking further training in parenting teenagers and other supportive family tools; mediation and family group conferencing.
2	Implement robust service performance management processes.	High quality and effective services are available to support individuals and are responsive and flexible.	WBO 3 / Strategic Priority 1	1 st October 2022	31 st March 2024	90%	Robust performance management processes via supervision, team meetings and monthly HR meetings where check in and sickness figures are monitored and addressed continue and have impacted positively on the figures, check ins have increased and long term sickness declined.
3	Improved offer of opportunities and activities supporting children and young people to develop, grow, and learn new skills through formal and informal education.	Children and young people are inspired to achieve, supported by a trained trauma informed workforce.	WBO 3 / Strategic Priority 4	1 st October 2022	31 st March 2024	80%	The Youth Service will be using the proposed Esytn Framework for Youth Services. This will help us to structure and Improve our Formal and informal education. The Team Manager is working on a new JD for a curriculum co-coordinator to support in this development.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	Implement the Welsh Government National Carers Strategy	Unpaid carers for older people, children and adults with an illness or a disability are supported in their everyday caring roles.	WBO 3 / Strategic Priority 4	1 st August 2023	31 st March 2025	50%	Our Community Connector team continue to deliver the Carers Café, carers network and staff network. The Gwent-wide Bridging the Gap programme, to provide short breaks for carers, was launched in August and continues to develop.

Performance Measures

Annual performance measures are not included in the Mid-Year review and will be reported as part of 23/24 End of Year Review.

Note: Performance measures do not have targets as these are demand led. Performance will be assessed in comparison to previous year's performance.

Performance Measure / Description	End of Year Performance (21/22 to 22/23)			Mid-Year Performance 23/24		
	Actual 2021/22	Actual 2022/23	Actual Q2 2022/23	Actual Q2 2023/24	Target 2023/24	Commentary
Adaptations – Number of Disabled Facility Grants completed.	78	105	45	59	90 (Q2 Target - 45)	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Youth Service – Number of individual young people accessing support from the Youth Service.	1,492	1,474	No Data	467	No Target (Comparator Measure)	The service is seeing expected numbers of children and young people accessing Youth Services. It is expected this figure will continue to grow as the offer from the Youth Service continues to develop.
Youth Service – Number of young people receiving information and support relating to preventing homelessness. <i>*Project not commenced.</i>	183	155	No Data	79	105 (Q2 Target - 52)	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Play Services – Number of children and young people accessing the service inc complex provision.	560	709	No Data	874	No Target (Comparator Measure)	At the end of quarter 2, the Play service has seen an increase in the number of young people accessing the service in comparison to the previous 2 financial years.
Families First – Percentage of 'What Matters' conversations held resulting in targeted supported offered.	Not Applicable	80.3%	No Data	71.6% (295 / 412)	70%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Families First – Percentage of participants with self-reported improvement to their emotional / mental wellbeing following Families First engagement.	Not Applicable	92%	No Data	71.3% (181 / 254)	70%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Families First – Percentage of participants with self-reported improvement or stability to their financial situation following Families First Engagement	Not Applicable	48.1%	No Data	100% (88 / 88)	80%	At the end of quarter 2 this measure is succeeding against the target for 2023/24.
Early Years / Flying Start – Percentage of Welsh medium Flying Start childcare sessions attended.	61.7%	55.5%	No Data	45.1% (575 / 1,275)	60%	Flying Start monitors attendance closely and engages with parents and Health Visitors to maximise sessions being attended. Take up of this childcare offer is by parental choice.

Performance Measure / Description	End of Year Performance (21/22 to 22/23)			Mid-Year Performance 23/24		
	Actual 2021/22	Actual 2022/23	Actual Q2 2022/23	Actual Q2 2023/24	Target 2023/24	Commentary
Early Years / Flying Start – Percentage of English medium Flying Start childcare sessions attended.	64.3%	65.3%	No Data	63.03% (20,425 / 32,404)	60%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Percentage of participants engaged in Parenting groups, resulting in self-reported improvements.	13.8%	43.9%	No Data	64.22%	50%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Early Years – Percentage of places taken up in speech and language groups result in self-Reported improvements for communication development.	57%	36.7%	No Data	61.7%	45%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Early Years (New) – Number of children identified needing targeted support for developmental delay (Additional Learning Needs)	Not Available	Not Available	No Data	63	No target (comparator measure)	This is the first year of reporting this measure.
Substance Misuse - Quality of life for substance users is improved or unchanged between start & most recent review/exit.	75.4%	74%	No Data	72.1%	75%	The review point reflects the current position an individual is reporting on, not necessarily on the whole treatment and support programme. It is important therefore to consider the complexity and multi-faceted nature of individual lives against this measure. Key workers focus on ensuring people are receiving the treatment they need to make improved outcomes to the quality of their lives.
Substance Misuse - Percentage of individuals who engage with substance misuse services between assessment and planned to end of treatment.	80.8%	82.7%	80.8% (251 / 308)	82.9%	75%	At the end of quarter 2 this measure is on track to achieving the target for 2023/24.
Community Connectors / Development - Number of adults supported with Information Advice and Assistance (IAA)	1,632	1,487	No Data	1,503	1,500 (Q2 Target - 750)	At the end of quarter 2 this measure has already achieved its target for 2023/24.
Carers - Number of informal adult carers supported with IAA.	483	1,135	No Data	1,850	1,200 (Q2 Target - 600)	At the end of quarter 2 this measure has already achieved its target for 2023/24.
Carers - Number of informal young / young adult carers supported through young carers project by Barnardos.	Not Available	Not Available	No Data	477	400 (Q2 Target - 200)	At the end of quarter 2 this measure has already achieved its target for 2023/24.

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Case Studies, Key Achievements, Awards

Below are some examples of the work and impact which the Preventions & Inclusion service has had in the delivery of services in the last 6 months.

Preventions and Resilient Communities

9 year old child self-referred by parent for direct work around emotional regulation due to regular outbursts and meltdowns at home and in the community. Aim of referral was for work with child around his wishes & feelings and self-efficacy. Direct work with family around managing the behaviours, emotions and planning ahead. Distance travelled scores increased from start of work to completion in the following areas, behaviour, child's development needs, parenting capacity and parenting skills.

Outcomes achieved: Child with improved mental & emotional wellbeing. Parents who benefitted from a parenting intervention. Family resilience improved overall. Case was closed with a successful outcome in respect of the family plan.

- Family satisfaction survey completed stating the following:
- 'I completely understand why the prevention worker offered support to my family.'
- 'I completely feel I have been listened to and involved in the planning of support for my family.'
- 'The Prevention worker completely supported me to achieve my own goals'.
- 'I have been completely encouraged to build on my own strengths and help myself'.
- 'I completely felt that the prevention worker recognised the things I am doing well'.
- 'I felt I was completely treated with courtesy and respect by the prevention worker.'
- 'I completely feel I have been supported in making my family safer'.
- 'Overall the support I received was excellent'.

"..... made a massive difference to me and my family. The support and knowledge we received from was excellent. Was always on hand if needed, checked in to see how our son was doing as well as myself and my partner. My son looked forward to seeing In school and always felt calmer and more at ease after each session."

N-Gage Case Study 1

KB was referred into the Activities & Wellbeing via YOS caseworker JL. We attended a joint appointment and JL continued to work with KB around reducing her cannabis use and RS began work on Activities & Wellbeing. KB identified a need to make new friends and was keen to learn guitar as she'd had one for her birthday but had yet to start learning to play. KB also expressed an interest in makeup and hopes to go on to college to study theatrical makeup. During the first appointments with KB we completed her Wellbeing Scores and identified areas of concern around her anger. KB can get angry quickly and is aware of this and wanted to learn techniques how to cope with it and reduce her outbursts.

RS spent the first few sessions working through the Anger Management workbook with KB and linking it back to her use of cannabis as a way of coping and using it to calm down. RS practised breathing techniques with KB, looked at the cycle of change and how to recognise anger and her triggers to start putting steps in place to calm down before things escalate.

KB continued working with JL and made reductions to her cannabis use but disengaged after JL had to complete a DTR after KB disclosed that her mum had been buying her alcohol. JL updated RS and followed up with KB but KB continued to disengage with JL. RS made contact with KB's mum and encouraged a referral into GDAFS so she can have support regarding KB's cannabis and alcohol use and anger concerns. Mum unsure about referral at this time.

KB attended Barods Annual Recovery Walk up Pen Y Fan with members of the N-Gage Team. She engaged in conversation with members of staff and enjoyed being part of the walk.

RS was able to continue supporting KB over the summer and KB started attending ACT, Pontypool. During this time engagement with KB dropped off and our Engagement Worker KD was approached by staff at ACT who voiced concerns about Kaydin's drug use, home life and people she is associating with. RS encouraged KB to start seeing an N-Gage caseworker to carry on with her substance use support and help her continue making positive changes as she had done previously. KB agreed.

KB reengaged and attended our Activity & Wellbeing Day at Llandegfedd Lake where she participated in archery, paddleboarding and a group discussion about challenges faced by young people today. KB engaged well with both staff and service users.

RS organised a visit to Coleg Gwent, Ebbw Vale Learning Zone for KB to have a look around and speak to the tutors about enrolling on either a hair or beauty course. KB felt that she wouldn't get into college because of poor grades in her GCSEs. During the visit KB was reassured by the tutors that she's be able to resit Maths and English alongside completing her Level 1. KB was given information on the two courses and went on to enrol on Beauty Level 1 as it has a whole module on makeup which she can then go on to complete Level 3 in Theatrical makeup in 2 years.

KB enrolled in college and started on 4th September where she is attending full-time. RS is currently supporting KB to attend lessons with 2 guitar tutors in the area, we attended a lesson with one in Ebbw Vale (10-minute walk from college) and are meeting with another in Blaenavon (walking distance from KBs home) which she is seeing this week.

RS will continue to support KB with these lessons until the end of September ensuring KB is confident to attend on her own either from school or home and familiar with the 2 tutors so she can then decide who to continue lessons with. RS made a referral to a caseworker which has since been picked up by LW. LW met with RS and KB for a joint appointment and discussed KBs goals. KB would like to stop smoking cannabis and reduce her alcohol use to occasional use. LW to continue working with KB.

N-Gage Case Study 2

A young girl (H age 15) was referred to me to speak about her alcohol use and a video had gone around and seen by her mum of her snorting cocaine. H came in with a teacher as she felt nervous and said she had been drinking daily, reasons given were she felt confident when under the influence of alcohol, peer pressure as her friends were doing it. H got intoxicated in school as she thought it would be fun to down alcohol before school started. An ex was being mean so wanted confidence to stand up for herself. We spoke about the reality of it all, realised it all started when hanging around with a certain girl, school work is taking a hit, relationship with mum is strained. I asked her when the last time she had spent quality time with her mum, and she said not in a while, and she does miss it. She felt more and more comfortable in the drop in so asked the teacher to leave halfway through. I asked if she wanted a referral and spoke about what ways that could help and H said no.

When talking I could feel and see she was very vulnerable, realising it was affecting a lot of her life. She asked if she could bring her friend who she hangs around with as she thought she would really benefit from it. H brought her friend to another session, and we spoke about other things that they have been doing like being intoxicated and getting her mum to pick them up.

We talked about what could have happened/dangers if she wasn't with someone who would of called her mum. We looked at safety, dangers on the body, money and what they could do with the money they are spending. I asked again about a referral, but H insisted she just wanted to come and speak to me and update me every time I was in.

A few weeks later H asked if she could update me with how she was doing and she said that after speaking to me she has stopped drinking and hanging around with her friend. Spending more time with her mum doing girly things like we had spoken about and that she was trying hard to get a part time job. I said that I was proud of her and what she had achieved in such a short time and not only me, I'm sure her mum was proud, and she definitely should be proud of herself. She walked out with a massive smile on her face.

I hadn't seen H over the summer period when school was closed so when I went into the school last week she came and found me in the canteen with a smile and confidence. She said that she hasn't drank since the summer when her mum let her have a couple of cans at home, she had got a job on the weekend and is not going out as much. H also said that she was 'buzzing' because she was able to buy herself some new clothes and make up with her money from working at a stables. She looked so proud of herself and I'm so glad that I was able to offer more of an informal appointment service for her that fitted how she wanted to be seen.

Newport Community Connector Service (Case Study 1) – Support for a man with mental ill-health around social isolation

A man referred to the Connectors from the Community Mental Health team. The man felt very socially isolated and he had no social and support network. The man suffered from social anxiety, depression and fibromyalgia.

From making initial contact via telephone, it was evident the person found phone conversations extremely challenging so we arranged to meet in the community, in a café. This particular café was called Geek Retreat, which is a social café around board games and computer games, something that interested the man.

Immediately, it felt we were overcoming social barriers, as the person felt he would be in a comfortable and familiar environment. From the initial meeting, and support in introducing the manager and the service user, he felt much more comfortable and at ease and engaged with others while the Connector left. From the discussion we had, I was also able to signpost and support the gentleman to a creative writing group, and taking the unpredictability of his fibromyalgia and depression into consideration, the group was an agile group (where they met face to face and also digitally which met the service user need's).

From follow up calls and a closure review, the client stated he felt comfortable and maintained his engagement and attendance to both groups.

Newport Community Connector Service (Case Study 2) – Support for a woman around cost of living crisis and social isolation

A Connector completed a Carers conversation as part of the carers support fund grant application progress. The lady stated she felt extremely isolated and lonely since her caring role at home started and did not know where to turn.

As well as giving information via our telephone conversation, information was sent on Carers Café and Chatty Café. The lady was advised to come along where the connector can meet and greet her and can discuss her needs and interests more. Here she received more information on community groups, activities and support services in her area which will help her wellbeing.

The lady attended and we looked through the directory and she circled groups that she found interesting. We also discussed support services she would benefit from (Alzheimer's /dementia group, stimulating groups and accessing grants). The lady was helped to complete a self-referral to an organisation who assisted her in getting a gran. She was signposted to groups such as the 50+forum, Chatty Café and a Memory Café where she could meet other people going through a similar life changing event and situation as herself. The woman attended the most recent Carers Café and came to thank us for getting the ball rolling and she feels she is getting help and reportedly feels much less isolated and alone than before.

Newport Community Connector Service (Case Study 3) – Support for a woman discharged from hospital on hoarding and social isolation

An elderly woman referred to the Community Connectors by the hospital discharge team. The woman has poor health, mobility, has become very isolated and lonely in her home and is often admitted to hospital due to falls in her home. After making contact via telephone, it was deemed necessary for a home visit due to poor communication.

I attended her home to get a better picture of the individual's overall support needs. It was evident the woman required more support in her home (than just community connector role) as I recognised a lot of clutter and hoarding in her home. We discussed this and she gave consent for me to contact and make any referrals to her housing association, as we discussed the impact it will have on her mental wellbeing in addition to a fire risk and increasing the risks of trips, falls and injury in her home. I completed a referral for a wellbeing project within her housing association and she received housing and wellbeing support in addition to hoarding support.

Although her community connector input is currently on hold due to these needs and overall health, those preventive measures have been put in place which will create a safer environment for the lady to live at home. This will hopefully increase her confidence and ability to engage in the community at a later date.

Newport Community Connector Service (Case Study 4) – Support for a woman discharged from hospital on hoarding and social isolation

A young lady and her parents attended Catty Café. Immediately, I could recognise the young lady felt uncomfortable and stated she did not want to be here. I asked if they wanted to go and sit somewhere quieter so we sat on some sofas away from the busier café area. The family informed me they were worried about their daughter, a 27 year old who suffers from poor mental health, social anxiety and autism. They added they believe a lack of routine, structure and interests has contributed to her social isolation and lack of motivation. We discussed her interests and desired outcomes and also discussed the role of the Connector and offered support visits to help overcome the initial barriers. We went through the Directory and discussed relevant groups such as MIND and Inside Out. She liked seeing the pictures of the different groups. When I returned to the office, I completed a referral for MIND, where they made contact and completed the referral process.

When I called 2 weeks later, they informed me they had taken their daughter to the Mind singing group which she enjoyed and is trying another one of the groups. They have since contacted the Connectors for some further information, as they found their initial support and information received very helpful.

Newport Community Connector Service (Case Study 5) – Cost of living support for a person with a history of aggression

Connectors received a phone call individual stating she is unable to afford food and is unable to feed herself and her daughter throughout the summer. She had been advised by her friends that they had received vouchers from the Community Connector Team. From taking the individual's details, I could confirm that she had received a £100 supermarket voucher and a £100 high street voucher through our recent Carer Support Fund a few months ago.

Unfortunately, during our enquiries, we are aware that a lot of services will not work or support this individual due to a history of abusive behaviour and exploiting the systems. From partnership working, we arranged a referral for a food parcel, which was authorised as the person was evidently in need. As a result of the individual not being allowed to collect the parcel from the support venue due to previous aggressive behaviour, we arranged for a Community Connector to collect her parcel and deliver it to her home address.

The Connector communicated with the family's social worker and informed them of the prevention work and for them to be aware of any concerns around the individual's daughter's wellbeing. We also emailed the individual information of summer activities that her daughter can attend which will help with the pressures of the summer holidays. When other support services and organisations will no longer work with an individual due to previous incidents, the Community Connectors were able to offer a preventive service and help when an individual felt she had no-where else to turn.

Newport Community Connector Service (Case Study 6) – Partnership working with MIND on exit strategies for people with mental ill health

During recent Cost of Living events, there was opportunity for networking and partnership working with MIND. From exchanging information and discussing role, the MIND worker voiced her concerns that individuals who are attending MIND sessions have become very reliant on the group and have formed a 'bubble' and the groups seem to be more closed. She voiced her concerns that individuals will not have the confidence to move onto engage in any other community groups due to feeling too comfortable within the MIND groups.

The Community Connector agreed to support the group and suggested we attend some groups to discuss the Connector role and leave recourses (Community Directories, answer enquiries, give information on activities, groups, and support services in the local community). The aim was to build confidence to move people onto other community groups. Outcome is to attend 3 different MIND groups. MIND have also suggested they attend our Chatty Café to create awareness of mental health support services in Newport. This is creating some positive working relationships; demonstrates partnership working which will benefit the communities and the people we support. The Team is also piloting Taster Sessions as a step on from Chatty Café.

Newport Community Connector Service Unpaid Carers (Case Study 1) – Carers Support Fund

An unpaid carer caring for her Mum, who is recovering from open-heart surgery, was supported through the Carers Support Fund. The carer is a single mother of two, who is unemployed due to her full-time caring role. She helps her Mum, who lives at a different address, with cleaning, laundry, cooking, shopping, medical appointments, emotional support, and physical activities such as walking in nature and gentle bike rides to aid her recovery. The carer is struggling financially due to the cost-of-living crisis. The carer received a supermarket, Love2shop, Just Eat and Xbox vouchers through the Carers Support Fund, totalling £300.

Through engagement, the Community Connector for Ethnic Minorities was also able to support with longer-term solutions. The carer was signposted to the Citizens Advice Bureau for a benefits check and support to complete a Carers Allowance application. In addition, she was also referred to the NCC East hub food bank and Feed Newport to access a multicultural food bank. Furthermore, the Community Connector signposted her to Newport Credit Union, a not-for-profit financial co-operative, for financial savings.

The Carers Support Fund and the support offered by the Community Connector has reduced financial hardship for the carer, improved her mental wellbeing and provided a connection for further support in the future, thus supporting the sustainability of her caring role. The carer emotionally thanked the Community Connector, 'Christmas has come early and I never expected this help which will change our financial situation'.

Newport Community Connector Service Unpaid Carers (Case Study 2) – Parent Carer

The team supported a parent carer who cares for her child who has ADHD and Developmental Trauma, requiring care and support at home and within the community. On top of regular parenting, the caring role involves lots of reassurance during night waking, supporting behavioural ‘meltdowns’, and support and encouragement with socialising and attending school, which are all challenging for her child.

Outside of school, the carer accompanies her child to after school clubs and activities in the holidays to encourage socialisation, though she reports this becomes expensive. As a single parent, the carer is unable to work due to her caring role and has another younger child to care for as well, meaning that finances are tight. The carer reports that she has noticed a significant increase in the cost of living, which has added to her anxiety and stress.

The Carers Support Fund helped the carer with a supermarket voucher and Newport Live Membership, totalling £270.50. She explained that the Newport Live membership will improve her mental and physical wellbeing by enabling her to have time to herself when her children are at school and nursery. The carer stated that the ‘pressure is a lot’ and the supermarket voucher was ‘amazing; a huge help’.

The carer also joined the Newport Carers Network to receive regular information and attended a Newport Carers Network Meeting to hear from organisations who can support carers and the people they care for. Through engagement with the carer, the team were able to improve the carer’s knowledge and awareness of where to access support in the future, therefore increasing support for her to continue in her caring role.

Newport Community Connector Service Unpaid Carers (Case Study 3) – Short Breaks

Mr X has several health and medical issues which mean that he now lives the majority of his life in bed, cared for by his partner who gave up her career to look after him. Mr X has paid for carers who visit to ensure that he is washed and has a change of clothes each day – care that requires the support of two people. His partner walks their dog whilst the paid for carers visit and began to suffer from depression and anxiety, unable to visit her own parents or to undertake prolonged exercise.

A carers assessment was undertaken and as a result, a member of the Short Break team visits Mr X at home each week enabling his partner, an unpaid carer to get out for a few hours. Mr X has enjoyed the change of company and his partner has felt able to undertake an exercise class and visit her parents. The unpaid carer now has opportunities to look after her own wellbeing.

Community Garden Project at St Julian's Allotment for Minority Ethnic Communities

The community connector for Ethnic Minorities supported an application for an allotment at St Julian's allotment association working in partnership with Zimbabwe Newport Volunteering Association. The Connector recruited volunteers and beneficiaries/participants from ethnic minorities' communities while supported by community leaders.

From April to October 2023 the project engaged 42 volunteers and participants who were isolated, lonely and others with mental health problems, substance misuse, Not in Employment, Education, Training (NEETs) and job seekers. In addition, the project attracted refugees and asylum seekers and other migrant settlers, here the activities were used as part of an integration plan into Newport society and Wales at large.



The project partners were Active Angel's and ZNVA local community groups working with BAME communities, GAVO's Food Sustainability co-ordinator who funded the activities while a local charity, Food Adventure supported with training on growing organic vegetables. The project supported a network of agencies all working together to build community cohesion and resilience around the target population. At this point, the project created a welcoming and relaxing space where people can take part in social gatherings, centred on growing and eating food – even if people aren't into gardening they are welcome to come and socialise. Furthermore it created a sense of social cohesion and integration between new communities and resident communities and between local people in their own communities.



Outcomes

- Develop the skills of people in land management by learning from them and training them to develop and manage organic plots of land where they will grow produce for their own consumption, engender planning skills and impart hope.
- Grow local and distant food and plants, as well as unusual and heirloom varieties linked to different cultures. To educate people of cultures.
- Create a welcoming and relaxing space where people can have a sense of belonging and feel less isolated.
- Provide a space for people to take part in social gatherings, centred on growing and eating food – even if people aren't into gardening they are welcome to come and socialise in a nice outdoor space.
- Produce a sense of social cohesion and integration between new and resident communities and between local people in their own areas.
- For the Connector to build a sense of trust and be visible in the community.
- Providing more informal IAA signposting and advising people of the support available, how to access services and drop in session across the city.
- Supporting intergenerational practice and continuation of the project with the connector dipping in and out and signposting new recruits.
- Supply a multi-cultural food bank with produce from the community garden.

Prevention & Family Support – Case Study illustrating the impact of ‘What matters Conversions’

- J phoned the community centre I am based in, asking for support: She has a son, M, who is 4 and is diagnosed with ASD.
- J said that the family were struggling, as their rent had recently increased by £200 per month. I was able to signpost her to Shelter, and completed a partnership form for CAB in order that they could support her with housing advice. I also completed a Discretionary Housing Payment form and Health & Welfare Needs Form. This meant that J’s additional rent was then covered.
- I wrote to the local food bank, asking them for some short term support for the family, whilst their finances were being reviewed: Foodbank were able to support J and her family until this was sorted.
- I brought this family to the What Matters meeting, as M had some health needs which weren’t being met (health care professionals hadn’t been in touch for a long time, and J wasn’t able to get hold of them). Professionals on the WM panel were able to signpost J to the correct departments, and M was able to have his health needs addressed.
- Professionals from the WM meeting also signposted J to Occupational Therapy, who are now carrying out adaptations within the home, in order to make living conditions safer for M.
- I applied for various grants for J – the family hadn’t had a cooker for over a year, so the Save the Children grant enabled them to buy a new one. J also managed to get a new adapted pushchair for M, and sensory items from another grant provider we tapped in to.

Prevention & Family Support – Case Study illustrating the impact of Pathfinder Support

The EYITP Midwife visited JP to introduce her to the Early Years Transformation project, as well as carry out a Blood Pressure (BP) check as requested from her Community Midwife (CMW) - (as she was on Annual Leave and was not able to check this week). JP has been previously diagnosed with Pre-Eclampsia in last pregnancy, and was being regularly monitored in this pregnancy. On arrival, the EYITP midwife was met with a very shy and worried lady who was accompanied by her 9 year old daughter. She introduced herself and tried to put her at ease straight away, but she explained that she was struggling to afford her twice weekly visits to the hospital for her blood tests and BP checks, and her CMW was able to visit her at home to check her BP once a week so that she didn't have to pay for travel to and from the hospital.

The EYITP Midwife checked her BP with her own personal BP machine, and it was higher than normal, so she tried to reassure the lady before re-checking it again in 15 minutes time. Whilst chatting she told the Midwife that she had cancelled her blood test appointment at the hospital for the end of the week as she had no money left to pay for the transport, prioritising buying food for herself and her daughter over her own pregnancy health. On re-checking her BP, it was noted it was still higher than her normal readings, so the EYITP Midwife made the decision to transfer in to the hospital for further monitoring. The EYITP Midwife contacted the Triage department and gave them her details and why she was sending this lady in, and they agreed that she needed to be seen immediately. When the EYITP Midwife told JP that she would need to go into hospital for further tests, she said she was unable to get there as there was no-one in her family that was able to pick her up to take her.

The EYITP Midwife made the decision that it would be quicker for her to drive the lady to the hospital in her own car, rather than call an ambulance as there was no immediate threat to life and could take hours to arrive. The EYITP Midwife helped her into her car, and dropped her off at the hospital entrance giving her guidance on where she needed to go when inside. She thanked the Midwife and texted her later on to say that she had been admitted on to the ward and was commencing BP medication as well as having blood tests.

The EYITP Midwife felt sorry for her, as she has no money to access necessary health checks as the cost of travel to and from the hospital is considerably expensive, especially if you are in receipt of benefits. Since the hospital visit, the team have helped this family with access to grants for food and goods for the new baby when it comes, such as bottles, Sudocrem etc. The Family Worker has contacted hospital transport and advised the Mum when she visits the consultant, she can claim payment for travel in arrears. Unfortunately, the family cannot afford to pay the costs up front. The support will continue to engage the family after the birth, especially as Mum struggles with social situations and has some arrears on her rent. Mum is trying to manage until the baby is born and we can then apply for further grants through Children in Need etc. In this situation all services need to work with the family to meet their needs and support them in an integrated, practical way.

Youth Service Programme – Gorge Walking Trip (Refugee / Asylum Seeker Duke of Edinburgh and football group)

The group consisted of Asylum Seekers/ Refugees aged 16-25 currently residing in Newport. The group come from a variety of countries across the world, with the majority coming from Africa. Within the group, there are a variety of different religious beliefs and more significantly different languages spoken, however through various facilitated activities and sessions the group has come together as one strong unit. This group was initially suspicious of new people, however having worked with them for a sustained period of time, the group have developed trust, built rapport with staff and understand their sessions are safe spaces free from discrimination. The group also understand that their continued commitment to sessions and positive attitude results in various opportunities. These opportunities include, but are not limited to; youth support, education/ training, football and young person chosen trips.

As a reward for continued attendance and effort in our weekly Duke of Edinburgh (DofE) and Football sessions, it was agreed that staff would accommodate the interests of the group by organising a trip. In keeping with the principals of youth work it was important that the young people themselves determined what trip they would like to do. The group have previously attended trips to Llandegfedd Reservoir for Stand-Up Paddle Boarding as well as a trip to Llangorse Multi Activity Centre where they were able to experience; rock climbing, bouldering, abseiling and high wires. The group has always been enthusiastic about outdoor education with the emphasis being on physically active trips. As the group is also attending weekly DofE sessions it made sense to offer trip choices of a similar nature.

The group were shown a presentation on potential trips, with the options being; White Water Rafting, Gorge Walking and Paddle Sports. Following the presentation each option was printed and left on a table with each young person having a vote on what they would like to do. The group unanimously chose Gorge Walking as this was something they had never done before, but appealed to their enthusiasm and interests. This choice was young person led. The group that attended the trip was made up of mixed abilities and confidence levels with a few members of the group being either unable to swim or limited in their swimming ability. The activity providers were aware of this and explained that due to the nature of the activity there was very little need to swim, with alternative routes available for those who felt uncomfortable in the deeper. Despite the difference in abilities and confidence, the group worked well together, supporting each other to make the most of the opportunity.

There was one young person that after going in the freezing water felt they wanted to stay on land to warm up. The group were respectful of the decision and the young person's opinion, however throughout the session they were encouraging the individual to get back in the water so his body could acclimatize. Due to the group coming together as a team, their support and encouragement towards the individual eventually convinced them to get back in the water and gain the shared experience that the rest of the group were getting. Due to the positive verbal influence shown by the group, the young person eventually joined the group to complete a jump into the plunge pool on a waterfall. The sense of achievement was clear for all to see and a very rewarding moment for not only the young person, but also myself as a Youth Worker. Halal food was provided for the young people after they provided a list of sandwiches they like. The group were very thankful for the provided lunch.

At the end of the session the group thanked all staff and explained they can't wait until their DofE Expedition as they have chosen Canoeing, another physical activity. The group were glad to hear that Canoe training sessions are being planned, so as long as they continue attending sessions with enthusiasm, they will be back on the water soon. The group were again thankful and the commitment from staff was recognised with one of the older members of the group saying "thanks for all the things you are sorting out for us".

Newport City Council, as a local authority, is working towards becoming a City of Sanctuary for refugees and asylum seekers. Mass consultation was carried out with service users, professionals including statutory and third sector organisations. The consultation focused on evaluating existing provisions and identifying gaps in service delivery. NYPS advocated to ensure the voices of young asylum seekers and refugees was heard as part of this consultation. From consultation carried out with young people NYPS implemented recommendations based on the evidence provided to us; these broadly aligned to our existing provision but included specific physical activities, with increased opportunities to socialise in safe spaces with trusted adults. Engagement in our project was a choice for the young asylum seekers and refugees who decided to engage with youth workers as opposed to the statutory service available to them. We have various universal services however this project was innovative in that it catered to their very specific needs and wants. Our youth work 'offer' took into consideration venues, activities on offer, was sensitive to cultural needs and previous experiences. NYPS were able to successfully provide weekly provision, this led to additional services, identified by the young people, including qualifications, employment support and volunteering opportunities. The project encompassed all 5 pillars of Youth Work.

Active Participation: Young people have been encouraged to actively participate in coproduction and development of the project and shaping its future.

Voice and Choice: Positive engagement in the project has allowed for opportunities to express their opinions in the safe space that has been created. This has fostered a culture of coproduction to enable them to express themselves in all aspects of their lives.

Skill Development: Young people who are eligible have been signposted to employment support services within the Local Authority. Opportunities were given to complete a variety of qualifications including First Aid and Football Leaders Level One.

Mentorship: Experienced young people guide and support younger individuals within the group. Mentors can provide valuable guidance and serve as role models, especially for young people who are in the early stages of making Newport their home. One young person has recently applied to become a volunteer for NYPS.

Positive Relationships: The support young people receive allows them to develop a positive and inclusive environment where young people can build supportive relationships with their peers and adults. Positive relationships boost the young people attending self-esteem and confidence.

Cultural Sensitivity: Working with young asylum seekers and refugees allows for NYPS to be culturally sensitive and inclusive. It allows the staff team to recognise and respect the diverse backgrounds, experiences, and identities of the young people NYPS work with. The project allows the service to celebrate and embrace the diversity of backgrounds, experiences, and perspectives among young people.

Reflect and Adapt: NYPS systematically evaluate their youth work programs and activities; feedback is embedded to continuously improve service delivery to allow for a young person led approach.

Comprehensive Support: NYPS recognises that no one single organisation can meet the needs of such a diverse group of young people. For example, NYPS' partnership with Social Services allowed youth workers and social workers to access a wide range of resources, expertise, and services, providing more comprehensive support to young people.

Building Relationships: By working in partnership this has allowed youth workers to build strong relationships with the young people's community, organisations, and young people themselves. These relationships have been essential for understanding and meeting the unique needs of each young person.

Cultural Competence: Working in partnership with third sector has supported youth workers to engage with young asylum seekers and refugees more effectively. This has supported young people to trust us as a service and as professionals as well as young people to have more opportunities within employment and activities.

Young people were recognised for their achievements in participating in this youth activity from Levelling the Playing Field by winning an achievement award for completing their Football Leadership Level One. From the service reviewing the Thursday sessions it was established the main focus of young people attending the session was to take part in football and we contacted a partner agency who's focus was sport to take on the responsibility of running the session. Young people are still in contact with staff members of the service and have access to local youth clubs. The piece of work carried out by youth workers supporting young Asylum Seekers and Refugees has recently been shortlisted for a Youth Excellence Award.

Glossary

Service Area Project / Action Assessment

RAG Status	Description
X%	Project / Action is not on track to deliver with major issues preventing the action being completed by the agreed ' <i>Target Date</i> '. Immediate management interventions is required to improve performance and escalation to Directorate Management Team and/or relevant Board.
X%	Project / Action is mainly on track with some minor issues which could prevent the Project / Action being completed by the agreed ' <i>Target Date</i> '. Management intervention(s) required to improve performance and close monitoring by the Head of Service / Service Management Team.
X%	Project / Action is on track to be completed by the Agreed ' <i>Target Date</i> '.
C	Project / Action has been successfully delivered

Performance Measure Monitoring / Tolerance Assessment

Newport City Council has agreed a 15% tolerance against targets set in service plans.

RAG Status	Description
=>15%	Performance is under achieving against Target or previous year's performance. Immediate management intervention and escalation to Directorate Management Board is required.
<15%	Performance is off target or Previous Year's Performance but within a variance of 15%. Management intervention and close monitoring by the Head of Service / Service Management Team is required.
	Performance is achieving / succeeding against its agreed Target or Previous Year's Performance.

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Risk Assessment Matrix

Probability	5	5 - Moderate	10 - Major	15 - Severe	20 - Severe	25 - Severe
	4	4 - Moderate	8 - Moderate	12 - Major	16 - Severe	20 - Severe
	3	3 - Low	6 - Moderate	9 - Major	12 - Major	15 - Severe
	2	2 - Low	4 - Moderate	6 - Moderate	8 - Moderate	10 - Major
	1	1 - Very Low	2 - Low	3 - Low	4 - Moderate	5 - Moderate
		1	2	3	4	5
		Impact				

Abbreviations

Abbreviation	Description
ALN	Additional Learning Needs
CIW	Care Inspectorate Wales
EIP	Early Intervention Project
PPEYP	Promoting Positive Engagement with Young People
SAMG	Strategic Asset Management Group – NCC officer led group.
SHEP	Schools Healthy Eating Programme
SPF	Shared Prosperity Fund

CASE STUDY

REPORT



Q2 July - September 2023

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TREATMENT PRACTITIONER

Background

JS referred into service in September 2022 requiring support with alcohol. JS had previously been alcohol dependent consuming 15 cans of ale for a lengthy period of time. JS disclosed that he had neglected himself and was living in poor conditions which resulted in JS losing a tenancy. At the initial assessment JS presented abstinent and prescribed relapse prevention medication. JS had been discharged from Ty cyfannol due to a violent attempt on his life resulting in life changing injuries.

Work Undertaken

Since the initial assessment JS's attendance has been exemplary, JS has always communicated well if he has been unable to attend appointments. The initial TOPS completed with JS reflected that JS's physical, psychological and quality of life was low however this has increased since being in service. Along JS's journey with GDAS JS has engaged in psychosocial interventions and relapse prevention groups. JS has focused on the triggers to his alcohol use and has found his own distraction techniques in order to prevent him from returning to alcohol. JS has benefitted from using a free gym pass provided by the wellbeing team within the service and now attends the gym regularly. JS disclosed significant memory issues therefore a referral to the Alcohol Related brain damage (ARBD) clinic was made.

Throughout JS's journey the keyworker has networked with other agencies that were supporting JS with mental health and housing. A community mental health referral was discussed due to the severity of JS's mental health needs. JS has now been offered a tenancy in supported housing which reduces JS's risk of vulnerability. JS has also been happy to partake in Blood Borne Virus (BBV) testing and now understands the risks of blood borne viruses.

Outcome


The outcome of JS engaging well with GDAS has resulted in JS remaining abstinent throughout and has now been abstinent for 11 months. As a result of this JS has successfully passed his driving theory test which had been a dream goal for JS for some time. JS has stated that his mental and physical health status has improved. JS is receiving support for his mental health. JS is now settled within a supported dry house. JS has explained triggers and thoughts he has surrounding his use and has been focusing on changing his thought process throughout his engagement. JS has developed a therapeutic and trusting relationship with his keyworker which has enabled JS to overcome barriers around trusting professionals.

ENHANCED TREATMENT PRACTITIONER

The new GDAS contract permitted for the creation of specialised roles, including that of the Enhanced Treatment Practitioner and Psychology Led Practitioner. These roles aim to work with the most complex of individuals experiencing additional needs, including, but not limited to, physical health needs, trauma, adverse childhood experiences (ACES) and domestic violence. These roles have resulted in the opportunity for additional training to enhance the workers knowledge and understanding of new trends and developments within the field of substance dependency. As an Enhanced Practitioner I recently attended 'Compassionate Enquiry Training' looking at the work of Gabor Mate and his belief that the cause of addiction is suffering. This case study aims to illustrate how the development of specialised roles, and subsequent training, have created a service that is working to a trauma informed approach whilst continuing to work hard to meet the needs of each individual service user.

Through undertaking Mate's training to further develop my knowledge and understanding I have realised that, as Mate notes, trauma is a 'wound' that requires a compassionate approach to ensure that service users learn to value themselves throughout their recovery journey. If Mate's premise that suffering, and then inherently trauma, is the cause of addiction then one must acknowledge the uncomfortable truth that this leads to a complex mix of thoughts, feelings and emotions that result in trauma raising it's ugly head when one is not expecting it to do so. A simple stroll through the Park can trigger a painful memory. A conversation with a friend about the past can cause anxiety to peak. These roles are about establishing ways of supporting people with these events, without reliving the past.

Through working in an empathic caring way I have continued to develop and sustain therapeutic relationships with all my service users with a view to helping them develop new ways of coping with their complex issues that continue to impact on their recovery journey. Once we understand that trauma is not limited to the few, and that most individuals are suffering in some way, we can start to look at connection through developing and fostering these therapeutic relationships with a view to building resilience and to start planning a more fulfilling life.



Mate believes that a compassionate approach is at the heart of this and I feel that this training reinforced my work with service users by underpinning the basics of key working as a pivotal moment in treatment as, possibly for the first time, individuals experience compassion and understanding without judgement through simple acts of care such as listening and responding empathically to show value to someone. This simple act of connection for me was best demonstrated recently through my attendance at a Strategic Review to offer support and to plan treatment for the next six months with my service user. The Doctor asked MC 30162 about support and he replied without hesitation,

“I can always ring my key worker at any time. She listens. I can trust her, especially now things are difficult with my Uncle”.

This simple sentence for me, as an Enhanced Treatment Practitioner, confirmed the importance of listening and highlighted that showing compassion is the real skill when working with complex needs and trauma. Listening provides connection with a view to healing.

Case- Study- Sexual Health Nurse

32yr old female attended GDAS with partner, active treatment staff were concerned that this female could be pregnant due to an extended stomach.

Staff asked for me to chat/introduced myself to this lady and offered all the services I could provide but declined today stating she did not feel she needed this at this point.

The lady presented the next day at housing, stating she was pregnant and needed accommodation, rough sleeping coordinator contacted myself to make an appointment for the pregnancy to be confirmed. The lady attended B6West sexual health clinic at the Royal Gwent hospital within the hour where I was working and as she had met me yesterday she was relieved to see me, the pregnancy was confirmed and she was housed that evening.

Now the pregnancy had been confirmed the community midwife was contacted and an appointment at GDAS arranged as she was not registered with a GP in the Newport area.

Specialist Midwife attended GDAS and a joint consultation with the midwife and myself ensured the lady received the right medical care for both baby and her. The multiagency approach to provide support and care worked extremely well and I am proud to be part of such a excellent service.

Successful transfer of patient - GP Shared Care (GPSC)

Approx 9 months with Transition Nurse

I took over the care of Patient A on the 23/01/23. He was hesitant to change services as he didn't want change, but with some reassurance, he agreed for a referral to be made. A referral was made on the 22/03/2023 to Aneurin Bevan Specialist Drug & Alcohol Service (ABSDAS) and was seen by ABSDAS nurse 12/04/2023.

On waiting list for 3 months before seeing ABSDAS Doctor in July 2023. His treatment was transferred over to ABSDAS GPSC (White Rose Surgery) on the 4th of October 2023 after confirming his ongoing reduction we had in place.

Patient A is a 47 year old male, living with his parents and unemployed. He first came into service in 2009 and was using £10 bags of heroin numerous times per week. He drank 2/3 double vodkas per night and suffered low mood and reported feeling very flat. Patient A was in and out of treatment with GDAS due to his poor engagement over the years.

Patient A was assessed for GPSC within GDAS in January 2023. He was on 50ml of methadone and had been giving negative urine drug screening (UDS) since 2020. His engagement was good and the GPSC contract was explained by his nurse and signed. Patient A decided to start a reduction plan of 1ml per week at the beginning of May. Patient A also reluctantly agreed for the nurse to do a referral to ABSDAS and was seen in April 2023.

At first Patient A was apprehensive about switching over to GPSC with ABSDAS as he felt happy where he was. It was evident Patient A was happy plodding along and needed more encouragement for him to make any change. The nurse reassured him and offered to attend his initial appointment with ABSDAS as this would help. Patient A was accepted by ABSDAS who agreed to take over his script at the beginning of October 2023, by this time Patient A had continued his reduction and was down to 26ml when exiting treatment with GDAS. ABSDAS nurse and GDAS GPSC nurse communicated what dose Patient A would be require on the date of transfer and the transition was straightforward.


The day of the transfer of script, the nurse contacted Patient A to ensure he was ok and no problems with collecting his script. Patient A assured the nurse all was well and thanked them.

COMPLEX CARE

Client X is a 45-year-old male that has been receiving Mental Health support via our Complex Care Nurse and GDAS Open Access due to a relapse with substances after being abstinent for 9 months. Client X has a Mental Health diagnosis of Fixed Paranoid Delusional Disorder and is currently prescribed 10mg Olanzapine. Client X is a known previous poly drug user, specifically heroin, cocaine and benzodiazepines.

Client X was requested a referral for OST treatment and further mental health support after relapsing due to the death of his father. The Complex Care Nurse and Open Access keyworker completed an emergency prescribing referral form with Client X due to the increased risks he was displaying after the loss of his father. The Complex Care Nurse contacted the MH Practitioner at Client X's GP surgery for further support with MH, specifically trauma and the bereavement. On the day of the Panel Meeting to discuss emergency prescribing, Client X was involved in a very bad car accident. The Complex Care Nurse was contacted by the hospital to inform her that Client X had sustained significant injuries, was on a ventilator, sedated and that the situation was touch and go. The Complex Care Nurse contacted UHW to discuss the situation and requested, if possible, to attend UHW, which was agreed. The Complex Care Nurse attended, and spoke to the Consultant and Nursing staff at UHW and gave them a brief background regarding Client X. Staff at UHW were very grateful for this. While at the hospital the Complex Care Nurse met Client X's family members who had previously been estranged. The Complex Care Nurse introduced herself, informed family members what we do as a service and reassured the family members what support we would be giving as a service going forward. Client X's family members were very grateful and exchanged telephone numbers with the Complex Care Nurse so that could exchange updates regarding Client X's situation and progress.

Client X remained sedated and ventilated at UHW for 2 weeks and was then transferred to GUH for rehabilitation and to start OST treatment via ABSDAS as he was prescribed a lot of opiate based pain relief whilst in hospital. The Complex Care Nurse liaised with the team from UHW, GUH and ABSDAS to ensure that Client X received appropriate support for his substance misuse, MH and physical injuries. During this time the Complex Care Nurse relayed all information to Client X's keyworker and housing support officer so that they could develop a plan in readiness for Client X's discharge from hospital.



However, Client X's family member informed GDAS that he would be discharged earlier than expected. This was very concerning as Client X had not started OST treatment via ABSDAS and the accommodation he was going back to was unsuitable due to Client X's physical injuries. The Complex Care Nurse and Housing Support Officer attended GUH to discuss their concerns and the potential risks. Staff at GUH advised that Client X was medically fit and even though they have taken on board our concerns, they are not permitted to keep him in hospital. The housing support officer contacted his boss to discuss the situation and try to source ground level accommodation, whilst the Complex Care Nurse contacted Client X's keyworker to source OST treatment via GDAS as ABSDAS were no longer required to potentially prescribe as Client X will be discharged. The Complex Care Nurse and keyworker liaised with the prescribing team, management and Doctor by relaying all information received from UHW and GUH to source appropriate OST treatment via GDAS for Client X.

Client X was discharged from hospital and was started on OST treatment within four days. The Complex Care Nurse has also booked a review appointment for Client X regarding his mental health with the MH Practitioner for trauma counselling support and medication review, of which the Complex Care Nurse and keyworker will continue to support. Client X understands the importance of remaining compliant with his OST treatment and to attend all future appointments for ongoing support and care.



By partnership working and with the client's consent, we were able to discuss current concerns and source appropriate support for Client X's mental health and substance misuse. There have been a few barriers along the way, which caused minor delays in obtaining the correct support for Client X, but Client X is finally receiving his OST treatment and is accessing further MH support. The aim is to support Client X to remain compliant with his OST treatment, to access further support for his MH and to continue to build relationships with family members in order to further improve Client X's care and overall quality of life.

Other Comments

Quote from Wallich support worker

"The Complex Care collaborative working aspect of this role enabled us to build a rapport with the client's family to build previously damaged relationships, to support sourcing OST treatment for relapse with substances and to help source further support for his MH after a very traumatic few months. The Complex Care Nurse went above and beyond to help Client X and liaised with all services professionally and appropriately, in order for Client X to source the appropriate care and support for him going forward. I believe the keyworker, family members, The Wallich and Complex Care collaboration benefitted Client X because we were able to partnership work with other organisations to provide holistic care to tackle all needs. Overtime, Client X will access the correct mental health support and his overall presentation will improve even further which will further improve his quality of life. We were able to incorporate his wants and needs into all aspects of care to achieve a desired, positive outcome and ongoing support. Client X's attitude and engagement are positive toward his wellbeing and recovery. I believe we have all done a very good job in supporting Client X with team working and drive.

ASSERTIVE OUTREACH

Case Profile

In this case study all information and details will be anonymised. I will refer to client as Jane throughout this study. Partner will be referred to as Rob.

Jane is a 32-year-old female who came to the Complex Needs Service in December of 2022. Jane was transferred from the Criminal Justice Team. Jane is a known poly drug user, prolific shoplifter and in a high-risk domestic violent relationship. Since being with the Complex Needs Team, Jane has ceased offending, and has stopped using heroin, Jane continues her methadone prescription of 40mg.

Reasons for referral

Jane was transferred from the Criminal Justice Team to the Complex Needs Service as her order for required engagement from the court was coming to an end. It was decided that due to the complexity of her case and Jane still needing support from our organisation that she fit the criteria for our team. The aim of the referral was to maintain her prescription of methadone, continue brief interventions and harm reduction, but to also support with further appointments with probation and housing. Jane also required specialist support from Domestic violent and sexual exploitation services.

Work undertaken

At first Jane was incredibly difficult to engage as she was very distrustful of services and because of her partner, Rob. Jane is in a high-risk domestic violent relationship with Rob, who did not allow her to attend appointments with our organisation nor have a mobile phone or claim benefits, this proved difficult to engage her meaningfully. Jane is also a repeat Multi agency risk assessment conference (MARAC) which was beneficial to provide and receive information with other professionals on how to manage her case effectively. These barriers were very difficult to overcome, staff had to become innovative with the way we engaged her. I would collaboratively work with Jane's probation officer to provide support for her substance use in a safe, comfortable and familiar environment for her. This allowed me to build a good rapport with Jane. After persistence and hard work of proving what our service could provide, Jane began to seek our help without her partner's knowledge. It was often difficult to see Jane alone but over time Jane became more open with staff about her experiences with Rob, her mental health and substance use. Since, Jane has ceased her heroin use and minimised her crack use. Shortly after this her probation period came to an end, Jane ceased all offending and has not had any criminal justice involvement since.

Jane would quite often go through cycles of ending the relationship and returning. When Jane would flee this relationship, she would return to crack cocaine use and sex working. I was able to provide harm reduction advice around safer drug use, by providing brief interventions around her crack use, and sex work by regular health check-ups, including sexual health screens and BBV testing. Each time Jane would flee the relationship it became easier for her to approach staff and be open about her current situation. I was able to support Jane with referring her to an organisation that specialises in Domestic violence and sexual exploitation, and an Independent Domestic Violence Advisor (IDVA). All agencies worked together to support Jane holistically. Jane's IDVA would complete joint appointments with me to ensure that Jane was able to have access to IDVA's support safely. We would arrange appointments at the same time as her partner's, to minimise his frustration at waiting.

Jane fled the relationship for what she described as a "final" time after multiple increasingly violent domestic situations unfolded. Jane felt comfortable enough to approach staff when in crisis for support. Staff were able to comfort Jane and listen to what she needed help with. Jane requested support around housing. Staff were able to support Jane to the local council to access emergency housing, as Jane had refused refuge. There were also limited refuge spaces available. Unfortunately, the council were unable to provide the correct placement such short notice and high risks. Staff linked in other agencies and one organisation was able to offer a solution. This agency had a complex needs safe house for women experiencing exploitation and domestic violence. The risk assessment and application paperwork were completed, and Jane was accepted for this space. Jane moved in the same day.

Jane resided in this placement for several months and continued to be abstinent from substances and sex work as she had a good support system to deter her. Instead of returning to old coping mechanisms staff were able to support with developing new healthy ways of coping. Jane was very open to all support and engaged well. During this time staff were able to register client with a GP and access universal credit benefits.

However, Jane did return to her relationship with Rob and gave up her placement. The following day Jane presented to us in crisis after another domestic incident. Luckily, staff run an out of hours drop in where Jane knew she could access support. However, Jane refused refuge or temporary accommodation but was able to sofa surf at a friend's house. Jane linked in with a police officer whilst at this drop in. Unfortunately, Jane's previous placement had no free spaces and were unable to offer her another placement. Due to a fear of being street homeless and long wait lists for housing she is now back with Rob.

Summary

Although Jane continues to be in a relationship with Rob, Jane still links in with me, her IDVA, GP and domestic violent support services. Jane is now in receipt of benefits and has a mobile phone provided through the housing placement. Jane has ceased sex working and crime now that she has access to Universal Credit. I have accessed mental health support for Jane, and she is awaiting counselling. Jane has been abstinent from crack and heroin for a few weeks. Even though she has small relapses with crack, she continues to do well and knows she will not be judged for these blips. Overall, Jane's quality of life has improved.

Jane is now aware of the process for fleeing her relationship and where to go when in crisis. Jane feels comfortable enough to approach staff and knows that we will always be available to support. Jane trusts us as we have proved we are able provide wrap around support effectively and efficiently. Staff have also now built a good rapport with Rob, which in turn, enables Jane to engage better with our service.

We have a safety plan in place which Jane adheres to as she was a part of deciding this plan, as staff believe it is important for the support to be person centred.

OVER 50'S SERVICE

Introduction:

PG is a 64-year-old client who has had major trauma throughout her life. She was a victim of horrendous domestic violence (DV) with her husband, who she has divorced numerous years ago. PG was also raped after working in a bar 16 years ago and doesn't know who the perpetrator was, this affects her mentally as she never knew who it was, she is always afraid it could happen again. Previous to being referred to GDAS PG was in rehab due to her excessive drinking and came out halfway through the rehab treatment as her son-in-law passed away. Following this PG started drinking again.

Treatment:

In my initial assessment with PG she was very unstable on her legs, following this I made home visits for appointments as I felt this was safer for her as she also lived in an upstairs flat with very narrow stairs. In appointments we would use psychosocial interventions, harm minimisation, and try to start a reduction plan. PG could never remember how much she was drinking. I was concerned that she had ARBD.


Treatment Goal

Abstinence.

Summary of work completed:

I made a referral to Supporting people for PG's mental health and finances. As I felt that PG was extremely vulnerable and had no family support. PG's family refused to visit her as they blamed her for all the DV they had experienced as children. They wouldn't let her see her grandchildren as she was always intoxicated.

I was really concerned about PG's physical and mental health, so I sent an email to Adult Social Services to see if she had any support. A social worker from primary mental health contacted me and said she was due to close PG, but she was still working with secondary mental health. I emailed this support worker, and we attended a joint visit. During this visit PG was very intoxicated and we were both concerned about her health and her location with an upstairs flat.



From the supporting people referral, we then had a platform worker on board, we started an email thread to make sure that somebody had eyes on PG regularly because of her being so ill. We all interacted really well. The platform worker then supported her to complete a housing transfer form as she had been told previously that she couldn't move. So there was plenty of safeguarding in place. Following all these discussions I was still concerned for PG's ARDB . I spoke to my manager regarding this and we decided that PG would be best suited with a PLP to help with ARBD. On handover I linked the PLP with all other support workers so that they could all keep close contact.

ALCOHOL LIAISON

Client ML was referred via pathway to alcohol liaison service in March 2023. Due to his high admission rate (4 admissions leading to referral), problematic alcohol use and poor physical health partially caused by long term alcohol misuse.

ML has a recent history of fits and required district nurse support as he has a catheter fitted which has a common side effect of bladder infections. It was reported during referral that he has had many previous episodes with minor changes and poor engagement.

Due to his physical health issues he lives in supported housing and has personal support to help with his daily needs, GDAS have supported the staff to get a better understanding of alcohol misuse. ML smokes tobacco no other substances other than prescribed medication.

Initially he was reluctant to address his alcohol usage and at the time of referral he was consuming approx. ½ bottle vodka per day (14 units) and 8 cans of Stella (20 units) which was totalling units 34 a day.

ML was unhappy with the large house he was living in as when he was intoxicated, he would have fights with the other residents he didn't get along with. GDAS and Caerphilly social services worked alongside ML to explore housing options, he was then successfully moved to a smaller 2 resident supported living property.

ML opted for weekly support from GDSAS and managed to reduce his alcohol to 6 cans of beer (12 units), he can continued to engage with GDAS and has not been admitted to hospital for alcohol related health issues or unplanned detox since referral.

TRAUMA COUNSELLING SUPPORT SERVICE

Introduction:

MH was referred to the Trauma Counselling Service by the Criminal Justice team within GDAS on the 14th February 2023 as he is prescribed Buvidal and had experienced physical abuse whilst in a Children's Home.

MH has had support from GDAS since 2007 19 episodes were with Criminal Justice and the Prison Service and 1 episode with the Open Access team since 2007 to date.

Treatment:

MH attended his assessment on the 21st February 2023 and spoke about the physical abuse he experienced in the Children's Home and how let down he felt by the authorities and his parents not believing him.

He explained about the flashbacks he experiences especially the smell of meat on the B-B-Q as it reminds him of the smell of the keyworker in the Childrens Home stubbing his cigarettes out on his back. Due to the flashbacks and panic MH reported experiencing it was agreed he would have a few sessions of Counselling to work on regulating his emotions to reduce his anxiety and panic attacks and then we would do Eye Movement Desensitisation and Reprocessing (EMDR).

MH's attendance was good initially and as time got closer to him having EMDR he dropped out for a few months. Through his keyworker in Criminal Justice, we were able to let him know the door was still open for him to access EMDR when he felt ready to do so. However, in August he re-contacted and he had his first EMDR session on the 25th August 2023.

At each EMDR session the client is asked to rate the severity of disturbance (SUD) at the beginning and end of the session, and we are aiming for the score to reduce from a maximum of 10 to as close to 0 as possible. These scores are taken at the start and end of the session. We also get the client to think of a new positive thought (Validity of Cognition (VOC)) they would like to believe about themselves, and this is scored between 1 and 7 with 1 being completely false and 7 being completely true. Again, this is taken at the start and end of the session.

At the start of the session MH's SUD when recalling the image was 7½ (10 being the highest) and the score for the VOC was 2 (7 being the most positive).

MH engaged well with the session and was able to access the image of the trauma easily. Within a few sets of the hand movements, he reported his mind being "blank" and couldn't recall a thought, vision or emotion. We carried on with the hand movements and after 2 more sets he had the image of him visiting the children's home and it being derelict with the gateway covered in ivy. This was the final image he recalled on the last 2 sets of hand movements.

When the session ended, he scored his SUD as 5 and his VOC as 6. A further session has been booked to assess if we he can progress even further.

Treatment Goal:

Unfortunately, MH was not able to attend his next appointment but managed to have a telephone appointment a few weeks later.

In his phone appointment he reported that when he thinks about the image or the event he doesn't get as strong an emotional response and can "let it go, as it's as if it happened to someone else". He stated "I can put it away without it damaging me" as in the past it would be a trigger to him relapsing and committing crime.

MH reported that he has completed his drug rehabilitation requirements (DRR) following a very positive review with Probation. This was his 4thDRR but the first he has ever completed. He stated he was able to be honest with the review panel and explained what had happened in the past which he has never done and since having counselling in GDAS he feels he can "open up" and doesn't mind being emotional in sessions.

MH is interested in becoming a Peer Mentor when he is further into his recovery and is due to start learning to drive. Another EMDR session has been booked should MH want to reduce the SUD score

Outcome Measure:

SUD: 7½ down to 5

VOC: 2 up to 6

Physical Measure: "I can put it away without it damaging me"

Introduction:

AFR is a 29-year-old male who used cannabis and alcohol to deal with stress in his life, he was drinking around 40 units of alcohol every other week and smoking around 3 grams of cannabis a day. AFR reported having bad mental health problems and an history of self-harming by cutting his arms. AFR had spilt up from his kids' mother and wasn't seeing his kids at the time of starting treatment in June 2023.

AFR didn't feel that his alcohol was an issue at the start of treatment and wanted to just work on the cannabis use. A few sessions in he changed his mind and wanted support with his alcohol to reduce it to a more controllable level.

AFR started seeing his kids in the visitation centre he has one more visit there left then he can have the kids unsupervised at home, he is very happy with this.

Treatment:

AFR was informed about safe alcohol use and recommended units, he was also advised to have at least two days without alcohol.

Together we worked on a reduction plan for his cannabis use. He was asked to keep a diary of his cannabis/alcohol use and to bring it to his next appointment, he started a diary on his phone that he kept up all the way though treatment, he found this useful for him look back on and for him to track his progress.

AFR was struggling with other peoples opinions of him, this was leading him to smoke more cannabis. Together we used tools from connect five for AFR to understand that he cannot control what people say about him, but he can turn them into fact or opinions.

AFR continued to work on reducing his cannabis use, he would successfully go around two weeks without smoking it but would often have a slip up for a day or two. We are now at the stage where he has gone 8 weeks without smoking cannabis, he also took the same tools that were applied to his cannabis use and applied them to his alcohol use, he has successfully reduced his drinking and has swapped from whisky to beer. AFR is now a lot happier.

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MID-YEAR REVIEW

CHILDREN SERVICES

2022-24



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Strategic Leads

Cabinet Member for Social Services	Councillor Jason Hughes
Cabinet Member for Social Services	Councillor Stephen Marshall
Director for Social Services	Sally Ann Jenkins
Head of Children Services	Natalie Poyner

Introduction

Newport City Council's Corporate Plan 2022-27 has four Well-being Objectives to support its mission to deliver an Ambitious, Fairer and Greener Newport for everyone and contribute towards Wales' Well-being Goals set in the Well-being of Future Generations Act. To support the delivery of these objectives, strategic priorities, and deliver continuous improvement each service area has developed their service plan. This report provides the Mid-Year progress against the Children Services Service Plan 2022-24 (23/24).

Children Services is part of the Council's Social Services Directorate and is responsible for delivering a range of services to families and children in need including specialist provision for those most vulnerable and at risk of social exclusion, such as those at risk of significant harm, disabled children, children looked after and unaccompanied (separated) children and young people.

Children & Family Services has responsibility for providing services under the Social Services and Wellbeing Act and Adoption Act 2002 which extends the range of services and support to those involved in the adoption process; responsibility for providing fostering service under the fostering regulations and Residential care under the RISCA Act. Youth Justice Services are provided by the multi-agency Youth Justice service established under the Crime and Disorder Act 1998.

Our statement of purpose: 'To promote and safeguard the wellbeing of children and young people in need within their families, and where this is not possible, to provide good quality alternative care'.

Service Area Objectives

Objective 1 – Deliver effective services to support children to safely remain with their families.

Objective 2 – Improve outcomes for children in care and care leavers including a focus on safe reunification.

Objective 3 – Ensure a range of placements are available for children looked after.

Objective 4 – Prevent offending and re-offending by children and young people.

Head of Service Executive Summary

Over the past 6 months we have registered additional residential provision for our young people, increasing the capacity for emergency admissions by two. In addition, two further settings will be registered by the end of the year to further increase this by 4 beds in total. The exploitation/ edge of care team is now set up and working with our most vulnerable young people aged 10 plus. We have also steadily and safely increased the number of young people returning home to family.

The immigration team is now established, we have a dedicated immigration advice worker and stronger working partnerships with immigration services. The radical reform funding has supported the positive transformation of the Cwtch Centre, in order to ensure family time is more 'family focussed and realistic'. We have positive feedback from partners, and this continues to be successful. We have successfully recruited into the parenting assessment positions. This funding remains in place until March 2025.

The Youth Justice service has been successful in obtaining turnaround funding from the Ministry of Justice and is delivering and early help, assessment and intervention offer for young people and families. A contextual safeguarding offer is now in place within Newport, considering place based risks and extra familial harm. Working closely with partner agencies and key stakeholders.

Staffing vacancies and retention remains a considerable risk, the teams are carrying vacancies and the demand and complexity through the front door has increased. As a service we are more reliant on grant funding which poses its own risks due to the funding being time limited. Grant funding has supported us to innovate but there remains a risk that this is short term funding and not sustainable in the longer term. Staff sickness has increased over the last year, this is thought to be in part linked to the rise in caseloads and complexity of referrals coming through the front door. The eliminate agenda continues to be a risk in terms of placement stability and sufficiency. However, Newport has somewhat of an advantage in comparison to other Welsh Local Authorities as we have the largest portfolio of care provision for our children. The Eliminate team are working hard to support Newport and the wider Gwent footprint through this transition.

Review and remodel of Business Support Team. This will align services across the Social Services directorate and create greater efficiency. Increase internal residential provision. Work continues on the renovation of Cambridge House which will house six unaccompanied asylum seeking children. A project to develop solo provision for our children who are in need of enhanced, intensive support is underway. The Eliminate team are collating data to inform further developments.

A care leaver provision is due to open early 2024, which will increase the offer to care leavers of Newport. Wellbeing of staff remains high on the agenda and we will continue to strive to support and retain the staff in children's services.

Children Services 2023/24 Overview

Service Plan Objectives

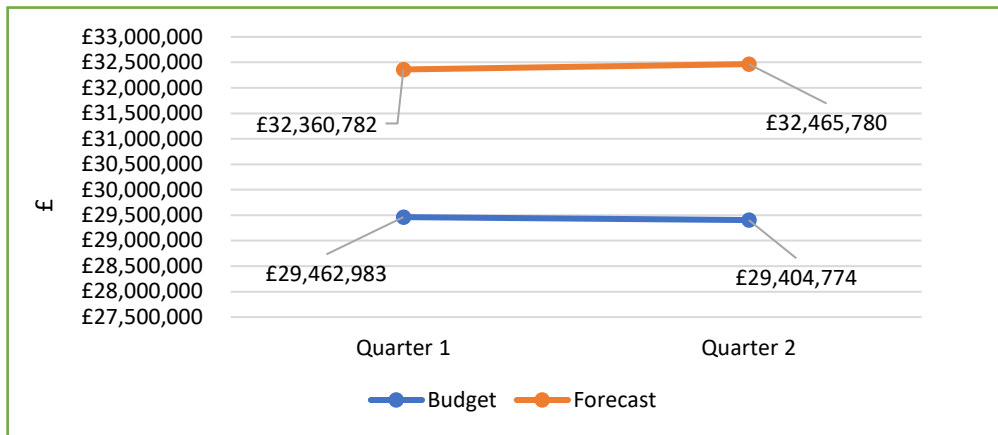
Objective	Mid-Year Status (Red / Amber / Green)
Objective 1 - Deliver effective services to support children to safely remain with their families.	
Objective 2 - Improve outcomes for children in care and care leavers including a focus on safe reunification.	
Objective 3 - Ensure a range of placements are available for children looked after.	
Objective 4 - Prevent offending and re-offending by children and young people.	

Service Area Risks

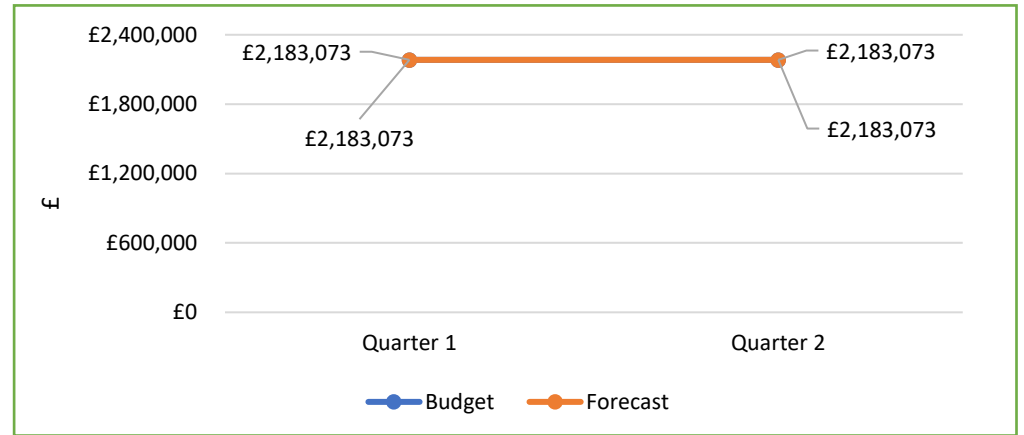
Risk	Corporate / Service Risk	Inherent Risk Score	Target Risk Score	Quarterly Risk Scores (Q3 2022/23 to Q2 23/24)			
				Quarter 3 22/23	Quarter 4 22/23	Quarter 1 23/24	Quarter 2 23/24
Eliminate profit from Social Care	Corporate	20	4	15	15	15	15
Pressure on the delivery of Children Services	Corporate	25	12	25	25	25	25
safeguarding Risk	Service	20	4	4	4	4	4

Service Area Finance Forecast (End of Quarter 2)

Revenue Forecast



Capital Forecast



Programmes and Projects

Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
Residential Children's Homes Programme	<p>Increase the number of placements for children available in residential care in Newport by developing LA provision. In doing so children can be cared for locally and are more able to develop resilience and sustain their local connections. Ensuring we are aspirational in the care of our children is part of this ambition as well as promoting the best use of our resources.</p> <p>This links with the WG eliminate profit agenda, regional developments and assists in providing support for children with the highest levels of vulnerability. The planned developments, include completion of Windmill Farm and Mill Barn, completion of Rosedale Annexes, work with Action for Children to develop a partnership to open a regional home for disabled children in Stow Hill, secure Cambridge House funding and change of use for UASC for children aged under 16 to support the National Transfer Scheme regionally.</p>	<p>Well-being Objective 3</p>	<p>Quarter 4 2027/28</p>	<p>75%</p>	<p>Windmill Farm and Mill Barn are now registered and in use. Rosedale annexes are expected to open in January 24, providing up to 4 emergency beds. Funding has been secured by our Action for Children partners for the development of a home for children with disabilities and work is also progressing on Cambridge House which will become a provision for UASC. The Eliminate team continue to collate data to inform future developments and project manage identified areas such as solo provision.</p>

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Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
<p>Unaccompanied Asylum Seeker Children (UASC)</p> <p>International Team</p>	<p>Newport is currently leading on a regional collaboration in order to develop effective services for unaccompanied minors in Gwent. A project manager has been appointed in order to scope existing services across Gwent and to mobile more rural LA's in developing a sufficient infrastructure and to meet the pressures of the mandated National Transfer Scheme.</p> <p>Newport is a City of sanctuary and supports families seeking refuge. Newport has seen a significant number of families settling in the City without recourse to public funds and fleeing war torn countries. Navigating the complex systems is a challenge for practitioners and families and therefore we seek to create an international social work team to develop expertise in order to ensure that our support offer meets the needs of the citizens presenting to us.</p>	Well-being Objective 3	Quarter 4 2023/24	90%	<p>Team in place but creation of a new senior practitioner post is being undertaken to help build leadership resilience within the team.</p> <p>Regional scoping exercise has been started and discussions with Gwent strategic leads is planned to explore and consider what a regional service could look like.</p> <p>The service is focusing on taking over responsibility for the no recourse to public funds activity and has already taken responsibility for the homes for Ukraine Scheme.</p> <p>Very recently the service has also partnered with the migration team and now fund a part time migration caseworker.</p> <p>Work is currently underway to develop a service level agreement with Asylum Justice to commission their legal services on a regional basis to ensure all Gwent UASC's are entitled to and eligible for legal aid and support when making asylum applications or appeals.</p>
<p>Regional Independent Domestic Violence Advocates (IDVA) service</p>	<p>Outsource commissioning of the Regional IDVA service. Third sector consortia to manage and develop further the regional resource funded by VAWDASV Welsh Government grant and Police and Crime Commissioner Office.</p>	Well-being Objective 3	Quarter 4 2023/24	80%	<p>This service is going out to tender with a collaboration agreement being drawn up by a legal professional.</p>

Workforce Development

To support workforce development across Children Services, the following actions have been identified as priority between 2022-24.

Action	Outcome(s) of Action Delivery	Action Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
Build on the existing work to support staff to access social care training including the Open University (OU) route to social work qualification.	Retain staff in Newport and increase the pool of qualified social work staff.	1 st October 2022	31 st March 2024	50%	The Workforce team are supporting our staff to undertake the OU degree, the interviews were held- and we are supporting 16 people through the degree this year.
Access appropriate regional and National workforce development groups to increase capacity and support the whole social care workforce.	Increase the number of applications of staff to posts in Newport and retain staff within the social care workforce.	1 st April 2022	31 st March 2024	70%	This remains high on the agenda, we are working with the workforce teams, to encourage more people into the profession. Social Care Wales is also paying the fees for the social work degree, which will assist with new starters.

Objectives and Action Plan Update

Objective 1 - Deliver effective services to support children to safely remain with their families.						Objective 1 Mid-Year Assessment	
Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Completion and implementation of Welsh Government action plan to work towards reducing the numbers of children who are looked after.	The delivery of all the actions in this section will support Children Services objective to reduce the number of children who are looked after and enable effective early intervention and prevention.	WBO 3 / Strategic Priority 2 WBO 3 / Strategic Priority 4	1 st October 2022	31 st March 2026	35%	Operational group is now in place which is focusing on the Safe Reduction of Looked After Children and Young People. The first stage of the work is focusing on specific cohorts and the operational group agreed to focus on placement with parents. The longer term plan is to report on this work and outcomes.
Page 2 75	Continue to increase the support provided to Special Guardianship Order (SGO) carers within Newport.	Develop in house SGO support services. Explore kinship foster carers converting to SGO's	WBO 3 / Strategic Priority 1 WBO 3 / Strategic Priority 2 WBO 3 / Strategic Priority 4	1 st October 2022	30 th June 2025	30%	The new team manager is in post and this work has now re-started.
3	Extend the Rapid Response team with an expanded evening and weekend crisis offer.	Number of families supported at point of crisis. Reduction in number of emergency placements. Bid to both Welsh Government and within NCC for resource to expand the Rapid Response team.	WBO 3 / Strategic Priority 1 WBO 3 / Strategic Priority 2 WBO 3 / Strategic Priority 4	1 st October 2022	31 st March 2024	90%	We have utilised WG funding to increase the provision of the rapid response workers, including evening and weekend work. This offer has also been extended to the family support service. Thus offering a more flexible approach to allocating cases between the two teams, which allows for an enhanced and extended offer. We have appointed to most posts, awaiting staff start dates.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	Complete the embedding of MyST with all our teams.	Number of children supported by MyST to return home or to foster care from residential care. Continue to work with MyST and the expansion of the team.	WBO 3 / Strategic Priority 1 WBO 3 / Strategic Priority 2	1 st October 2022	30 th June 2024	90%	Myst continue to work with cases across children's services. A positive case example between family and friends team and Myst is being presented at the children's services staff conference in October.
5	Work with partner agencies to develop a shared understanding of Contextual Safeguarding within Newport and embed it into practice.	Reduction in number of older children being escalated for "secure" care.	WBO 3 / Strategic Priority 2 WBO 3 / Strategic Priority 4	1 st October 2022	30 th June 2024	75%	Contextual safeguarding work is now underway and the operational meetings are now being embedded in practice. This work is going to be reviewed and monitored for next six - 12 months. This area of work is developing and going in the right direction.
6	Develop increased opportunities for disabled children and their families to share quality time together. Develop group activities, build on skills in order to support wellbeing to prevent family breakdown.	Work in partnership with parents and partner agencies to develop collaborative opportunities for disabled children. Develop self-help groups, peer to peer support and direct/online training.	WBO 3 / Strategic Priority 1 WBO 3 / Strategic Priority 2	1 st October 2022	30 th June 2024	80%	The Radical Reform funded project team which will be developing the offer to disabled children and their families is now formed and will be running family sessions of complex play over October half term where consultation will take place to plan and develop further opportunities both in term time and school holidays.

Objective 2 - Improve outcomes for children in care and care leavers including a focus on safe reunification

Objective 2 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Increased housing options for care leavers. Currently Newport has a limited range of choices for housing for care leavers especially with a range of suitable support. This action will seek to address this gap. Work has already commenced and will continue.	All actions in this section will contribute to improving outcomes for children in care and care leavers.	WBO 3 / Strategic Priority 1 WBO 3 / Strategic Priority 2	1 st April 2021	31 st March 2024	35%	A multi-agency Framework for accommodation for young people is being started in October 2023. There are 3 care leaver properties being developed. Stanley Road (Pobl) is due to come online in January 2024. A second property has been secured through Alliance Housing and an offer has been made and accepted - This is still in its early stages and regional funding is now being applied for. Alliance are now sourcing a third property.
2	Continue to develop a range of options for CLA to engage in work experience and have the offer of a mentor.	To improve opportunities of successful employment To explore traineeships and apprenticeship offer within the local authority	WBO 1 / Strategic Priority 6 WBO 3 / Strategic Priority 4	1 st April 2021	31 st March 2024	40%	Training and development working group is maturing with the addition of health partners and the inclusion of a HR rep who is linked to the apprenticeships and shared prosperity fund. Work is underway to develop 3 pathways for care experienced young people. These are: Pre engagement pathway - for young people who are not work ready but need to be engaged with training and employment - Training providers are looking at this part of the proposal.

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Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
2	Continue to develop a range of options for CLA to engage in work experience and have the offer of a mentor.	To improve opportunities of successful employment To explore traineeships and apprenticeship offer within the local authority	WBO 1 / Strategic Priority 6 WBO 3 / Strategic Priority 4	1 st April 2021	31 st March 2024	40%	<p>Traineeships - For young people who are ready but not sure what they want to do and would benefit from employment work experience and an opportunity to try a variety of placements before deciding what they want to do. Private providers are working on this part of the proposal (we currently have two providers). Health are keen to consider how the shared prosperity fund may help them to develop their proposal.</p> <p>Apprenticeships - For young people who are work ready and know what which area of work they would like to be trained in. Training providers and businesses/partners are currently developing the proposal for this area. The Local Authority is also part of this stage of the offer.</p> <p>Partnership meetings are monthly and progressing well. The plan is to seek agreement through from the Local Authority and then roll out the pilot group pathways within the next 6 months.</p>

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
3	Develop Young Persons Accommodation Pathway in conjunction with housing and Housing Support Grant (HSG).	To create an effective accommodation pathway which provides a range of accommodation options and a robust mechanism to identify the right provision - Task and Finish group to be set up to help facilitate this work. To create a framework for commissioning the appropriate accommodating for our CLA, 16+ and Unaccompanied Asylum Seeker Children (UASC). Development of the transition training flat service. Development of the Joint housing strategy.	WBO 3 / Strategic Priority 2 WBO 3 / Strategic Priority 6	1 st October 2022	31 st March 2025	20%	Framework for accommodation is being developed as of October 2023 onwards. Newport's accommodation pathway for young people is being developed and finalised. All activity in relation to this objective is now reporting to the Housing Transformation Board.
4	Develop our participation and co-production offer for CLA and Care Leavers.	To ensure that CLA and Care Leavers have an active voice in shaping, designing and commissioning their services. To promote the development of a Children Young People (CYP) forum for CLA, Care Leavers, UASC and those CYP known to the Youth Justice Service.	WBO 3 / Strategic Priority 1 WBO 3 / Strategic Priority 2	1 st October 2022	31 st March 2025	35%	Update is the same as the update in relation to co-production and participation for children looked after/those known or open to the YJS.

Objective 3 - Ensure a range of placements are available for children looked after.

Objective 3 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	To use WG funding to develop a family centre resource to promote families remaining together	To Promote Families to remain together and reducing the amount of Children Looked After (CLA).	WBO 3 / Strategic Priority 1	1 st March 2023	31 st March 2024	85%	With the WG funding we have been able to secure additional monies to support the radical reform of the Cwtch Family Centre. We are looking at making the centre the hub of the community for our families. Ensuring that their family time is interactive and person centred, whilst promoting strengths. We have created an additional 3 posts to support the assessment element of the Family Centre. We have recruited successfully in to all 3 posts. One parenting assessment worker has started. The other two posts have been filled with staff due to start in November. The funding is in place until 2025.
2	Increase the proportion of foster care provision within Newport.	<p>Number of foster carers residing within the Local Authority area.</p> <ul style="list-style-type: none"> • % of CLA in foster placements within the Local Authority. • Target reduction in the number of foster placements provided out of area. • Review and improve foster care recruitment strategy. <p>Explore opportunities for regional commissioning for specialist area</p>	<p>WBO 3 / Strategic Priority 1</p> <p>WBO 3 / Strategic Priority 2</p>	1 st October 2022	31 st August 2024	40%	This work remains ongoing and is supported by fostering Wales and the Eliminate Regional team. A new dedicated fostering recruitment officer is now in post, funded for 2 years.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
3	Focus on developing specialist fostering placements with psychological support.	Increase in availability of placements for older children. Campaign work with Foster Wales and Regional Development Manager.	WBO 3 / Strategic Priority 2	1 st October 2022	31 st March 2024	50%	This work remains underway but recruitment challenges continue. Myst foster carer consultations continue and some training.

Objective 4 - Prevent offending and re-offending by children and young people.

Objective 4 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	Further develop the support provided by the Youth Justice Service (YJS) incorporating robust early intervention and prevention work; and future service transformation work.	Holistic and timely support is available to all children accessing the service from a multi-agency team, and built into their intervention plans.	WBO 3 / Strategic Priority 4 WBO 4 / Strategic Priority 7	1 st April 2021	31 st March 2024	70%	Promoting positive engagement fund is still under review but new model is nearly in place and operational group is being developed to design and implement the new PPE multi-disciplinary team. Turnaround is now embedded into the service and performance is higher than expected. Both funding streams are helping to strengthen the early intervention and prevention work. Contextual safeguarding activity is now enabling us to identify that an outreach offer would be beneficial and this will inform future funding applications.
2	Acquisition of new YJS intervention hub – to promote multiagency working through early prevention and intervention work.	To facilitate and provide CYP open to the YJS receive quality preventions and interventions from a range of different areas including alternative education and accredit qualifications and life skills.	WBO 3 / Strategic Priority 4 WBO 4 / Strategic Priority 7	1 st October 2022	31 st March 2025	5%	Next steps are to discuss at Asset rationalisation Project Team meeting to ensure it's on the agenda and for the report to be collated. Regional funding rep has been informed and is aware that a potential property/plot has been identified but needs to go through the asset rationalisation processes and board for consideration first and then the process of seeking a viability study will be explored.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
3	Develop our participation and co-production offer for all CYP known to the YJS.	Development of volunteers – to include service users. Develop Participation and engagement with services. Ethnically diverse groups. Enable and facilitate service development through co-production with CYP.	WBO 3 / Strategic Priority 4 WBO 4 / Strategic Priority 7	1 st October 2022	31 st March 2024	30%	Coproduction and participation working group is underway and draft strategy has been developed. The YJS work strand sits within the larger coproduction and participation work group.

Performance Measures

Annual performance measures are not included in the Mid-Year review and will be reported as part of 23/24 End of Year Review. The table below provides the latest position reported at the end of quarter 2 (30th September 2023).

Note: Children Services performance measures do not have targets as these are demand led. Performance will be assessed in comparison to previous year's performance.

Performance Measure / Description	End of Year Performance (21/22 to 22/23)		Mid-Year Performance 2022/23	Mid-Year Performance 23/24
	Actual 2021/22	Actual 2022/23	Actual Q2 2022/23	Actual Q2 2023/24
National CH001- The number of contacts for children received by statutory Social Services during the year.	11,311	11,024	5,555	6,105
National CH/005b- The number where physical punishment by a parent or carer was the only factor	85	119	29	45
National CH/015- The total number of children with a care and support plan on 31 st March	945	978	975	888
National CH/026- The total number of children on the child protection register at 31 st March.	127	135	138	141
National CH/033- The total number of reports of child exploitation received during the year	122	141	95	69
National CH/036- The total number of children removed (de-registered) from the child protection register in the last 12 months	207	201	97	73
National CH/037- The number of children becoming looked after during the year.	166	122	62	58
National CH/039 - The number of children looked after at 31 st March.	372	376	370	368
Local CH/L002- The number of children who ceased being looked after during the year.	120	113	62	67
National CH/043- The total number of children looked after at 31 st March who have experienced three or more placements during the year.	50	34	37	36
National CH/045 - The total number of children who returned home during the year	33	49	20	21
National CA/011 - The total number of contacts to statutory social services by young carers or professionals contacting the service on their behalf received during the year. Provided by Barnardos	127	111	45	65
National CH/L004 - Number of Childrens Residential Fostering Beds	22	24	20	28
National CH/L005 - Number of Children in care proceedings during the year	56	73	35	44

Youth Justice Service Performance Measures

Performance Measure / Description	End of Year Performance (21/22 to 22/23)		Mid-Year Performance 22/23	Mid-Year Performance 23/24		
	Actual 2021/22	Actual 2022/23	Actual Q2 2022/23	Actual Q2 2023/24	Target 2023/24	Commentary
Total Number of first Time Entrants (Less is better)	13	23	16	1	25	Less is better, YJS would want to see a reduction in the numbers of entrants into the criminal justice system.
% of cases open to the YJS on a prevention basis. (More is better)	66.4%	67.2%	61.76% (105/170)	53.1% (77/145)	60%	More is better – YJS are working to a new referral Prevention Panel. All new referrals are to be reviewed before acceptance. Referrals made to YJS incorrectly are being signposted to correct referral routes.
% of cases open to the YJS on an out of court disposals. (Less is better)	24.1%	23.3%	25.9% (44/170)	32.4% (47/145)	29%	Whilst YJS would want to see a reduction in Out of Court Disposals, on the whole, this is a preferred option instead of a Statutory Order. Target will be reviewed as part of the service area 23/24 review
% of cases open to the YJS on a statutory order. (Less is better)	8.8%	8.7%	10.6% (18/170)	14.9% (21/145)	11%	Less is better, YJS would want to see a reduction in the numbers of entrants into the criminal justice system
% of cases on remand. (Less is better)	0.7%	0.9%	1.76% (3/170)	2.76% (4/145)	1%	Less is better, as YJS would want to have no Remands Cases where possible. In this period there were three Young People who were remanded, one Young Person was remanded on two separate occasions. The offence committed: Robbery x 2 Breach of Bail x 2 Target will be reviewed as part of the service area 23/24 review
% of cases re-offending (re-offending rates). (Less is better)	8.9%	3.6%	4.71% (8/170)	6.21% (9/145)	11%	Less is better - YJS would want to see numbers of re-offending cases to be as low as possible. In this period seven Young People re-offended, however two young people re-offended on two occasions, taking the total to nine. Target will be reviewed as part of the service area 23/24 review
% of cases open to the service with Criminal Exploitation (CE) /Criminal Sexual Exploitation (CSE). (Less is better)	29.5%	14.6%	18.24% (31/170)	8.97% (13/145)	24%	Less is better - YJS would want to see a reduction in CE or CSE cases. Target will be set for 2023/24

Glossary

Service Area Project / Action Assessment

RAG Status	Description
X%	Project / Action is not on track to deliver with major issues preventing the action being completed by the agreed ' Target Date '. Immediate management interventions is required to improve performance and escalation to Directorate Management Team and/or relevant Board.
X%	Project / Action is mainly on track with some minor issues which could prevent the Project / Action being completed by the agreed ' Target Date '. Management intervention(s) required to improve performance and close monitoring by the Head of Service / Service Management Team.
X%	Project / Action is on track to be completed by the Agreed ' Target Date '.
C	Project / Action has been successfully delivered

Performance Measure Monitoring / Tolerance Assessment

Newport City Council has agreed a 15% tolerance against targets set in service plans.

RAG Status	Description
=>15%	Performance is under achieving against Target or previous year's performance. Immediate management intervention and escalation to Directorate Management Board is required.
<15%	Performance is off target or Previous Year's Performance but within a variance of 15%. Management intervention and close monitoring by the Head of Service / Service Management Team is required.
	Performance is achieving / succeeding against its agreed Target or Previous Year's Performance.

Risk Assessment Matrix

Probability	5	5 - Moderate	10 - Major	15 - Severe	20 - Severe	25 - Severe
	4	4 - Moderate	8 - Moderate	12 - Major	16 - Severe	20 - Severe
	3	3 - Low	6 - Moderate	9 - Major	12 - Major	15 - Severe
	2	2 - Low	4 - Moderate	6 - Moderate	8 - Moderate	10 - Major
	1	1 - Very Low	2 - Low	3 - Low	4 - Moderate	5 - Moderate
		1	2	3	4	5
		Impact				

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Abbreviations

Abbreviation	Description
UASC	Unaccompanied Asylum Seeker Children

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NEWPORT
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MID-YEAR REVIEW

ADULT SERVICES

2022-24



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Strategic Leads

Cabinet Member for Social Services	Councillor Jason Hughes
Cabinet Member for Social Services	Councillor Stephen Marshall
Director for Social Services	Sally Ann Jenkins
Head of Adult Services	Mary Ryan

Introduction

Newport City Council's Corporate Plan 2022-27 has four Well-being Objectives to support its mission to deliver an Ambitious, Fairer and Greener Newport for everyone and contribute towards Wales' Well-being Goals set in the Well-being of Future Generations Act. To support the delivery of these objectives, strategic priorities, and deliver continuous improvement each service area has developed their service plan. This report provides the Mid-Year progress against the Adult Services Service Plan 2022-24 (23/24).

Adult Services is part of the Council's Social Services and is responsible for delivering a range of statutory adult social care to residents and their carers across Newport. It is important for Newport Council to ensure all of our services including those delivered by third parties comply with the Social Services and Well-being (Wales) Act 2014. Adult Services delivers a range of services and support to individuals (including carers) across Newport including Adult managed care social work; residential and day care services; safeguarding; First Contact (Information, Advice and Assistance); Occupational Therapy; Carers support; Home First. also mental health service. Newport Council also commissions social care providers to provide residential and non-residential (domiciliary) care and support packages for adults with eligible care and support needs.

Newport is Wales' fastest growing city with a 9.5% rise in population since the last Census in 2011. Across Wales there is more than one in five people (21.3%) aged 65 years and over. In Newport there has been an increase of 14.5% in people aged 65 years and over, an increase of 10.2% in people aged 15 to 64 years and an increase of 10.2% in children aged under 15 years. With these increases in the adult population, over the next 10 years the adult population, in particularly those aged 65 and above is likely to increase further. As Newport represent diverse group of people, and their social care needs are determined by a wide range of factors including age, physical and mental health and economic circumstances. Furthermore, Wales (like the rest of the UK) post pandemic is facing a backlog of patients awaiting surgery, and with that presenting more longer term, complex cases of health, care and support needs. Additionally, the social care sector is experiencing staff shortages, increases to the cost of care (residential and non-residential) and additional statutory duties to safeguard and support adults and carers. It will be essential that Newport Council and its partners over the next five years works to prevent many of these risks from increasing, but also to ensure the sustainability of services in the long term for Newport's communities. Adult Services will continue to deliver services with integrity, dignity and compassion for individuals and ensure services are delivered to our most vulnerable residents who have eligible care and support needs. To support residents who require 'Information Advice and Assistance' at the first point of contact and correct signposting of what is available in the community.

Service Area Objectives

Objective 1 - Supporting individuals and carers to maintain their independence and support them when they need help by providing equitable access to early intervention and prevention support.

Objective 2 - Ensure safeguarding arrangements for adults and their carers remain robust and NCC remains compliant with the Social Services and Well-being Act.

Objective 3 - Continue developing and improving the sustainability of adult services through a co-production model with providers, individuals and carers to meet our statutory duties, and future demands based upon Population Needs Assessment.

Head of Service Executive Summary

The contribution and success of the service plan for the last six months is a tribute to the management and workforce in adult services, their commitment to deliver seamless services for those most in need and ensure overall objectives are met have been achieved. The redesign of adult services to ensure we have the right professional responding to the needs of the community from early intervention and prevention, offering assistive technology to aide independence, (through our occupational therapy service) and strong links with our community connectors and carers leads to support unpaid carers. The reforming Information advice and assistance front door service in the community and the hospital ensures individuals have the right information to make decisions for themselves and loved ones. Restarting packages of care when individuals are admitted to hospital quickly and working with reablement services to ensure people can return home with support when required. The use of step up and step-down beds for people who have care and support needs either in the community or when leaving hospital enables them to receive support to prevent a hospital admission or return home after reablement support is provided. Managed care services focus on individuals with eligible care needs and those that have complex care and support needs requiring a service to be delivered via community support or a residential placement.

Our short breaks service has adapted to the needs of the service and refined the service on offer to ensure the cared for and carers have a quality experience and are supported.

The on-going challenge for adult services is the increase in referrals and the workforce issues of recruiting qualified professionals to complete statutory assessments and interventions. The access to provider services in domiciliary care in the community has improved over the last six months but the assessment by professionals required to access the service can be a barrier to assist the process.

The remainder of the year will be focussed on the completion of all objectives and ensuring a robust service is available across the service areas. The completion of the next iteration of the independent living strategy will forecast what we need to develop to ensure we have the right resources for our most vulnerable individuals in the future.

Adult Services 2023/24 Overview

Service Plan Objectives

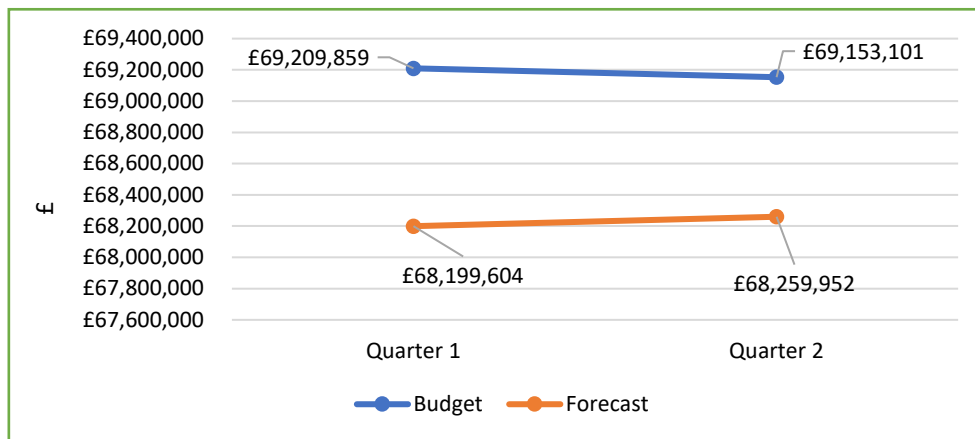
Objective	Mid-Year Status (Red / Amber / Green)
Objective 1 - Supporting individuals and carers to maintain their independence and support them when they need help by providing equitable access to early intervention and prevention support.	
Objective 2 - Ensure safeguarding arrangements for adults and their carers remain robust and NCC remains compliant with the Social Services and Well-being Act.	
Objective 3 - Continue developing and improving the sustainability of adult services through a co-production model with providers, individuals and carers to meet our statutory duties, and future demands based upon Population Needs Assessment.	

Service Area Risks

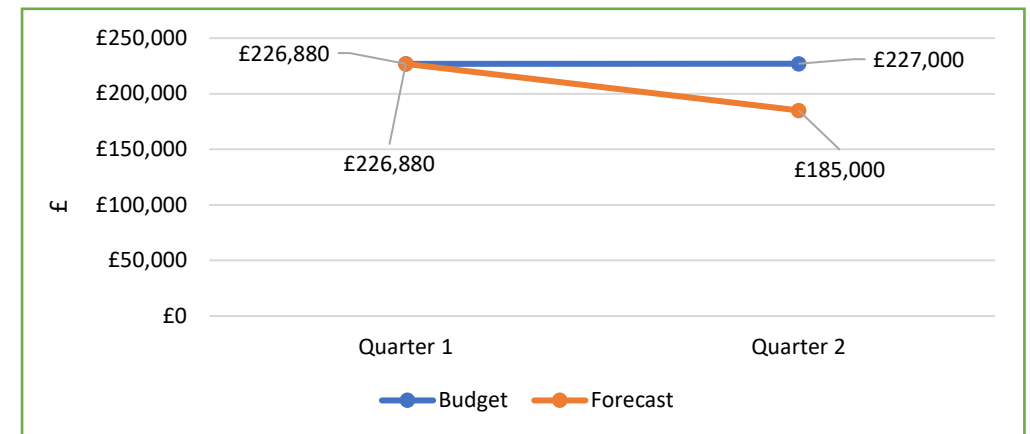
Risk	Corporate / Service Risk	Inherent Risk Score	Target Risk Score	Quarterly Risk Scores (Q3 2022/23 to Q2 23/24)			
				Quarter 3 22/23	Quarter 4 22/23	Quarter 1 23/24	Quarter 2 23/24
Pressure on Adult Services	Corporate Risk	25	12	25	20	20	20
Stability of Social Services Providers	Corporate Risk	25	12	25	20	20	16
Statutory Mental Health Services	Service Risk	12	8	16	16	16	12
Liberty Protection Safeguards Legislation	Service Risk	12	4	6	6	6	6

Service Area Finance Forecast (End of Quarter 2)

Revenue Forecast



Capital Forecast



Programmes and Projects

Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
Redesign Adult Services	Restructure Adult Services to ensure statutory services are correctly utilized and accessed smartly by individuals and professionals. Capturing all legislative requirements, Prevention and early intervention to eligible statutory services. This will also be supported by a range of projects outlined in this table.	Well-being Objective 3 Well-being Objective 4	Quarter 4 2023/24	95%	All management posts recruited to, and full resign of statutory social services agreed and staff engagement complete. Move to new teams by 4 th December 2023 functions. Recruitment and realignment of structure to be completed with Human Resources (HR) and finance colleagues by December 2023.
Integration of Frailty service Information, Advice and Assistance (IAA) hub.	Supports Adult Services Redesign. The objective of this project is to integrate the Frailty service into the IAA team. The outcomes of this work will: <ul style="list-style-type: none"> • Reduce the number of entry points for individuals to contact and engage with the Council. • Improve the efficiency and consistency of the IAA service to signpost individuals to the correct appropriate service and ensure that they receive necessary information and support for their needs. • Individuals have access health services, under reablement care including therapies and falls clinics. 	Well-being Objective 3 Well-being Objective 4	Quarter 4 2023/24	45%	This development has gained pace and the Frailty service are now using the one DATA base recording system (WCCIS) the same as adult services. The next 3-6 months will include the integration within the IAA function at the front door for all adult referrals to offer a strengthened approach to a service.

Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
Hospital Pathways Service	Supports Adult Services Redesign Develop smarter pathways through Social Care Hub and regional Home First in partnership with key stakeholders for individuals in hospital.	Well-being Objective 3 Well-being Objective 4	Quarter 4 2023/24	60%	Work continues around the realignment of staff to support an enhanced Hub model at the Royal Gwent Hospital (RGH) for Newport patients. We are looking that arrangements will be in place by the beginning of November that formalise the changes. There is a work plan being developed to identify key areas of work that need further input to ensure the hub model aligns with Home First and delivers more effectively a robust approach to discharge. The work will also include recognition of key areas of discharge that need a more collaborative approach with health and third sector colleagues.
Dementia Hwb in Newport	Supports Adult Services Redesign Provide a community single point of access for individuals pre or post diagnosis. In partnership with third sector and health.	Well-being Objective 3 Well-being Objective 4	Quarter 4 2023/24	15%	Service Manager, Partnerships and Development for the Gwent Regional partnership Board has submitted a draft bid to support a funding request. We are discussing the opportunity for the Occupational Therapy Team (NCC) to have a designated area within the dementia Hwb in future and also examining the options to relocate the Assisted Technology Hub from the Market to the Dementia Hwb.

Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
Managed Care	<p>Supports Adult Services Redesign In response to the workforce pressures and increasing demand, Adult Services will deliver a project which will improve how individuals receive managed care and support packages. This project includes:</p> <ul style="list-style-type: none"> • Restructure of key teams and improvements to job descriptions. • Training and development of staff to be able to provide holistic approach to identify, signpost and deliver packages. • Review, develop and improve managed care from how individuals access the service through to provision of packages considering digital and non-digital approaches. 	Well-being Objective 3	Quarter 4 2023/24	65%	<p>Supports Adult Services Redesign In response to the workforce pressures and increasing demand, Adult Services will deliver a project which will improve how individuals receive managed care and support packages. This project includes:</p> <ul style="list-style-type: none"> • Restructure of key teams and improvements to job descriptions. People in the new Managed Care teams are aware of the team they will work in, Senior practitioner interviews have been completed. • Training and development of staff to be able to provide holistic approach to identify, signpost and deliver packages. Induction to the new process will take place during November. Processes are being reviewed and updated. • Review, develop and improve managed care from how individuals access the service through to provision of packages. Process for managing the waiting lists from the Hospital, First Contact and Managed Care are being developed and the prioritisation tool is being updated.
Appointeeship Service	<p>Supports Adult Services Redesign To develop a business case and options analysis on how NCC can develop a sustainable model for an Appointeeship service for individuals in Newport. The outcome(s) of this project will be to provide support and safeguard Newport's most vulnerable individuals to remain independent to manage their finances.</p>	Well-being Objective 3	Quarter 4 2023/24	50%	<p>Review of the service completing in November 2023. Over the next 3 to 6 months the team will be implementing the recommendations of the review.</p>

Programme / Project Title	Project Overview	Well-being Objective(s) supported	Expected Completion Date (Quarter / Year)	Quarter 2 RAG Assessment / % Completion	Commentary
Learning Disability / Transitions Accommodation	In collaboration with the Council's Housing team, Registered Social Landlords and other key stakeholders, we aim to develop long-term, progressive and sustainable models of accommodation. This includes support for people with learning disabilities, and young people transitioning from children to adult care utilising of capital and revenue funding options.	Well-being Objective 3	Quarter 2 2024/25	70%	Social workers in Adult and Children's services meet regularly to identify young adults who will transition from provision in Children's services to those in Adults. For some who transition there are already services that will meet their needs but with others, social workers meet regularly with the commissioning team to plan for future need.
Shortbreaks	To deliver a sustainable Shortbreaks service to individuals, the Council is exploring several options and involving key stakeholders to ensure the service meet their long term needs.	Well-being Objective 3	Quarter 4 2023/24	85%	Engagement sessions have taken place with all staff and we are able to complete the change management process. We will update highlight report for Executive Board shortly with Voluntary Redundancy and reprovision costs.
Direct Payments (regional service)	Through collaboration with other Gwent local authorities and other key stakeholders as part of the Regional Partnership Board, we will develop a regional approach for individuals to commission their own care. This will provide greater independence and equitable access for individuals to commission their own care and support.	Well-being Objective 3	Quarter 3 2023/24	65%	We continue to offer a direct payment service and over the next 3 to 6 months will be part of developing a cohesive regional template for direct services. The service is provided for children and adults with assessed eligible care and support needs.

Workforce Development

To support workforce development across Adult Services the following actions have been identified as priority between 2022-24.

Action	Outcome(s) of Action Delivery	Action Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
Access appropriate regional and National workforce development groups to increase capacity and support the whole social care workforce.	Increase the number of applications of staff to posts in Newport and retain staff within the social care workforce.	1 st April 2022	31 st March 2024	70%	This remains high on the agenda, we are working with the workforce teams, regionally and nationally to encourage more people into the profession. Social Care Wales is also paying the fees for the social work degree, which will assist with new starters.
In addition to routine supervision and team meetings and for all teams provide regular sessions for wellbeing and support.	Support staff in their own well-being and ensure staff are motivated and enabled to carry out their roles.	1 st April 2022	31 st March 2024	95%	Adult staff engagement has continued throughout the redesign of adult services with specific and whole service meetings in person and on teams. Commitment to each service area support and development includes monthly supervision, and service development and focus meetings. Adults also attend whole social services conferences and updates. The next 3 to 6 months we will have an adult conference and also hold a focus group across services.
Build availability of Provider Services for the most vulnerable Adults in Newport, Residential and domiciliary care and support.	Strengthen availability of provider services in the community. Through Commissioning and brokerage, the focus on delivery methods to ensure sustainability.	1 st April 2022	31 st March 2024	70%	Social workers meet regularly with the commissioning team to highlight future needs and report on feedback from people who need services. Centrica Lodge is a residential respite facility for people with a learning disability. The building is owned by NCC with, until recently, the service being run by an independent provider. The service will now be managed by NCC and will give the opportunity to reconsider the service that is provided to meet the changing needs of the people we work with and the feedback we have received.

Action	Outcome(s) of Action Delivery	Action Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
Increasing the number of staff with Approved Mental Health Professional (AMHP) qualifications through training and development.	The Council will be able to have staff able to provide mental health assessment and support meeting the Mental Health Act statutory duty.	1 st April 2022	30 th April 2024	55%	<p>In recent months NCC has appointed 2 people who are AMHP's and, although are not working in mental health teams, they will still be on the AMHP duty rota. NCC has put forward 4 people for AMHP training in University West of England Bristol, all have been accepted for the course so hopefully by next summer we'll be able to warrant them.</p> <p>We are encouraging staff to work with AMHP's so that they can see what the work entails and hopefully develop an interest / aptitude for Mental Health Act work.</p> <p>Although the situation is looking better than earlier in the year, this will remain as amber as NCC still won't have enough people warranted as AMHP's to comfortably cover the amount of work coming in.</p>

Objectives and Action Plan Update

Objective 1 - Supporting individuals and carers to maintain their independence and support them when they need help by providing equitable access to early intervention and prevention support.						Objective 1 Mid-Year Assessment	
Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
Page 100	Integration of frailty into the Information, Advice and Assistance Hub.	The outcomes of this work will: <ul style="list-style-type: none"> • Reduce the number of entry points for individuals to contact and engage with the Council. • Improve the efficiency and consistency of the IAA service to signpost individuals to the correct appropriate service and ensure that they receive necessary information and support for their needs. • Individuals have access health services, under reablement care including therapies and falls clinics. 	WBO 3 / Strategic Priority 3	1 st April 2022	31 st March 2024	45%	<p>This development has gained pace and the Frailty service are now using the one DATA base recording system (WCCIS) the same as adult services.</p> <p>The next 3-6 months will include the integration within the IAA function at the front door for all adult referrals to offer a strengthened approach to a service.</p>
	2	Improve the delivery of Hospital Services for individuals to transition back into social care.	In collaboration with health and social care providers develop smarter pathways which individuals transition back into social care. This includes pathways such as Social Care Hub, regional Home First.	WBO 3 / Strategic Priority 3	1 st April 2022	31 st March 2024	60%

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
2	Improve the delivery of Hospital Services for individuals to transition back into social care.	In collaboration with health and social care providers develop smarter pathways which individuals transition back into social care. This includes pathways such as Social Care Hub, regional Home First.	WBO 3 / Strategic Priority 3	1 st April 2022	31 st March 2024	60%	a robust approach to discharge. The work will also include recognition of key areas of discharge that need a more collaborative approach with health and third sector colleagues.
3	Review, develop and improve Managed Care to individuals from accessing the service, processing of applications and awarding of care & support packages.	Outcome of this work will include: <ul style="list-style-type: none"> • Restructure of key teams and improvements to job descriptions. • Training and development of staff. Examination of service access, process and awarding of care & support packages using digital and non-digital approaches.	WBO 3 / Strategic Priority 3	1 st April 2023	31 st March 2024	65%	Supports Adult Services Redesign In response to the workforce pressures and increasing demand, Adult Services will deliver a project which will improve how individuals receive managed care and support packages. This project includes: <ul style="list-style-type: none"> • Restructure of key teams and improvements to job descriptions. People in the new Managed Care teams are aware of the team they will work in, Senior practitioner interviews have been completed. • Training and development of staff to be able to provide holistic approach to identify, signpost and deliver packages. Induction to the new process will take place during November. Processes are being reviewed and updated. • Review, develop and improve managed care from how individuals access the service through to provision of packages. Process for managing the waiting lists from the Hospital, First Contact and Managed Care are being developed and the prioritisation tool is being updated.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	To develop a sustainable model for the Appointeeship service to individuals in Newport.	To provide support and safeguard Newport's most vulnerable individuals to remain independent to manage their finances.	WBO 3 / Strategic Priority 3	1 st April 2022	31 st March 2024	50%	Review of the service completing in November 2023. Over the next 3 to 6 months the team will be implementing the recommendations of the review.
5	Develop a regional approach for individuals to access and commission their own care & support packages through Direct Payments.	Through a regional collaborative approach with the other Gwent local authorities, we will improve and increase the number of individuals who can how commission their own care & support packages.	WBO 3 / Strategic Priority 3	1 st April 2022	31 st December 2023	65%	We continue to offer a direct payment service and over the next 3 to 6 months will be part of developing a cohesive regional template for direct services. The service is provided for children and adults with assessed eligible care and support needs.
Page 102	Continue to innovate and expand the offer of assistive technology to support early intervention and prevention.	To compliment and support existing early intervention and prevention services with assistive technology. Using existing technology and new, innovative technology that will enable individuals to live independently at home.	WBO 3 / Strategic Priority 3	1 st October 2022	31 st March 2024	70%	Continued commitment to progress and develop all assisted technology advancements and adaptations. Offered as early intervention and prevention tools to enable individuals to live independently and safe in their own homes. The next 3-6 months we will be working in partnership across the council to explore all opportunities.

Objective 2 - Ensure safeguarding arrangements for adults and their carers remain robust and NCC remains compliant with the Social Services and Well-being Act.

Objective 2 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
1	To support the Council's Human Resources team to ensure Mandatory Safeguarding training is delivered for all new and existing staff in the Council.	Collaborative working with Human Resources team to ensure new and existing staff have completed their training. Develop a tiered safeguarding training framework for all roles in Newport so that officers are clear on what level of Safeguarding training they need to undertake. Also to undertake regular monitoring and reporting across service areas. Managers to provide regular reports on who has / has not completed their training.	WBO 3 / Strategic Priority 2 Safeguarding Risk.	1 st October 2022	31 st March 2024	30%	This has been delayed due to absence but is now being looked at on the next quarter.
2	Improve the external communication of safeguarding information to ensure they know who and how they can access the information, advice and/or assistance they need.	Collaborate with the Council's Communication team to ensure the Council's website and other communication methods such as social media. Newport matters etc has all of the necessary safeguarding information required. Also ensure regular communications are released during the year to continue the messaging. Communication is available in Welsh, English and other languages used by individuals in Newport.	WBO 3 / Strategic Priority 2 Safeguarding Risk.	1 st October 2022	31 st March 2024	50%	This is work in progress with the regional safeguarding board. The council development of a new website will enhance this communication.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
2	Improve the external communication of safeguarding information to ensure they know who and how they can access the information, advice and/or assistance they need.	Collaborate with the Council's Communication team to ensure the Council's website and other communication methods such as social media. Newport matters etc has all of the necessary safeguarding information required. Also ensure regular communications are released during the year to continue the messaging. Communication is available in Welsh, English and other languages used by individuals in Newport.	WBO 3 / Strategic Priority 2 Safeguarding Risk.	1 st October 2022	31 st March 2024	50%	This is work in progress with the regional safeguarding board. The council development of a new website will enhance this communication.
3	Improve the robustness of the Safeguarding Self-Assessment tool used by Newport Council.	Through the Safeguarding Regional group and Safeguarding board, collaborate with other Gwent local authorities to improve the Council's self-assessment arrangements. This will ensure consistent approach is adopted across Gwent authorities and benchmarking.	WBO 3 / Strategic Priority 2 Safeguarding Risk.	1 st October 2022	31 st March 2024	40%	This has been a little delayed due to absence and resourcing but there are now shared indicators being used across the region and embedded onto the self-assessment form and monitoring. The next 3 to 6 months will enable completion.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
4	Develop processes to improve how professionals can report and escalate adult safeguarding concerns.	This will support improving how social care staff and other professional officers can report and escalate safeguarding concerns. This will improve the Council's compliance to relevant safeguarding legislation.	WBO 3 / Strategic Priority 2 Safeguarding Risk.	1 st April 2023	31 st March 2024	85%	This is in progress and being rolled out to department safeguarding champions.
	Develop and manage the Council's Deprivation of Liberty (DOLS) arrangements to meet statutory requirements and any future legislative changes.	Adult Services will aim to reduce existing waiting lists through the delivery of training and development of existing staff. The service area will also collaborate with the Council's Legal services to manage existing caseloads and reduce waiting lists. As part of the Adult Service restructure, we will examine the delivery of the service considering any future developments and decisions from Welsh Government to implement legislative changes such as the Liberty Safeguards arrangements.	WBO 3 / Strategic Priority 2 Liberty Safeguarding Risk	1 st October 2022	31 st March 2024	55%	As Liberty Protection Safeguards are on hold there are focus groups nationally, led by WG, to consider how to streamline the Deprivation of Liberty Safeguard, DoLS, process. Regionally the Consortium, consisting of the 5 Pan Gwent LA's and Aneurin Bevan University Health Board (ABUHB), are considering the process we use to ensure we can respond to the demands. Over the last 4 years, WG funding has successfully assisted in reducing the waiting lists we all had but now NCC is considering how we maintain this advantage. In the next quarter 10 new Best Interest Assessors (BIA's) will be trained in NCC.

Objective 3 - Continue developing and improving the sustainability of adult services through a co-production model with providers, individuals and carers to meet our statutory duties, and future demands based upon Population Needs Assessment.

Objective 3 Mid-Year Assessment

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
Page 106	Collaborate with residential and domiciliary social care providers to ensure fair and sustainable costs are maintained to look after and support the delivery of care packages.	Collaborating with social care providers in the residential and non-residential (domiciliary) care sectors to ensure fair and sustainable costs are set for providers and individuals. Services are commissioned based upon the risk and demand of services needed by Newport's population based upon Newport Population Needs assessment. Raising and escalating as necessary internally and externally (regional / national) financial pressures and sustainability of services.	WBO 3 / Strategic Priority 1 Sustainability of Adult Social Care Risk	1 st October 2022	31 st March 2024	90%	Commissioning continue to work across the private providers to maintain access to a variety of services.

Ref	Action	Action Outcome(s)	Well-being Objective Supported	Start Date	Expected Completion Date	Q2 RAG Assessment / % Completion	Commentary
2	<p>Increase the provision of accommodation for adults with learning disabilities.</p> <p>Learning Disability Accommodation Strategy</p>	<p>This action is delivered as part of the Council's Learning Disability Accommodation Strategy.</p> <p>Collaborate with the Council's Housing and Communities service area and Registered Social Landlords and individuals / families to develop progressive and sustainable models of accommodation.</p> <p>This will meet the needs of people transitioning from children's to adult social care, provide secure and long term accommodation for people to live in the community.</p>	<p>WBO 3 / Strategic Priority 1</p> <p>WBO 3 / Strategic Priority 3</p> <p>WBO 3 / Strategic Priority 5</p> <p>Sustainability of Adult Social Care Risk</p>	1 st October 2022	31 st March 2024	70%	<p>Social workers work closely with the commissioning team and providers to develop provision of appropriate accommodation. A local residential home has been closed for refurbishment and will open as a supported living scheme which is more appropriate for our needs at the moment.</p> <p>Many people with learning disabilities have need of a service for their lifetime and, like everyone else, will need different types of accommodation at different times of their life. The social work and commissioning teams work closely to ensure that there is sufficient appropriate accommodation to meet changing need. The next 3 to 6 months we will have updated the Independent Living Strategy in consultation with individuals, families and carers.</p>
3	<p>To bring Centrica Lodge in-house and register it with Care Inspectorate Wales whilst also undertaking engagement about care and support provided with:</p> <ul style="list-style-type: none"> • Service users. • Potential service users. • Staff. • Families. 	<p>To register and bring into NCC management by December 2023.</p> <p>Consider the outcomes of engagement sessions and consider how the service can be developed.</p>	<p>WBO 3 / Strategic Priority 1</p> <p>WBO 3 / Strategic Priority 3</p>	1 st April 2023	31 st March 2024	70%	<p>We are working to 30 November deadline for the service to be transferred to the in-house team. TUPE process is progressing as well as the transfer of registration from current provider to NCC with CIW. We are currently (October) recruiting a new registered manager for the service</p>

Performance Measures

Annual performance measures are not included for the Mid-Year review and will be reported as part of 23/24 End of Year Review. The table below provides the latest position reported at the end of quarter 2 (30th September 2023).

Note: Adult Services performance measures do not have targets as these are demand led. Previous year's data is provided to enable comparison.

Performance Measure / Description	End of Year Performance (21/22 to 22/23)		Mid-Year Performance 2022/23	Mid-Year Performance 23/24
	Actual 2021/22	Actual 2022/23	Actual Q2 2022/23	Actual Q2 2023/24
National (AD/004) – The number of new assessments completed for adults during the year.	1,444	1,306	634	729
National (AD/006b) – The active offer of Welsh was accepted.	1	0	0	0
National (AD/010) – The total number of packages of reablement completed during the year	601	439	230	246
National (AD/011a) – The number packages of reablement completed during the year that reduced the need for support	24	32	21	14
National (AD/011b) – The number of packages of reablement completed during the year that maintained the need for the same level of support.	62	64	29	27
National (AD/011c) – The number of packages of reablement completed during the year that mitigated the need for support	484	314	168	193
National (AD/011d) – The number of packages of reablement completed during the year that increased the need for support	31	29	12	12
National (AD/012) – The number of adults with a care and support plan as at 31 st March.	1,940	2,249	2,087	2,248
National (AD/013) – The total number of adults with eligible needs for care and support maintained by Direct Payments at 31 st March	94	101	93	101
National (AD/022) – The total number of reports of adults suspected of being at risk where it is necessary for enquiries to be made.	783	730	372	328
National (AD/024) - No. of Adult Protection Enquiries Completed Within Timescale	745	671	341	273
National (AD/020) - The total number of reports of an adult suspected of being at risk received during the year.	Not Available	957	476	514
(NEW) AD/L001 - Number of Adult Professional Safeguarding Concerns raised in the year.	Not Available	39	17	16

Case Studies, Key Achievements, Awards

To support discussions at the Mid-Year Review, Adult Services has provided some case studies to demonstrate the impact which its teams have had in relation to the services provided. **Project (activity): Early Intervention Dementia Reablement Services - Newport**

Background summary

- Mrs D, a 90 year old lady was admitted to hospital due to confusion and was diagnosed with vascular dementia. She spent three months in hospital for rehabilitation. During discharge planning, there were concerns about her returning home to her third floor flat, where she had previously lived alone. There were concerns about the access to Mrs D's property and concerns about her mental state as she had previously experienced auditory command hallucinations and confusion which put her at risk of harming herself.
- Mrs D was referred to the Dementia Reablement Step Down Service for assessment of care needs and to establish how safe it would be for her to return home.

What worked well, what didn't work so well:

- Mrs D spent a period of weeks in a Step Down bed, where she was noted to be independent with personal care. Her mobility was generally good within the home, but not on the stairs. She was referred to CRT Physiotherapy for assessment of her mobility. She tended to wake at night and was active during the night.
- At these times, her mobility and concentration were poor. She was at risk being on her own overnight: her mental health tended to deteriorate following poor sleep, which resulted in her becoming preoccupied with auditory hallucinations. She was vulnerable and would wander and knock on other residents' doors at night.
- She was assessed to need 24 hour residential support/care.
- Mrs D had a thorough mental health assessment, which was shared with the Social Work team and Memory Services.
- Mrs D's night sedation was reviewed and reduced by the GP as it was not helping with sleep at night.

What 'good' or 'success' looks like:

- Mrs D settled in well whilst in the Step Down bed. She wished to stay at the residential home.
- Mrs D was given the opportunity to receive Reablement/care closer to home, which sped up the process of discharge from hospital and allowed for a full assessment of her care needs.

What has been learnt:

- Following a period of weeks in the Step Down bed, Mrs D was assessed to need residential support. Risks associated with discharge home were minimised and managed with staff support over 24 hours/day.

Outcomes:

- Mrs D was assessed to need residential support. She was not enabled to safely return home as risks were deemed to be too great.
- Mrs D was happy with the outcome.

Conclusion:

- Successful MDT/joint working

Project (activity): Early Intervention Dementia Reablement Services – Newport

Background summary

- Mr C was receiving support from CRT Physio, Reablement Tech, Reablement Care and OT. Reablement Care were providing calls to support with personal care. Physio had provided a home exercise programme to promote mobility and strength.
- OT had provided equipment – chair raisers. Staff had noted some memory problems and made a referral to Dementia Reablement Service – Mental Health Practitioner for memory assessment. Mr C was not retaining information regarding the exercise programme and was reluctant to complete the exercises when his wife encouraged him to.
- The Mental Health Practitioner discussed the situation with Mr C's GP who supported the referral for mental health/memory assessment. She agreed to request a CT Head scan following my initial screening if this was appropriate. She reported a history of UTI and hallucinations and lots of GP input over the past six months. She reported that Mr C was prescribed a low dose of antidepressant medication approximately six months ago. He had taken this in the past and found it helpful.
- Following initial assessment, it was identified that Mr C's mood was low and his wife was experiencing carer stress. Mr C could be demanding towards his wife. They identified that they would like Mr C's mood to improve, which Mrs C thought would help alleviate some of her stress.
- Following a period of assessment and liaison with GP, antidepressant medication was increased. Mr C received cognitive testing and carer support was provided to his wife. Mr C's mood improved and his wife reported that he had become less demanding. He decided that he did not wish to be referred on to Memory Services for diagnosis/medical opinion as he would not wish to know whether he had a dementia. Mr C's physical health continued to deteriorate and he required long term care support at home.
- Mr C and his wife reported benefit from input from the service and felt better able to cope with the circumstances and Mr C's health situation.

What worked well, what didn't work so well:

Carer support and ongoing monitoring and support visits worked well and Mr C and his wife felt supported during their time with the service. It was reported that mood improved, possibly as a result of medication increase.

Mr C's exercise programme did not go as well as anticipated as he was not able to retain the information and became irritable with his wife when she tried to support him with it.

Mr C's physical health deteriorated and he was nursed in bed. This was a fast deterioration not anticipated when Reablement first became involved.

What 'good' or 'success' looks like:

Subjective reports of benefit from the people involved.

- Improvement in situation/achievement of goals.

What has been learnt:

- Person-centred care and the person's wishes are central to the support we provide.
- Objective improvement in health/physical ability is not necessarily the only evidence of success. Memory problems and diagnosed/undiagnosed dementia are by nature deteriorating/degenerative conditions. It is naïve to expect objective improvement in every situation. This was successful input, without an improvement in mobility as originally intended.

Outcomes:

- Although memory assessment was completed, the activity did not result in referral to memory services and diagnosis of dementia as this is not what the patient wanted to pursue.

Conclusion:

- Overall, what do you feel is important to share and what you think people can learn from your experience
- What next – what would you like to happen in the future?
- Successful MDT/joint working
- Successful work with service user and carer.

Glossary

Service Area Project / Action Assessment

RAG Status	Description
X%	Project / Action is not on track to deliver with major issues preventing the action being completed by the agreed ' Target Date '. Immediate management interventions is required to improve performance and escalation to Directorate Management Team and/or relevant Board.
X%	Project / Action is mainly on track with some minor issues which could prevent the Project / Action being completed by the agreed ' Target Date '. Management intervention(s) required to improve performance and close monitoring by the Head of Service / Service Management Team.
X%	Project / Action is on track to be completed by the Agreed ' Target Date '.
C	Project / Action has been successfully delivered

Performance Measure Monitoring / Tolerance Assessment

Newport City Council has agreed a 15% tolerance against targets set in service plans.

RAG Status	Description
=>15%	Performance is under achieving against Target or previous year's performance. Immediate management intervention and escalation to Directorate Management Board is required.
<15%	Performance is off target or Previous Year's Performance but within a variance of 15%. Management intervention and close monitoring by the Head of Service / Service Management Team is required.
	Performance is achieving / succeeding against its agreed Target or Previous Year's Performance.

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Risk Assessment Matrix

Probability	5	5 - Moderate	10 - Major	15 - Severe	20 - Severe	25 - Severe
	4	4 - Moderate	8 - Moderate	12 - Major	16 - Severe	20 - Severe
	3	3 - Low	6 - Moderate	9 Major	12 - Major	15 - Severe
	2	2 - Low	4 - Moderate	6 - Moderate	8 - Moderate	10 Major
	1	1 - Very Low	2 - Low	3 - Low	4 - Moderate	5 - Moderate
		1	2	3	4	5
		Impact				

Abbreviations

Abbreviation	Description
ABUHB	Anuerin Bevan University Health Board.
AMHP	Approved Mental Health Professional
BIA	Best Interest Assessor
CIW	Care Inspectorate Wales
DOLS	Deprivation of Liberty
IAA	Information Advice and Assistance
OT	Occupational Therapy
RGH	Royal Gwent Hospital
TUPE	Transfer of Undertakings Protection of Employment rights.
WCCIS	Welsh Community Care Information System



Scrutiny Report

Performance Scrutiny Committee – People

Part 1

Date: December 2023

Subject Scrutiny Adviser Report

Author Scrutiny Adviser

The following people have been invited to attend for this item:

Invitee:	Role
Samantha Schanzer (Scrutiny Adviser)	Present the Committee with the Scrutiny Adviser Report for discussion and update the Committee on any changes.

Section A – Committee Guidance and Recommendations

Recommendations to the Committee

The Committee is asked to:

1. Action Plan

Consider the Actions from previous meetings (**Appendix 1**):

- *Note the responses for the actions;*
- *Determine if any further information / action is required;*
- *Agree to receive an update on outstanding issues at the next meeting.*

2. Committee’s Work Programme:

Consider the Committee’s Forward Work Programme Update (**Appendix 2**):

- *Are there any amendments to the topics scheduled to be considered at the next Committee meeting?*
- *Are there any additional invitees that the Committee requires to fully consider the topics?*
- *Is there any additional information that the Committee would like to request?*

3. Information Reports

Note any information reports that have been circulated to Committee.

2 Context

Background

Action Sheet

- 2.1 Attached at **Appendix 1** is the Action Sheet from the Committee meetings. The updated completed actions are included in the table.
- 2.2 Any actions that do not have a response will be included on the Action Sheet at the next meeting to ensure that the Committee can keep track of outstanding actions.

Forward Work Programme

- 2.3 Attached at **Appendix 2** is the Forward Work Programme. The purpose of a forward work programme is to help ensure Councillors achieve organisation and focus in the undertaking of enquiries through the Overview and Scrutiny function. Effective work programming is essential to ensure that the work of Overview and Scrutiny makes a positive impact upon the Council's delivery of services.
- 2.4 Further information about the work programming process, including the procedures for referring new business to the programme, can be found in our Scrutiny Handbook on the Council's Scrutiny webpages (www.newport.gov.uk/scrutiny).
- 2.5 The Centre for Public Scrutiny's Good Scrutiny Guide recognises the importance of the forward work programme. In order to 'lead and own the process', it states that Councillors should have ownership of their Committee's work programme, and be involved in developing, monitoring and evaluating it. The Good Scrutiny Guide also states that, in order to make an impact, the scrutiny workload should be co-ordinated and integrated into corporate processes, to ensure that it contributes to the delivery of corporate objectives, and that work can be undertaken in a timely and well-planned manner.
- 2.6 The Forward Work Programme was set in August 2022 and is then managed and implemented by the designated Scrutiny Adviser for this Committee under the direction of the Committee Chairperson.
- 2.7 The Committee agreed to keep a degree of flexibility within its work programme to enable the Committee to respond to urgent / emerging issues. This item is an opportunity for the Committee members to raise any suggested amendments to the Work Programme.

Information Reports

- 2.8 No new information reports have been received at this time.

3 Information Submitted to the Committee

- 3.1 The following information is attached:

Appendix 1: Action Sheet from Previous Meetings;

Appendix 2: Forward Work Programme

4. Suggested Areas of Focus

Role of the Committee

The role of the Committee in considering the report is to:

- **Action Sheet from Previous Meetings - Appendix 1**
 - Consider the responses to the actions from the meeting;
 - Are you satisfied that you have received the necessary information?
 - Are there any further issues arising from the responses that you would like to raise?
 - For the actions that do not have responses – these actions will be rolled over to the next meeting and reported back to the Committee.
- **Forward Work Programme Update - Appendix 2**
Consider:
 - Are there any amendments to the topics scheduled to be considered at the next Committee meeting?
 - Are there any additional invitees that the Committee requires to fully consider the topics?
 - Is there any additional information that the Committee would like to request?

Section B – Supporting Information

5 Supporting Information

- 5.1 The Corporate Assessment, and the subsequent [follow up assessment](#) provide background information on the importance of good work programming. Specific reference is made to the need to align the Cabinet and Scrutiny work programmes to ensure the value of the Scrutiny Function is maximised.
- 5.2 The latest Cabinet work programme was approved by the Cabinet on a monthly basis for the next 12 months and includes the list of reports scheduled for consideration. Effective forward planning by both Cabinet and Scrutiny needs to be coordinated and integrated in relation to certain reports to ensure proper consultation takes place before a decision is taken. A link to the Cabinet work programme is provided [here](#) to the Committee as part of this report, to enable the Committee to ensure that the work programmes continue to reflect key decisions being made by the Cabinet.

6. Links to Council Policies and Priorities

- 6.1 Having proper work programming procedures in place ensures that the work of the Performance Scrutiny Committee – People makes a positive impact upon the Council’s delivery of services, contributes to the delivery of corporate objectives, and ensures that work can be undertaken in a timely and well-planned manner.

6.2

Well-being Objective	1 – Economy, Education and Skills	2 – Newport’s Environment and Infrastructure	3 – Preventative and Equitable Community and Social Care	4 – An Inclusive, Fair and Sustainable Council
Aims:	Newport is a thriving and growing city that offers excellent education and aspires to provide	A city that seeks to protect and enhance our environment whilst reducing our carbon	Newport is a supportive city where communities and care are at the	Newport City Council is an inclusive organisation that places social value, fairness

	opportunities for all.	footprint and preparing for a sustainable and digital future.	heart of what we do.	and sustainability at its core.
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7 Wellbeing of Future Generation (Wales) Act

7.1 The Wellbeing of Future Generations Act 2015 which came into force in April 2016 sets the context for the move towards long term planning of services.

7.2 General questions

- How is this area / policy affected by the new legislation?
- How will this decision / policy / proposal impact upon future generations? What is the long term impact?
- What evidence is provided to demonstrate WFGA has been / is being considered?
- Evidence from Community Profiles / other data?
- Evidence of links to Wellbeing Assessment / Objectives / Plan?

7.3 Wellbeing Goals

- How are the Wellbeing goals reflected in the policy / proposal / action?
 - *A prosperous Wales*
 - *A resilient Wales*
 - *A healthier Wales*
 - *A more equal Wales*
 - *A Wales of cohesive communities*
 - *A Wales of vibrant culture and thriving Welsh language*
 - *A globally responsible Wales*

7.4 Sustainable Development Principles

- Does the report / proposal demonstrate how as an authority we are working in accordance with the sustainable development principles from the act when planning services?
 - **Long Term**
The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs
 - **Prevention**
How acting to prevent problems occurring or getting worse may help public bodies meet their objectives
 - **Integration**
Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies
 - **Collaboration**
Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives
 - **Involvement**
The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

8 Background Papers

- [The Essentials - Wellbeing of Future Generation Act \(Wales\)](#)
- [Corporate Plan 2022-27](#)
- The Corporate Assessment and [follow up assessment](#)

Report Completed: December 2023

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**PERFORMANCE SCRUTINY COMMITTEE - PEOPLE
ACTION SHEET**

	Agenda Item	Action	Responsibility	Outcome
1	End of Year Reviews – Social Services	Organise a setup session for Members on assistive technology	Mary Ryan / Sally Ann Jenkins	ONGOING
2	End of Year Reviews – Social Services	Organise a site visit to Newport Market to demonstrate the assistive technology	Mary Ryan / Sally Ann Jenkins	ONGOING
3	End of Year Reviews – Social Services	Provide a written update regarding Specialist Fostering Placements	Natalie Poyner / Sally Ann Jenkins	CHASED
4	End of Year Reviews – Social Services	Provide further information to demonstrate the impact on service users as a result of the merge of the Prevention and Resilient Communities teams.	Caroline Ryan Phillips / Sally Ann Jenkins	CHASED
5	Estyn Inspection Outcomes Report 22-23	Provide an information report on what outreach is done with pupils and families who are struggling with returning to school post-Covid, those who are struggling with attendance and NEETs.	Sarah Morgan/Sarah Davies	CHASED
7	22-23 Service Plan Mid Year Report – Education Services	Provide the figure for the 1.2% of Education employees actively engaged in learning Welsh	Sarah Morgan	
8	22-23 Service Plan Mid Year Report – Education Services	Provide information on how many Fixed Penalty Notices had been issued and evidence of Fixed Penalty Notices' effectiveness.	Sarah Morgan	

9	22-23 Service Plan Mid Year Report – Education Services	Provide an update on the figures related to school non-attendance	Sarah Morgan	
10	22-23 Service Plan Mid Year Report – Education Services	Provide an update on the demolition of Millbrook Primary School closer to the time of demolition	Sarah Morgan	
11	22-23 Service Plan Mid Year Report – Education Services	Provide further information on Welsh Language in schools and the work being done to encourage Welsh Language in English medium schools	Sarah Morgan	

Scrutiny

Performance Scrutiny Committee – People

Draft Work Programme: June 2023 to May 2024

Meeting	Agenda Items
06/06/2023	<ul style="list-style-type: none">• Director of Social Services Annual Report
11/07/2023	<ul style="list-style-type: none">• End of Year Performance Reviews - Education
25/07/2023	<ul style="list-style-type: none">• End of Year Performance Reviews – Social Services
26/09/2023	<ul style="list-style-type: none">• Estyn Outcomes in Newport Schools Annual Report
28/11/2023	<ul style="list-style-type: none">• Mid Year Performance Reviews – Education
12/12/2023	<ul style="list-style-type: none">▪ Mid Year Performance Reviews – Social Services
02/01/2024	<ul style="list-style-type: none">• Budget Proposals and MTFP – Consultee Meeting
20/02/2024	<ul style="list-style-type: none">• Regulated Services Reports• Short Breaks Offer
26/03/2024	<ul style="list-style-type: none">• Recruitment and Retention Report for Social Services and Education

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