

Newport City Council

ANNUAL REPORT OF THE
DIRECTOR OF SOCIAL SERVICES
2015/16

*Preparing for the implementation of the
Social Services and Wellbeing Act 2014*

‘IMPROVING PEOPLE’S LIVES’

Mike Nicholson

STRATEGIC DIRECTOR - PEOPLE

CONTENTS

1. INTRODUCTION	page 1
2. DIRECTORS OVERVIEW	pages 1-19
3. APPENDIX: TECHNICAL REPORTS	
A. CHILDREN'S AND FAMILY SERVICES	pages 20-37
B. ADULT SOCIAL SERVICES	pages 40-56
4. PROGRESS REPORT ON 'AREAS FOR DEVELOPMENT' IDENTIFIED IN CSSIW PERFORMANCE EVALUATION 2014/15	pages 57-60

DIRECTOR OF SOCIAL SERVICES ANNUAL REPORT 2015/16

1. INTRODUCTION

This is my third report as Director of Social Services. Over the course of the past 3 years I can look back on a period of considerable transformation caused partly by the financial environment but more importantly by the need to modernise and develop social services in Newport.

The Social Services and Wellbeing Act 2014 is a once in a generation consolidation of legislation relating to vulnerable children and families and the Act 'went live' on April 6th 2016. The Act requires a major change in culture for the delivery of social services with an emphasis on prevention, on developing the voluntary and independent sector and upon proportionate care and support designed to promote wellbeing.

It has been a challenge to maintain a focus on continuous improvement with reducing resources and increasing need in the population and last year we started to show some signs of strain in that we posted the first significant overspend in Children's Services in 6 years and performance has slipped a little. Despite this I believe that the quality of our service continues to improve and a number of our services have been commended in inspection reports as well as in independent reviews,

The council has set out its vision for the transformation of services in a document called, 'Newport 2020' and the vision for transforming Social Services includes a focus on the better use of technology, using community capacity more effectively, managing demand and alternative delivery models.

I believe that we are well placed to meet the challenge of the Social Services and Wellbeing Act 2014 and the years 2016/17 to 2019/20 will see a positive trajectory of service improvement.

2. DIRECTOR'S OVERVIEW

KEY MESSAGE: It's all about the Social Services and Wellbeing Act 2014

Context

The Social Services and Wellbeing Act 2014 is a once in a generation opportunity to move away from traditional models of providing social care services to one which, 'promotes the wellbeing of people and carers who need care and/or support.' The guidance says that 'where intervention is needed, it should always be proportionate and timely' and 'local authorities must consider personal outcomes and co-produce solutions with people themselves.'

Put simply, we are to see the people we serve as the greatest resource and work together with them to find solutions that help them to secure 'what matters to them.'

Social Services and Health colleagues must promote wellbeing by including a 'focus upon delaying and preventing the need for care and/or support to stop people's needs from escalating.' In order to do this, local authorities must promote co-operation' across its services and with, 'relevant partners.' We must empower people to seek, 'innovative solutions' and ensure that people have greater voice and control over the care and/or support they receive. Where people are isolated we must arrange for an independent advocate to support them.

Local Authorities and Health Boards must establish a Regional Partnership Board that will aim to improve outcomes and well-being of people, as well as improving the efficiency and effectiveness of service delivery. The key aims of the board will be to facilitate cooperation, partnership and integration as follows:

- To improve care and support, ensuring people have more say and control.
- To improve outcomes and health and wellbeing.
- Provide co-ordinated, person centred care and support.
- Make more effective use of resources, skills and expertise

Newport is already the lead agency for a number of regional services including the Integrated Family Support Team (IFST), the Area Planning Board (APB) for substance misuse and the Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) co-ordinating team.

Progress on delivering the expectations of the Act in Newport

We decided, that such an important piece of work required different methodology and so are utilising a project management approach. Our programme 'The Act in Action' is divided into work-streams and will be delivered through a formal governance structure which ultimately reports through to the senior leadership team of the local authority.

The project method will also support effective communications developing a comprehensive marketing and communications plan to ensure we engage both internal and external audiences and provide links into the work on the *Future Generations Act*.

➤ Population Assessment

Regional Boards will oversee the production of a population assessment that will identify, the extent to which there are people and carers who need care and/or support. This assessment will identify the extent to which needs are not being met and the range and level of services required to meet the needs, to deliver preventive services and how they will be delivered in the Welsh language.

Wales Government has set out statutory requirements for assessing the needs of the population under the Social Services and Wellbeing Act 2014 and the first report must be published in April 2017. The regional Partnership Board will produce this assessment for the Gwent region.

A complication arises from the fact Wales Government has also required each individual local authority to undertake another population assessment under the Wellbeing of Future Generations (Wales) Act 2015. This Act focusses on an individual local authority and requires the assessment to be published in April 2017 and the local wellbeing plan in April 2018.

In addition the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 also requires a needs assessment and this will be at regional level.

Despite the different timescales and the fact that some assessments are regional and others based on the local authority boundary, there are clearly synergies and dependencies between the objectives of the three acts. As a result I have negotiated with colleague Directors of Social Services, local senior managers in Newport and the Violence against Women, Domestic Abuse and Sexual

Violence (VAWDASA) regional board that we can complete a 'fast track' population assessment for Newport in which guidance from all three acts can be integrated to produce a single population assessment. We aim to complete this by July 2017 and we will then share learning across the region.

➤ **Providing Information, Advice and Assistance**

We have reorganised our adult services teams to be co-terminus with the Aneurin Bevan University Health Board's three Neighbourhood (Primary Care) Care Networks. In addition we have created a single point of entry service for information advice and assistance for Adults and also for Children's services.

The council website has an information link called 'My Newport' that allows people to identify services near to their postcode and we also have extensive ward profiles showing services, deprivation, performance etc. Whilst we believe this to be a helpful service, we are also looking into adopting the national information tool 'Dewis' designed by Wales Government.

We are also working with an external company and colleagues in primary and secondary care, to develop a Newport version of the product 'Ask Sara', the first authority in Wales to do so. This tool allows citizens to assess their needs and will signpost to a range of solutions for low level intervention initially concentrating on occupational therapy needs including trusted suppliers for self-purchase.

Should this pilot prove to be successful, in phase two it is anticipated the tool will also allow citizens to have more control and ownership for all of their individual needs. Through the on line self-assessment it will signpost a range of community based alternatives to traditional social care. Ask Sara could then become the first point of contact for all citizens who wish to access or feel they may have a need for social care. Our colleagues in primary care are also looking to jointly fund the year 1 pilot as it fits into our joint preventative agenda.

Prevention and Early Intervention

In my last report I highlighted our investment in preventive services and during 2015/16 we have seen established services growing and developing and we have also initiated a number of new services.

Children's Preventive Services

- Integrated Family Support Services (IFSS) are a seamless pathway of family support services from early intervention through to acute prevention. Services to the value of £3m are delivered through our strategic partnership with Barnardo's (Cymru).
- The establishment of education social work posts in the prevention service and deploying them into school clusters under the 'Team around the Cluster' initiative has progressed well and we are seeing strong leadership shared between head Teachers and the IFSS in delivering wellbeing panels and services leading to impressive outcomes for vulnerable young people and their families.

Adult Services

- We already have a well-established Frailty service that provides re-ablement services to the most vulnerable people but we recognised that we needed to

provide more help to people who were just short of needing Frailty services and those who had repeated need for Frailty. We therefore developed the Older Person's Prevention Pathway pilot and have now seen the start of the phase 2 roll out. Care Facilitators based in GP practices are providing 'stay well plans' for the 4-7% of adults identified by our risk stratification tool as most vulnerable for hospital and residential care admissions. Early indications are encouraging and the Health Board are continuing to prioritise investment through the ICF.

- We also have an excellent resource bank of information created by our Community and Carers Connectors and early evidence is that their services are welcomed by vulnerable people and they are achieving significant success

➤ **Re-commissioning of voluntary sector services**

- We are re-tendering our voluntary sector services so that they provide services aligned to the priorities of the Act and individual needs, in particular that they are focussed on supporting the information, advice and assistance elements of the Act. We have also re-tendered the advocacy contract for children
- Based upon our market analysis we have re-tendered our domiciliary care services and we have ensured more consistency in the hourly rates across the city and greater market stability by ensuring smaller providers are sustainable.
- We have worked closely with adult residential services providers in order to manage the new living wage and avoid any unnecessary top ups for residents and their families.
- We have led for the Gwent region on the procurement of adult substance misuse services and we are preparing to tender for young people's substance misuse services
- We continue to procure supporting people services and this year we have commissioned a number of new services including three jointly funded schemes to support homeless people and a new family intervention project worker, several floating support workers including for domestic abuse and we are leading on the development of a supported housing scheme for people with enduring alcohol problems.

➤ **Developing the workforce**

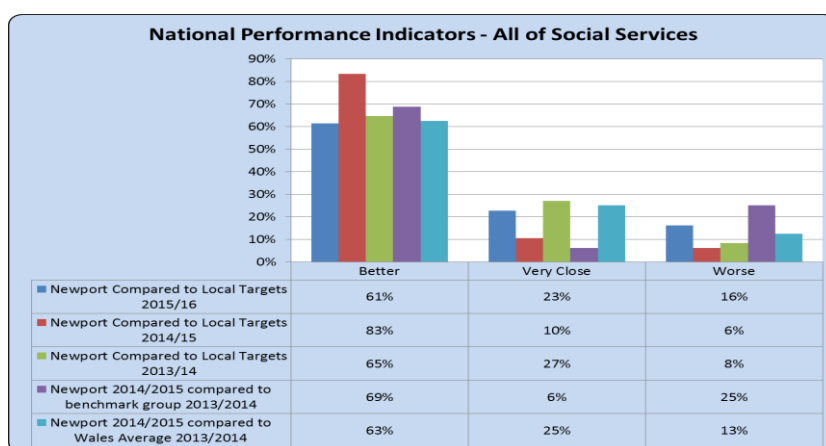
- We have provided training on the Act for managers and front line professionals and this will continue into early 2017. We have amended our care management tools so that they are compliant with the expectations of the Act and we now have a proportionate assessment, care and support plans and reviews with a focus on outcomes and using a distance travelled tool to measure progress of 'What Matters' goals set by the people we support.
- It is our intention to adopt the new all Wales case management tool (CCIS) at the earliest opportunity in 2017.
- One of the project work streams supporting our implementation of the act is a marketing and communications strand. As part of that work we are planning training/awareness raising, not only for all council employees but for our partner organisations across the city.

KEY MESSAGE: A year of mixed performance

We set all our targets for 2015/16 at the level of the Wales average or better and as a result we have not achieved the high level (83% green) seen in 2014/15. The graph below shows that we achieved our target for 61% of indicators (green) and 23% were just below target (amber). Our performance was 63% better than the Wales average and 69% better than our benchmark group of authorities.

Children’s Services had 60% green and 20% amber with 60% better than the Wales average and 70% better than our benchmark group. Performance outcomes for children in care and young offenders have not hit target for educational outcomes and for those in appropriate education, training or employment when they leave school or leave care. As a result we have arranged for Education colleagues to provide joint leadership in these areas in order to see improved performance.

Adult Services had 64% green and 27% amber with 60% better than the Wales average and 60% better than our benchmark group. It is to be noted that we had two performance indicators relating to the discharge of vulnerable people from hospital and in March the figures reported by the Health Board were inaccurate and this affected our performance and we moved from green to amber. If the correct figures had been reported then Adult Services would have achieved 80% green.



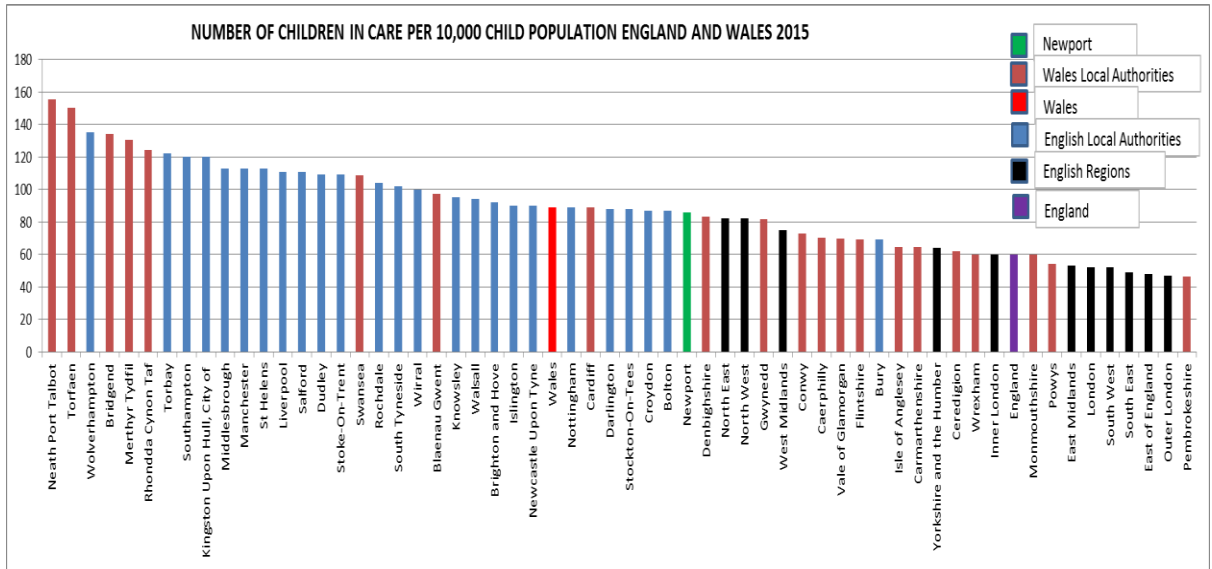
Wales Government has responded to the concerns expressed by Directors of Social Services about the perversity of many current targets such as counting a move to an adoptive placement or reducing numbers of people in adult residential care as a negative.

Under the Social Services and Wellbeing Act 2014 Wales Government has developed a new outcomes framework and next year we will be reporting against outcomes for individuals including their views on the quality of our services. This will be a much more meaningful approach and mirrors the approach we have taken in our Integrated Family Support services since 2010.

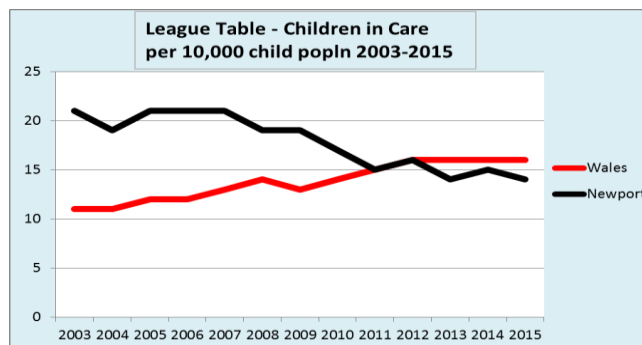
Responding to the Performance Priorities of Wales Government

a) Children’s Services: Reducing the number of children in care

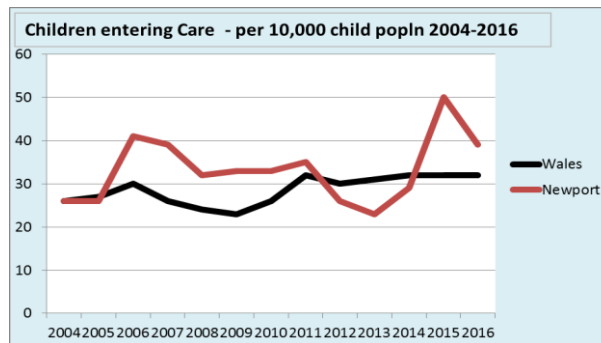
The Minister has set the challenge to Wales Local Authorities to, ‘safely reduce the number of children in care’. The graph below shows that there are 5 Welsh local authorities in England and Wales top ten for the highest rate of children in care. Newport (green) is below the Wales average and close to the figure for the North East and North West regions of England (black).



The graph below shows that Newport used to have amongst the highest rate of children in care but that since 2010 when we introduced the IFSS model of family support we have seen the rate reduce dramatically to our current position (14th out of 22 Welsh local authorities).

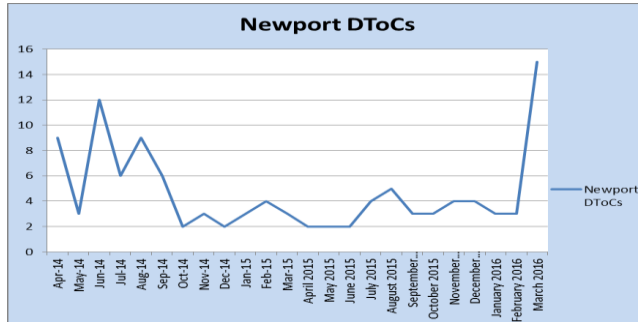


In the past couple of years we have seen much more stability in our front line workforce with the majority of staff having more than 2 years post qualification experience. Strong management and clear decision making pathways together with a stable and experienced workforce together with an outstanding family support service has led to a reduction in the number of children entering care during the past year (see below).

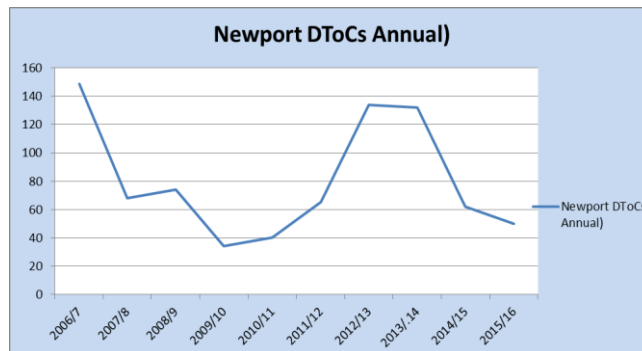


b) Adults Services: Reducing Delayed Transfers of Care

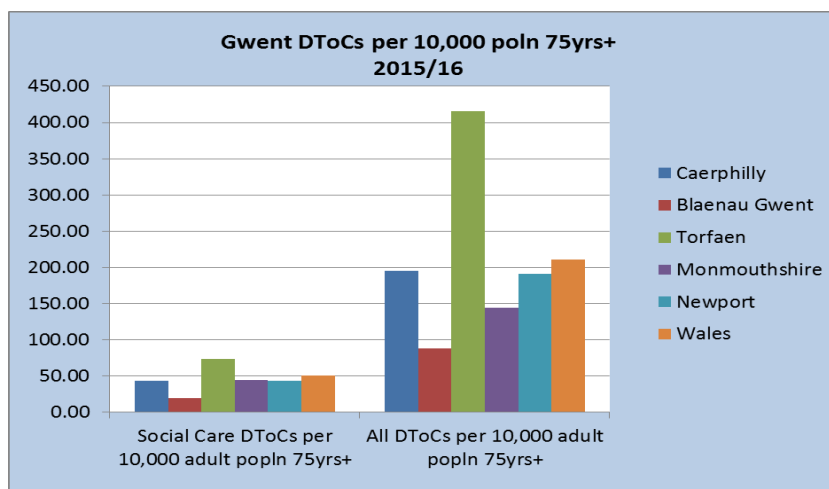
The Minister has identified the problem of people being unable to move out of hospital as soon as they are medically fit. The following graphs demonstrate that Newport’s delayed transfers of care (DToC) figures have maintained a positive trajectory up to the point of a single extraordinary month (March 2016). Monthly figures for Newport Social Services DToCs have been below the Wales average since October 2014 (see below).



Annual figures since 2008/9 show significant variation but a downward trend since 2013/14 (see below).



Looking at the graph below which shows Gwent DToC figures (2015/16) for adults over 75yrs per 10,000 population. Newport has a lower rate of DToCs than the Wales average and a lower rate than Monmouth and Torfaen and about the same as Caerphilly.



What is noticeable is that the figures for health and social care in Torfaen are noticeably greater than might be expected. This chimes with figures for the complex list in the Royal Gwent hospital that show Newport as having 40% of the people on the complex list and Torfaen as having 37% despite the smaller population (18% less than Newport).

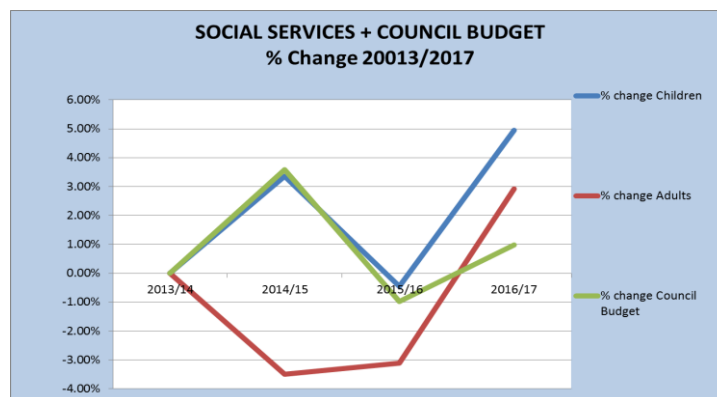
In order to further improve DToC figures at the Royal Gwent together with colleagues from the ABUHB we are piloting an intensive, 'In-Reach' programme. A multi-disciplinary, 'In-Reach' team will visit each key ward on a daily basis and a Social Work/Occupational Therapist/Frailty/Health Case Manager will examine people's needs for discharge support and ensure that timely discharge decisions are made and where necessary referrals are directed to the appropriate agency. This will enhance discharge planning and avoid the current situation where around 30% of referrals to social care are inappropriate or result in no further action.

KEY MESSAGE: It is getting harder to manage within our budgets

a. Budget Variation since 2013/14

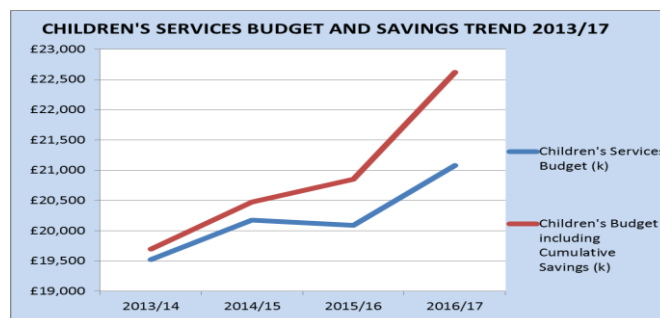
Since 2013/14, the council budget has increased by 3.59% which is around 1.2% per annum.

As a result of an extensive programme of savings Adult Services budget has actually decreased by 3.77% which is around a reduction of 1.2% per annum. Children's Services have had a more modest programme of savings and as a result their budget has increased by 7.99% which is an increase of 2.7% per annum.

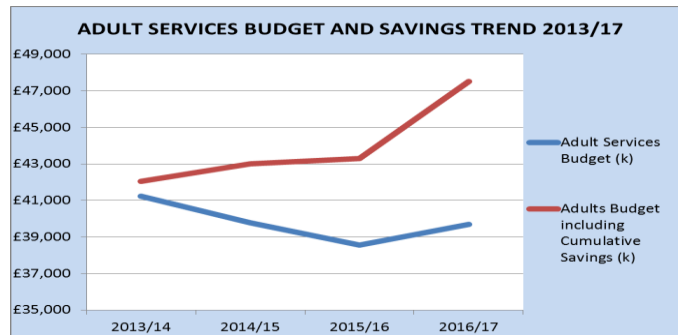


b. Budget Savings since 2013/14

Despite the fact that there has been a net increase in Council budgets over the past 4 years, cost pressures in Social Services have been increasing at a greater rate and the graph below shows the extent of savings required to maintain services within budget each year.



The savings total for Children’s Services represents 15% of the 2013/14 budget (5% per annum).



The savings total for Adult Services represents 20% of the 2013/14 budget (6.7% per annum).

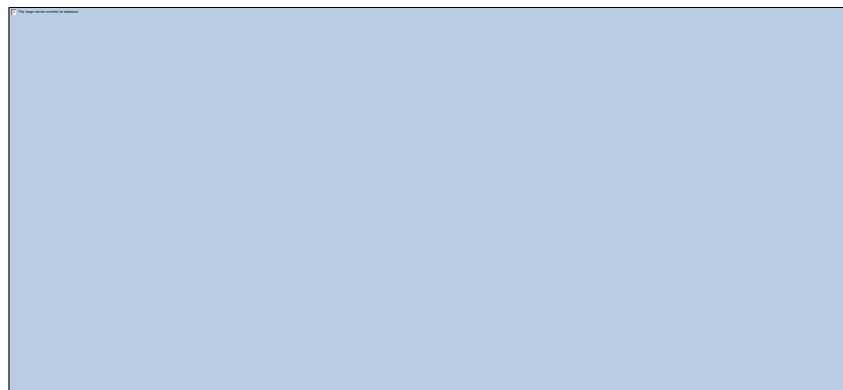
c. Budget Outturn 2015/16

The Social Services budget for 2015/16 was £58,990k and the final figure for expenditure during the year was £58,638k giving an overspend of £352k (0.6%)

Adult Services ended the year with a £91k overspend which is a considerable improvement on the January projection of £334k. Children’s Services struggled last year with a number of expensive independent agency residential placements for vulnerable children. This led to a budget overspend of £296k which is £66k better than the January projection.

KEY MESSAGE: Despite some set-backs in previous years, the quality of our services are improving

Following a disappointing full joint inspection in 2014, we have seen a very good outcome from the YOS re-inspection. The illustration below shows the scale of improvement.



Dusty Kennedy, Director of Youth Justice Board (Cymru) describes progress in his blog as being:

“The biggest turn around we've ever seen between inspection and re-inspection. It's been earned by their hard work and dedication to doing the best for the young people they supervise and care for.”

Dame Glenys Stacey, HMI Chief Inspector, Probation in the YJB media release said:

“I am pleased to see that Newport have stepped up and made real improvements that are helping to turn children away from crime. Managers know what they have to do and they have some good plans in place. I hope that our recommendations will help them to go further and focus on education and keeping children safe.”

An independent assessment by the Institute of Public Care of our Integrated Family Support Service has identified outstanding practice and the consultancy Peopletoo has undertaken a number of diagnostic reviews and they have concluded that service thresholds are appropriate and where there is a need to improve we have generally already identified this and are making plans to improve the service. They described the IFSS as:

“One of the most consistently evidence based, genuinely preventative and complementary set of family support services evaluated to date by the researchers involved.”

–Institute of Public Care, Evaluation of the Integrated Family Support Service (April 2016).

The three children’s residential units Cambridge House, Forest Lodge and Oaklands were subject of unannounced inspections between December 2015 and January 2016. Cambridge House provides accommodation for children in the short term, including one emergency bed. Forest Lodge provides longer term residential accommodation. Oaklands offers short breaks for children with disabilities.

The three inspections presented a positive experience for children in the residential care units. In Cambridge House overall CSSWIW found the quality of care provided to children and young people was good. All young people have a voice and have opportunities to express their ideas and opinions. Forest Lodge was reported as a service supporting young people with considerable and complex needs in an environment where group dynamics can be challenging and persistent.

However, the units all require some physical maintenance. Capital monies have been sourced in the coming year to improve the basic fabric of Cambridge House, Forest Lodge and Oaklands.

Previously I reported concerns about our residential provision for older adults, but inspections now show a satisfactory service and our Supported Living Agency was described by inspectors in October 2015 as follows:

“The agency actively encourages the involvement of service users in the decision making processes of the agency through various forums and participation events. Individuals lacking capacity are supported to access independent advocates and mental capacity assessors to ensure that their views on their accommodation and care are gained. The service has a robust development plan and continually reviews best practice in regard to services for adults with learning disabilities.”

Inspectors described our Homecare Service in October 2015 as:

“Facilitating a holistic approach to people’s social and housing needs which means that people have improved quality of life. The service has piloted and now instigated a rapid response falls service. This 24 hour service means that trained carers can respond to and assess if people can be safely moved after a fall and reduces the need for frequent hospital admissions.”

KEY MESSAGE: Safeguarding is an absolute priority

Safeguarding is an absolute priority for the city council and Social Services has a lead role. We attend the regional safeguarding board and we have appointed a Service Manager for Safeguarding and she manages safeguarding teams for Adult, Children and Education Services.

a) Safeguarding Children

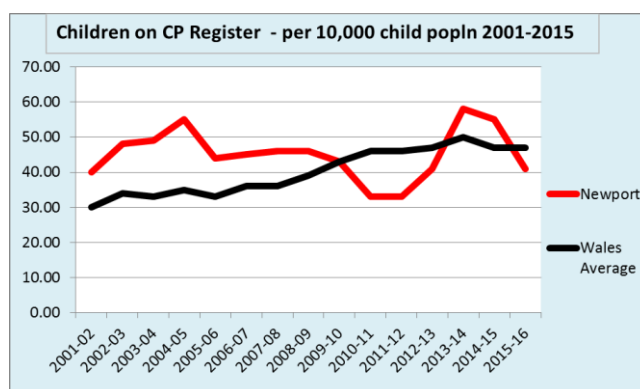
Our Education Safeguarding Officer is a highly capable and experienced individual and has developed excellent working relationships between schools, Childrens Social Services and Education management through the use of communication and engagement meetings

We regularly report to the Senior Leadership Team, Corporate Management Team and Scrutiny and Cabinet. A corporate safeguarding policy has been agreed and launched and there is information on our website

During our staff conference hosted by the Chief Executive we had a safeguarding workshop in order to raise the profile of safeguarding across the city council.

Over the period 2012/2014 we saw a significant increase in the number of children on the Child Protection Register (CPR). In order to better understand the reason for the sharp increase we conducted a thorough review of cases and concluded that children were not being referred to our intensive family assessment and support service in advance of an initial conference. We have subsequently developed a pre-conference Independent Reviewing Officer (IRO) panel meeting to ensure all that can be done – has been done to prevent the risk of harm to any children in the family.

As a result we have seen a steady reduction this year in the number of children on the CPR (see graph below) and figures are now closer to the normal for Wales.



We have the lead role for the region on implementing the requirements of the Violence against Women, Domestic Abuse and Sexual Exploitation Act 2016. We have seen the roll out of, 'Ask and Act' training and the implementation of the regional board.

In relation to the challenge of the sexual exploitation of children, we have established leadership and, reviewed all local policy and procedures. A multi-agency practitioner forum meets regularly and we are engaged in Operation Quartz. We have also created an opportunity for a specialist Barnardo's Child Sexual Expolitation worker to join the IFSS and we have jointly delivered a workshop for schools and other agencies to support schools to manage risky behaviours.

a) Adult safeguarding themes

The protection of Vulnerable Adult (POVA) service has continued to provide an accessible and open door service both within the Council and with partner agencies in the community throughout 2015/16. The data evidences a significant rise in referrals from across the community.

The increase in referrals to the Adult Protection service,

Year	No. of referrals received.
2014/15	253
2015/16	325

A couple of reasons for the increase of referrals can be found in the training and education for care managers, provided by the training department and the POVA team. The open door policy within the POVA service allows care managers and partner agencies access to the team in an informal and supportive manner, which enables practitioners within Newport City Council and partner agencies to have confidence that the referral is appropriate or sign posted elsewhere at the earliest opportunity. The three main sources for the increased referrals have come from Health partners, Provider agencies and Newport internal care managers.

The ethnic profile of the victim has remained similar to the previous year,

Ethnic group	2015/16	2014/15
white	306	243
Mixed ethnic group	2	0
Asian or Asian British	13	6
Black, African, Caribbean or British Black	0	3
Refused information	4	1

The vulnerability category of referrals largely remained the same for 2015/16 with a slight rise in referrals for females with a learning disability or a substance misuse. The data detailing where abuse occurred evidenced that the largest number of referrals all related to people in their own homes in the community. The increase from 128 in 2014/15 to 163 in 2015/16 is consistent with the overall rise in referrals. The second increase in referrals came from registered care homes - residential placements. The trend that did alter throughout 2015/16 is with the number of nursing care referrals which reduced from 32 in 2014/15 to 25 in 2015/16.

The type of abuse reported continued to be consistent with the overall figures and mirrors a similar pattern to 2014/15, beside an increase in males experiencing emotional/psychological abuse. The perpetrator data again mirrors the statistics from last year covering the overall increase in the same categories. The only reduction is for unknown staff in the independent sector, this has been reduced from 56 in 2014/15 to 48 in 2015/16, evidencing improved and more accurate reporting.

The table below is a record of the formal investigations completed by the POVA team.

Types of POVA investigation	Total 2015/16	Total 2014/15
Criminal investigation	111	42
Non- criminal Investigation	102	91
Total Investigations	213	133

The Social Services and Well-being (Wales) Act 2014, which came into effect on 6th April 2016 created a new legal system for social services. Part 7 of the Act, relates to safeguarding, and has placed new duties for adult safeguarding and shape the way safeguarding practice is to be delivered.

NCC Social Services have been part of two domestic homicide reviews. One resulted in a clear action plan for Adult social services (including POVA) to address some areas of practice, consultation and referral pathways with Police on all domestic abuse referrals received and to review case recording with of case managers. Both of these actions are complete and we have audit and performance measures in place for adults at risk referrals.

KEY MESSAGE: Listening and responding to our workforce and the people we serve

a) Workforce

Our workforce is more stable and content than it has ever been with a high rate of experienced practitioners to newly qualified staff and low vacancy rates. The recent workforce review highlights a confident and motivated workforce with good working relationships with managers and a clear sense of purpose.

The Council's Employee Survey was undertaken over winter 2015/2016. Of the 22 questions, 19 showed an improved response and one was a new question to this year's survey. The overall response rate stands at 29.8% of the workforce. Over 90% of respondents agree that they understand both the organisational and service area aims and objectives, including the role that they play as individuals in achieving these objectives. Relationships between colleagues and teams within service areas also continued to be rated positively and have increased since the last survey.

Here are some of the responses for Children's Services staff where they 'strongly agree' and 'agree' with the question asked:

- I have the necessary knowledge and skills to do my job (100%)
- I understand my own service area's aims and objectives (99%)
- I understand how my own work plays a part in delivering the Council's aims and objectives (99%)
- My colleagues work well as a team (99%)

Responses where Children's Services staff disagreed with the question were:

- My working environment is comfortable and safe
- Equipment and supplies are adequate

These concerns relate to child care social workers at the council's information station and where there have been longstanding complaints about parking arrangements for staff who are going in and out of the building and problems with our IT system. These matters are under corporate review.

Here are some of the responses for Adult Services staff where they 'strongly agree' and 'agree' with the question asked:

- I have the necessary knowledge and skills to do my job (99%)
- I understand how my own work plays a part in delivering the Council's aims and objectives (97%)
- I understand my own service area's aims and objectives (94%)

Responses where Adult Services staff disagreed with the question were:

- My ideas and opinions are valued by my Manager
- I am involved in planning change
- My colleagues work well as a Team
- We treat each other with respect
- My good performance is recognised
- I get positive, timely feedback from my managers
- My managers give me enough flexibility to do my job, in terms of choosing my approach and method

Only 22% of Adult Services staff responded to the questionnaire compared to 30% from Children's Services. There has been a great deal of change as we have been modernising Adult Services and also achieving challenging savings targets. There has also been a considerable turnover in senior management with a new Head of Service arriving in September 2015 and a new Commissioning Service Manager joining the team in the last few months.

These concerns are understandable in the context of major challenge and change for staff and are a clear message to managers that we need to improve our communication and engagement with staff and ensure that they feel that they have greater influence in the design and delivery of services.

b) People who receive services

We have a number of consultation and participation groups including our children in care council (CICC), junior safeguarding children board and Young Carers Groups.

The CICC led on the rebranding and identity of information leaflets and consultations with disabled children and children in residential care. The regional safeguarding board conducted a consultation with year 8 pupils and all 58 Newport schools were represented and they indicated that the highest concern related to substance abuse/social media/keeping safe in the community and peer pressure.

This year we have been developing a prevention pathway for older people by using a risk stratification tool to identify people who are at risk of needing acute services including our hospital provision. Care Facilitators who are based in GP practices offer to visit people who are identified by the risk stratification tool and they work with the person and their family to prepare a 'stay well' plan which is designed to promote emotional, physical and mental wellbeing.

In order to ensure that the stay well plan is effective we have been working with older people to improve and adapt the plan. The work is led by Doctors Richard Gilpin and Charlotte Williams. They have arranged wellbeing workshops for older people, voluntary sector organisations, council and health practitioners and managers.

At the last Integrated Health and Social Care Board for Newport, we were presented with the new stay well plan and a distance travelled evaluation tool that had been designed with the help of older people who were present at the workshops.

Our Community Connectors provide preventive services to adults and have conducted individual surveys of people who have received services and also workshops such as Age Friendly Newport, Dementia Supportive Communities, One Newport postal questionnaire and engagement event, Compassionate Communities, Time to Talk', and 50+ Forums Consultation.

There has also been extensive consultation with service users affected by transformation programmes in day opportunities, extra-care, residential support and supporting people.

c) Complaints and Complements

Children and Family Services received 70 statutory complaints; a decrease of 25 from last year. The two Stage 2 external investigations were carried over from 2014-2015. There were no statutory complaints received in 2015-2016 progressing to a Stage 2 external investigation.

Child Protection Teams received the highest amount of complaints; a total of 23, of which 10 related to the quality of provision. Many of these complaints were in connection with cases in adoption, care proceedings or child protection.

Often, formal complaints are made by parents and carers to deflect scrutiny of their care of their children in the hope that the complaint will change the outcome of operational decisions.

For example, it is common for complainants to personalise their disagreement with decisions made or to focus their distress about the situation they find themselves in onto the worker/team with whom they have most contact. A large number of these complainants requested a change of social worker as the outcome. The complaints reflect a public perception that decisions are taken by individual social workers in isolation and that a change of social worker could result in a different decision.

It is important to note that just because a particular team receives a relatively high volume of complaints this does not reflect in the quality of the services.

Children and Family Social Service also received 8 complaints from non-service users. They were not representing the service user therefore the Corporate Complaints procedure was applied. Many of these complaints related to financial matters, specifically SGO/foster carer payments. This was due to the change in the assessment process. . Children's Services also received 9 compliments last year

Adult Services received 39 complaints across all Adult Social Care in 2015/2016, an increase of 3 from the previous year.

Adult Services received 33 complaints about assessment, care management and review in 2015/2016 – an increase of 5 on the previous year. The most common complaints were about delays to care assessments and reviews, and reductions in packages of care.

It should be noted that just because a particular service area has a relatively high number of complaints, this does not necessarily reflect on the quality of service provided. Over the past few years, Social Services has gone through a series of changes in responsibilities which often conflicts

with service user expectations, prompting complaints. Adult Services received 10 compliments during last year

KEY MESSAGE: The Welsh Language

During the past year, the council has made substantial progress in implementing the Welsh Language Standards, changing the culture of the organisation and offering a bilingual service.

There has been representation from Social Services on the corporate Welsh Language Implementation Group, the work of which is monitored by the strategic leadership team and Cabinet of the council. There has been a break in representation at the Implementation Group because the manager leading on the work left the Authority and it has taken time for us to identify a new lead for this work. This has meant we have lost momentum and haven't made as much progress as we would have wanted. An action plan for implementing the Welsh Standards has been drafted for Social Services and is being reviewed by our new lead manager to ensure the pace of implementation increases and to ensure on-going compliance across the service. None the less, information has been widely distributed to employees in the form of leaflets, posters, post cards and a short video, to raise awareness of legislative responsibilities and bi lingual greetings.

A Welsh language skills audit of employees found that of those that responded, 9.3% in Adult Services and 15.3% in Children and Young People's Services classified themselves as beginners; 1.7% in Adults and 2.3% of Children's employees classifying themselves as having advanced Welsh language skills. Welsh Language Awareness training has been mandatory for managers. Recruitment to vacant posts are now fully accessible in Welsh and prior to advertising, consideration is given to whether a Welsh speaker is required for the role.

KEY MESSAGE: A New Offer to Carers

Newport benefits from a thriving Carers Forum with support from our Carers Co-ordinator and Carers Connectors

We have updated the Newport Carers Handbook and a new comprehensive directory of resources completed by community and carers connectors. The Carers forum has good attendance and engagement from the cabinet member and they have created a smaller community based drop in service. We have a Carers Champion in 17 GP surgeries and we have developed a new carer's assessment which is compliant with the SS+WB Act 2014. We have completely transformed our approach to offering carers assessments and we have stopped the previous practice of sending out letters to everyone on our books asking if they would like a carer's assessment. Our approach is now personal and face to face.

We are commissioning new services from 3rd sector to support carers and carers can receive a reduction in leisure and adult education fees

We continue to support ABUHB together with Gwent local authorities to progress information for carers and the development of a consultation strategy. We are also providing induction training for staff.

Young Carers have been consulted on the update of their strategy and we have a Young Carers card

KEY MESSAGE: Commissioning for Successful Outcomes

After a period when Torfaen Borough Council provided leadership for our commissioning function we have been successful in appointing our own Service Manager for Commissioning and Service Development. Together with the appointment of an excellent commissioning team manager we believe we are in a stronger position to develop our commissioning and procurement capability.

We have re-tendered our domiciliary care contracts and developed new outcome focussed contracts and undertaken a review of call monitoring for all providers. Our approach has ensured that larger providers do not dominate the market and ensured that users get more flexible call times. The re-tender has also allowed us to make savings of £325k.

Despite the challenge of the new living wage we have successfully negotiated a new fee structure across the city, developed outcome focussed contracts, improved relationships with providers and ensured that there are sufficient placements available within the market place. Importantly we have been able to respond positively to the challenge laid down by the Older Person's Commissioner and we have ensured that no user has to pay inappropriate 'top up' payments.

Contract Monitoring and Safeguarding include unannounced visits and we review performance of all providers irrespective of whether they are in-house or independent.

We have re-tendered children's services advocacy and manage respite allocation for service users with learning disabilities. Our commissioning team also provide support to the regional procurement of services for people who misuse substances under the direction of the Area Planning Board. In addition we also support the procurement of Supporting People services.

CONCLUSION

2015/16 has been a year where we have focussed upon strengthening the quality of our services and preparation for the Social Services and Wellbeing Act 2014. As we move forward to implement the vision set out in our 2020 document we will develop our use of mobile technology, self-assessment particularly for adults, demand management by developing self-service through better information, advice and assistance with targeted prevention services and an outcome focus for those who need care and/or support.

Looking ahead, our greatest challenge will be to maintain the safety and wellbeing of vulnerable adults and children at a time of continuing budget savings. We will need to ensure that every member of staff is cost conscious and working efficiently as well as effectively.

We will need to develop more integrated services and shared assets with the Health Board as we create integrated teams based on the three Neighbourhood Care Networks (NCNs) in Newport. Place based integration will develop at pace on a regional and local footprint and in 2016/17 will see closer links particularly in NCNs with adult community and primary care health services, team around the school clusters, community hubs for anti-poverty services and libraries and community centres.

Together we will see a greater focus on community, individual and family wellbeing

3. APPENDIX

A. CHILDREN AND FAMILY SERVICES

1. Introduction

Looking back on my third year as Head of Children's Services it is encouraging to note the high degree of stability across the workforce and increasing coherence between elements of the service. Both of these elements are key to delivering high quality support with children, young people and families. Against a background of financial pressures and legislative change it is inspiring to see staff quietly and consistently improving practice and always placing children at the heart of their work.

The positive re-inspection of the Youth Offending Service was a tremendous testament to the hard work and commitment of all those involved in turning the service around. The staff very recently presented aspects of their work to all of Children's Services and their willingness to honestly describe their journey was both impressive and moving.

The purpose of the service is:

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

The challenges and opportunities faced by children's social care during 2015/16 include preparation and thinking for the changes for the Social Services and Well-being (Wales) Act 2014 (SSWA), the continued implications and still emerging issues for practice from the implementation of the Family Justice Review, working with appropriate but nonetheless demanding challenge from our regulators, societal pressures linked to perceptions of risk and perceived failings, implementing a challenging programme of improvement across the Youth Offending Service, managing increasing budgetary pressures. Despite the challenges our staff and partner agencies have continued to strive to deliver the best possible services with children, young people and their families as they continue to improve, innovate and embrace positive developments.

2. Findings from Inspections

During the year we have had four inspections conducted by CSSIW and a follow up inspection of Bryn Glas Bungalow.

Our Fostering Service announced inspection took place in February 2016. CSSIW reported that the Service provides a good level of support to foster carers, children and young people from an experienced, knowledgeable and well established team. There were good training opportunities for carers and staff. MAPS continues to develop a therapeutic approach. Since the last inspection the services had improved the completion of reviews and in January 2016 98% were completed on time.

The three residential units Cambridge House, Forest Lodge and Oaklands were subject to unannounced inspections between December 2015 and January 2016. Cambridge House provides accommodation for children in the short term, including one emergency bed. Forest Lodge provides longer term residential accommodation. Oaklands offers short breaks for children with disabilities.

The three inspections presented a positive experience for children in the residential care units. In Cambridge House overall CSSIW found the quality of care provided to children and young people was good. All young people have a voice and have opportunities to express their ideas and opinions. Forest Lodge was reported as a service supporting young people with considerable and complex needs in an environment where group dynamics can be challenging and persistent. Staff are committed to meeting the needs of young people. At Oaklands young people experience warmth, attachment and belonging. Children and young people have choice and are encouraged to express their opinions.

However, the units all require some physical maintenance. Capital monies have been sourced in the coming year to improve the basic fabric of Cambridge House, Forest Lodge and Oaklands. As part of the proposed savings during 2016 -18 Bryn Glas bungalow will close while changes to provision particularly in Forest Lodge to enhance the placements offer to young people will lead to significant change for staff and an improved range of services. The reports will be presented to Scrutiny early in the Autumn.

Following on from the very poor inspection in June 2014 the Youth Offending Service has worked to a challenging Improvement Plan overseen by both the Youth Justice Board and the Local Management Board. A restructuring of the service, an overhaul of all processes, in depth examination of identified areas of weakness and poor practice, continuous quality checking of all aspects of provision, rethinking of partner arrangements to offer effective services have all required sustained input from staff and partner agencies. The service underwent a second inspection in February 2016.

A young person told the inspection team "As part of helping me to understand my arson offence I had to visit the Fire Service. The Fire officers talked to me in a friendly way and helped me realise how much more harm could have been caused. I could have killed someone. I'm glad I was able to speak to them. I won't be getting into any more trouble."

The inspection feedback observed 'significant improvement noticed and a major step change reflecting the hard work'. The improvement in the scores attributed across both inspections is outlined below

Inspection Category	2014	2016	2016 Grade
Reducing re-offending	41%	73%	Satisfactory (***)
Protecting the public	51%	68%	Satisfactory (***)
Protecting young people	41%	63%	Unsatisfactory (**)
Ensuring sentence is served	62%	82%	Good (****)
Interventions	43%	77%	Satisfactory (***)

While the improvement is hugely impressive there is still considerable work to embed sustained improvement to deliver the best possible outcomes with children and young people.

In addition to formal inspections Children's Services have taken part and provided evidence for a plethora of reviews, information requests and research. This included

- Data and documentation for the CSSIW National review of the quality of care planning for children and young people subject to the Public Law Outline pre proceedings process
- Data, documentation and a focus group as one of five LAs taking part in the Welsh Government commissioned review of Local Authority processes
- Data and documentation for the Welsh Government commissioned review of IROs
- Data, documentation, interviews, file access and focus groups for the commissioned research undertaken by IPC of the IFSS
- Data, documentation, interviews and file access for Peopletoo for the Children's Services Demand Review
- Data and documentation for Bristol University research in respect of outcomes of for children following care proceedings reform
- Data, documentation and a shared application to the Nuffield Foundation with Cascade in respect of longitudinal outcomes for young people at risk of CSE
- Focus group and workshops with Welsh Government consultant in respect of the use of Bed and Breakfast

As part of Improving Outcomes for Looked After Children social workers, managers and legal staff took part in two workshops to review and complete the self-assessment of systems in place to safely reduce the number of looked after children. A third workshop is planned with partner agencies.

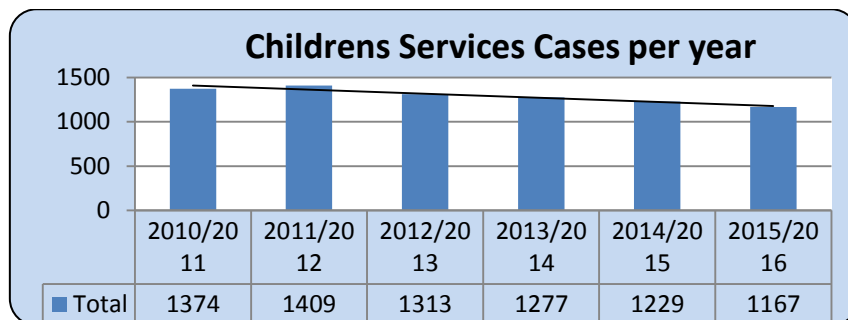
3. Children in Need Commissioning Strategy 2012 - 2015

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

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

Work has commenced to build on the past three years and develop the Commissioning Strategy for 2016 – 2020.

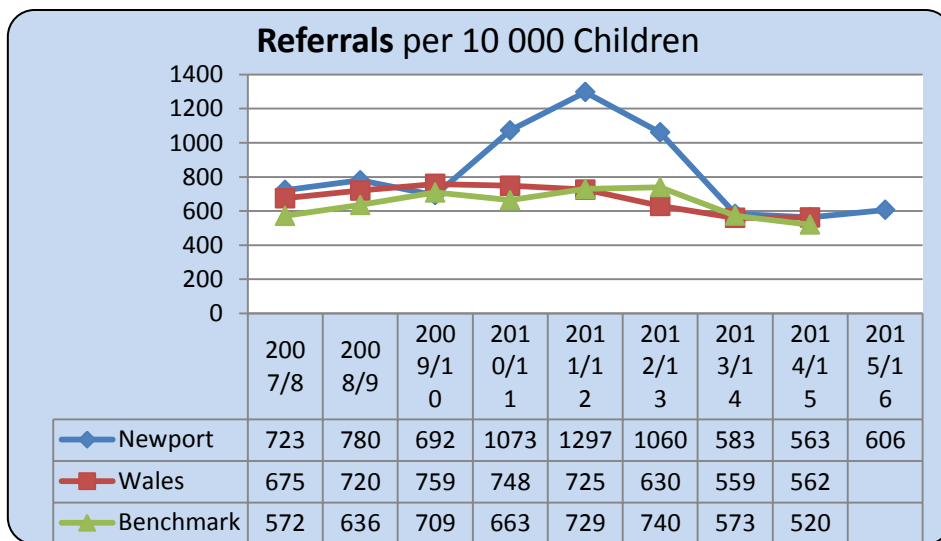
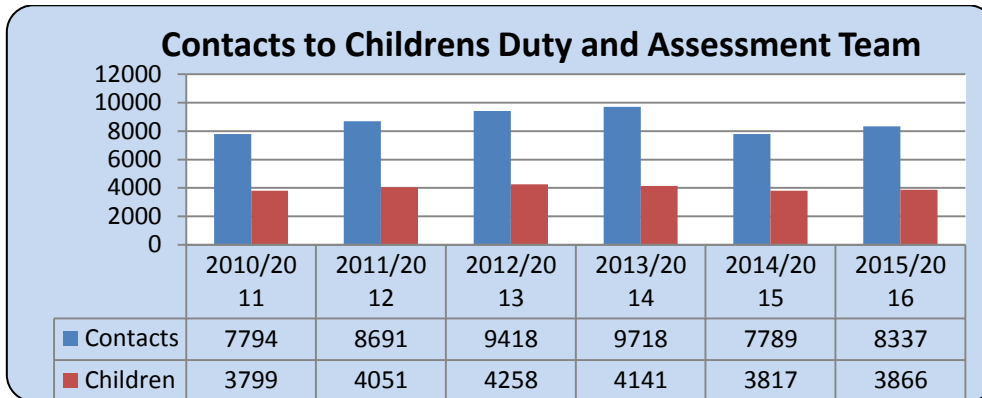
A. TO SUPPORT CHILDREN TO SAFELY REMAIN WITH THEIR FAMILIES



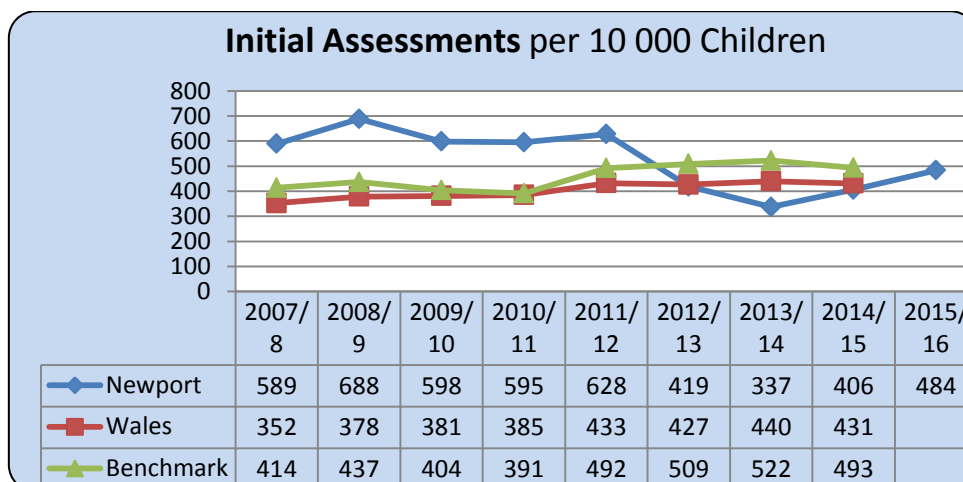
Our frontline Child Protection teams supported by the work of our Integrated Family Support Service (IFSS) and quality assurance teams are our primary resources for supporting vulnerable families and ensuring that children are safe. The total number of cases worked within Children’s Services again decreased.

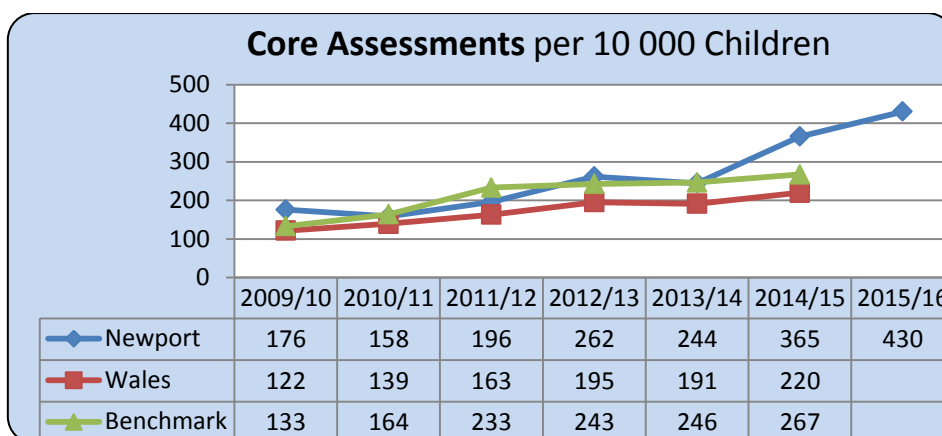
a) Duty and Assessment and Child Protection Teams

How much did we do?

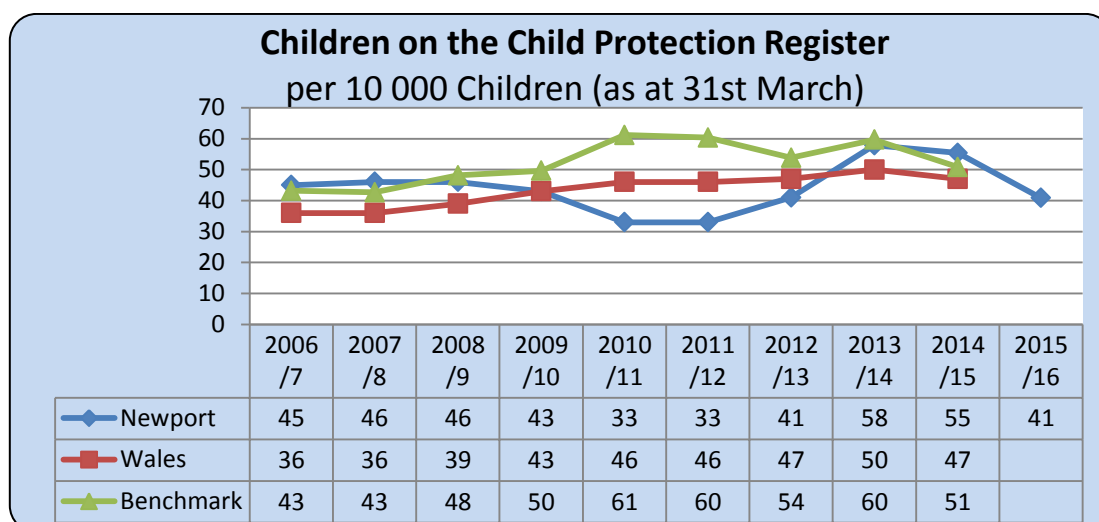


For the Duty and Assessment team there were 8,337 contacts compared to 7,789 contacts in 2014/15. The increase in contacts is reflected in the corresponding increase in referrals per 10,000 children from 563 in 2014/15 to 606. There were an increase in police contacts from 4,513 last year to 4,704. The number of calls taken from the domestic abuse conference calls decreased from 864 to 796.





There were 1,609 initial assessments completed as compared to 1,350 last year. There were 1,431 core assessments compared to 1,214 last year. Again this is a rise as compared to last year and is at dissonance with the benchmark group. The overall rise in contacts and referrals in part explains the shift but the coming year with a more stable and permanently staffed duty and assessment team will give us the stability to explore the pattern of increases.



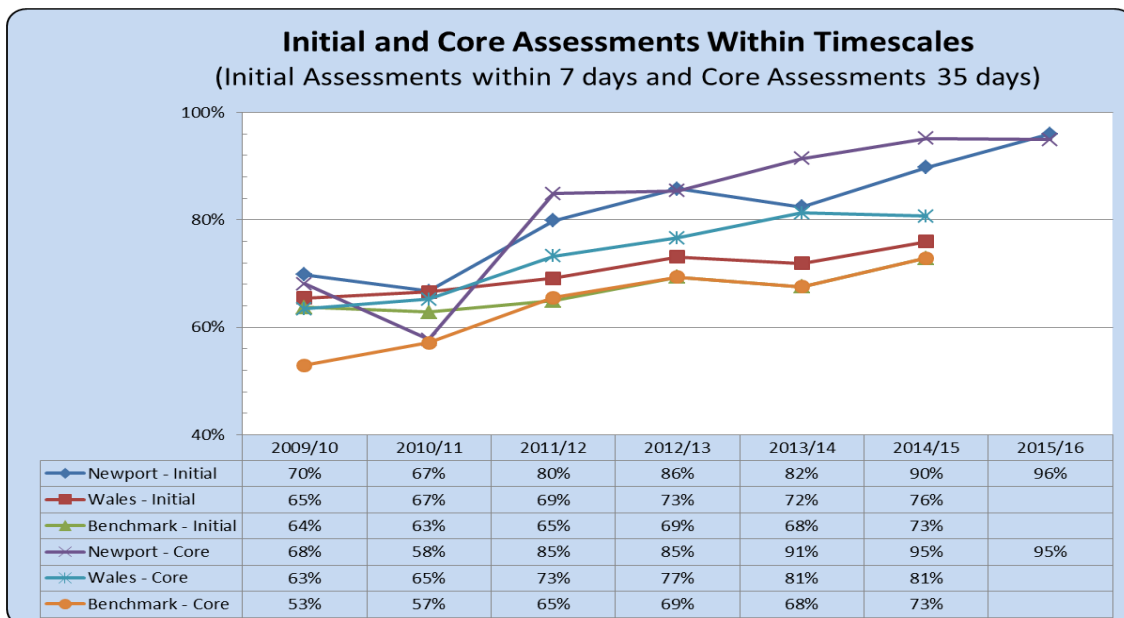
In 2015/16 there were 188 children placed on the CPR, compared to 221 last year. During the course of the year a total of 370 children were on the CPR as compared with 409 last year. At the conclusion of the year 136 children were on the CPR compared to 184 last year.

The numbers of children on the Child Protection Register having risen significantly in 2013/14 and fallen very slightly in 2014/15 was during the early part of 2015/16 again moving along a rapidly rising trajectory. After analysis the service management team and the IROs introduced a weekly panel meeting to gate keep all requests for Child Protection Conferences and to ensure the support of the Integrated Family Support Services were being fully explored in a timely manner. This has resulted in a significant reduction in registration figures for the second half of the year. This reduction is being closely monitored.

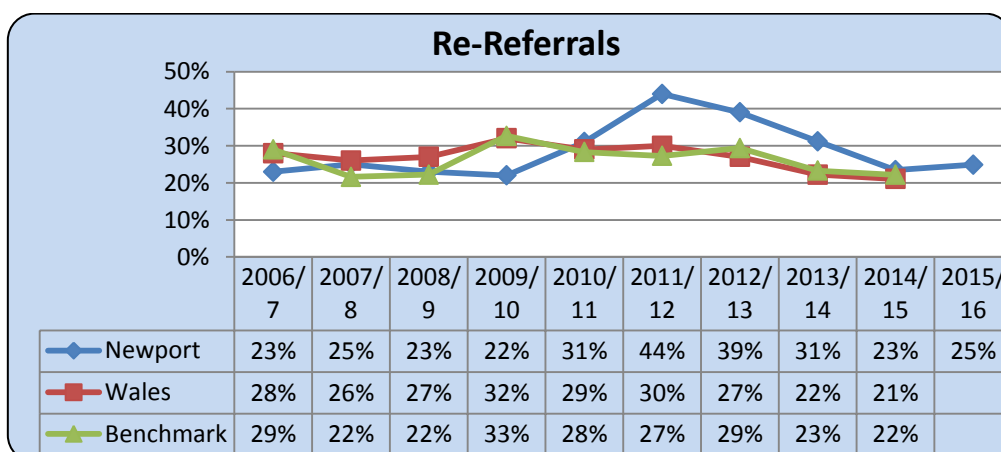
Over the coming year we will continue to analyse the trend and audit cases. In addition the service has seen the introduction of multi-agency supervision under the auspices of a framework from the

SEWSCB. While it is anticipated that the number of case requiring this approach will be very small it does bring in a further point of analysis for particularly challenging/stuck cases.

How well did we do it?



96% of initial assessments were completed within 7 days while 95% of core assessments were completed within 35 days. This is a further improvement against a backdrop of steadily improving performance and compares extremely well to other Welsh LAs.



The rate of re-referrals saw a slight increase of 2% to 25%.

All assessment and case management is undertaken by qualified social workers. During the course of the year we have worked towards ensuring processes are aligned and meet the requirements of the SSWA. The preparatory work has led to an early adoption of a single planning document to ensure all children have robust and coherent care and support plans. In addition all documentation for Child Protection Conferences, case management and legal meetings, Resource Panel, Brighter Futures and Complex Needs Panels have been revised and where possible unified.

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

On 31.3.2016 22 children were the subject of Interim Care Orders, 215 children were subject to Full Care Orders. There were 198 children subject to Special Guardianship Orders. The work in the courts continues to place significant demands with challenging timescales. The support of the Mentoring, Assessment and Consultancy team along with effective legal meetings and case management meetings are vital in supporting effective work in the court arena. The fostering team have continued to complete Regulation 38 and Viability assessments to give greater consistency and alleviate some of the pressures on the Child Protection teams. The fostering team have this year trialled the completion of the SGO assessments and adopted the use of the Connected Person's template. The quality and consistency of the assessments has improved but the shifts in workloads between teams will require ongoing monitoring.

"I must say at this stage what a pleasure it was to work with this team and in particular note the quality of the two social workers. They both presented their written evidence in a clear and understandable form, basing their conclusions on well identifiable events or facts. Their oral evidence was also second to none that I have encountered. They were sympathetic to mother and recognised the affection she has for her children. I have told the team manager directly of my opinion that they are a credit to themselves and to Newport CC".

Counsel March 2016

Has it made a difference?

DAT and the Child Protection teams have received positive feedback from service users, partner agencies and the judiciary. The introduction with the SSWA of the outcomes questions and move towards introducing the use of distance travelled methodology will over the coming year give the body of evidence required to demonstrate making a qualitative difference by our frontline teams.

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

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

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

b) Disabled Children's Team

How much did we do?

There are 373 children on the disability index and at 31.3.2015 the Disabled Children's Team were working with 145 children a reduction from the figure of 165 last year. There were 24 disabled children subject to a care plan while a further small cohort is awaiting transfer following court proceedings. 21 disabled children are placed with in house foster carers, 5 with agency carers and 6 are placed in residential units. 17 disabled children are on the Child Protection Register. Over the

past three years there have been year on year increases in the number of disabled children subject of proceedings and child protection processes.

The Occupational Therapy Service worked with 57 children. The Transitional Planning Officer supported 73 young people. The team have worked with 10 young people not in employment, education or training.

A Family Liaison officer, play workers and psychologist and assistant at Serennu and CANs are able to offer advice and intervention to disabled children and their parents/carers. A duty worker is available daily.

34 children used Oaklands for short breaks and received 1,092 nights of care.

How well did we do it?

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

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

The Disabled Children's Team have successfully negotiated the use of specialist placements and collaboration with partner agencies ensures timely access to the full panoply of resources. With support from the Business Improvement Team all Out of Authority residential placements for disabled children were reviewed this year. The review recognised that the current processes in place to source placements, review and monitor contracts are robust.

Staffing within the Disabled Children's Team has been less stable this year with a number of significant changes including in the management arrangements. As the year ended the team has once again settled. Despite the changes there has been no diminution in service quantitatively or qualitatively.

Has it made a difference?

The better access to information and advice for families with an increased use of signposting has reduced the referrals to DCT. Referrals to CANS have increased but re referral post CANS intervention remains negligible at 2.5%. All partner agencies report positively in respect of CANS while parents rate the service highly.

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

Families supported throughout Newport and parent support groups are positive about the services.

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

The number of complaints received has again diminished this year as the service has worked proactively to manage expectation and improve communication. One complaint was investigated the office of the Ombudsman. The investigation found that the service had assessed and offered appropriate care and responses.

c) Safeguarding Unit

How much did we do?

The safeguarding and quality assurance team undertook 71 professional strategies this year, in 15 cases the allegations were substantiated. While this represents a small increase in the number of strategy meetings undertaken it is static in relation to substantiated allegations.

Throughout the year we have worked with the South East Wales Safeguarding Board. NCC staff have chaired Child Practice Reviews, attended the Board, sub groups, training and development days. The Violence against Women Domestic Abuse and Sexual Violence (VAWDASV) team have worked with closely with the Board to deliver relevant training including specialist provision.

Staff from Newport facilitated with the business unit of the Board a workshop to develop the planned restructuring of the Board including a local Safeguarding Forum with wider representation. Attendance has been excellent at the local meetings with active engagement across agencies.

The Unit completed a multi-agency audit in respect adolescents involved in risky behaviours.

Work focussing on child sexual exploitation continues to be a key area of concern and therefore focus. The CSE forum brings together all key agencies and includes an intelligence gathering role. NCC staff have worked closely with the police to support young people to avoid risky behaviour through Operation Quartz. Training has been provided for hotel staff and taxi drivers to identify patterns of behaviour associated with child sexual exploitation. Training has been developed for key education staff which will be jointly delivered by the education safeguarding officer and the CSE coordinator.

The appointment of a single service manager for safeguarding across children's, adults and education has resulted in regular briefings to the Strategic Leadership team, a programme of reporting to Scrutiny and greater coherence in responding to corporate safeguarding requirements.

The IRO group has continued to develop and embed the signs of safety risk analysis process into its processes. This model is the core risk analysis tool within core assessments. The IROs have worked with colleagues across the teams to improve and refine the documentation for child protection conferences. The IROs continue to use management alerts to raise positive and constructive challenge.

How well did we do it?

The improving processes in Child Protection Conferences will bring about a reduction in documentation but also enhance accessibility for children and parents.

The work to safely reduce the number of children on the Child Protection Register has resulted in a significant reduction.

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

What difference has it made?

Following the launch of CCM v 28.2 and the development of more integrated planning across children's services the quality and recording of plans has improved. In the last quarter of the year work was completed to update to align with the SSWA. Again this will improve the quality of planning.

The profile of safeguarding continues to be highlighted across NCC with increased awareness of safeguarding among all members and staff across NCC

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

A closer working relationship between children's safeguarding, education, VAWDASV and the Adults at Risk team has developed.

d) Integrated Family Support Services

"The Newport CC / Barnardo's Partnership and the services offered under its aegis to vulnerable children and families have undoubtedly been on a journey since their inception. This journey has led to the development of a consistently evidence based, preventative and cost effective set of family support services – one of the most impressive overall models to be evaluated by IPC to date. Although attribution is complicated, this innovative continuum of support on offer to families at or just below the statutory thresholds appears to have impacted very positively on demand for (Social) Care and Support Services"

IPC 2016

How much did we do?

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

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

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

The Integrated Family Support Team (IFST) and Family Assessment and Support Service (FASS) and Family Support Team (FST) - provide highly structured short term 'whole family' services where there is an acute need to protect children from harm.

How well did we do it?

All of the services within the IFSS have continued to develop their services. Preventions have worked closely with the Youth offending Service in respect of ASB. The rate of first time entrants to the criminal justice system is the lowest in Wales and the early interventions of the Preventions team along with the support of the YOS is key to this success.

A team manager has been appointed jointly with Barnardo's to further develop and deliver the Team Around the Cluster structures. Dedicated management time has significantly improved the consistency of TATC meetings and built on the existing relationships with schools. TATC is firmly established across six of the eight clusters. Joint work with the Duty and Assessment team and the building of relationships has improved not just the quality of referrals but enhanced understanding. The Education Social Workers have worked closely with the Education Safeguarding officer to deliver training to all schools.

Preventions allocates referrals on a weekly basis and has managed work to ensure there has been no build-up of a waiting list. The weekly allocation meeting is well established and acts as a single point of entry for all the Families First strands. Work has commenced this year to build into the allocations meeting all primary mental health referrals with support of colleagues from health to improve allocations and build in consultations from all across the preventative services.

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

What difference has it made?

The IPC evaluation has examined in detail FASS, CANS and Preventions. IPC clearly state throughout their evaluation that the services offer consistently evidence based, effective interventions to safely reduce risk and improve children's lives. The reports by IPC are available on their website and will be shared over the coming year in a series of workshops and events.

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

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

a) Looked After Children

“During the LAC review that I chaired today the IFCS Support Worker and the foster carer wanted it specifically noted that, whenever there is an issue the social worker immediately responds and has helped tremendously in providing help and support whenever there are problems with B’s behaviour. In addition, B is more likely to accept responsibility and advice and support to address his behaviour when the social worker and foster carers work together to address the concerns. This is a big commitment as B’s behaviour fluctuates quite considerably and can change very quickly.

In addition, I would like to comment that the social work report for the Review is excellent and gave me a really good picture of what has been happening during the review period before I chaired the series of meetings. Also, she has been doing fortnightly life story work with B, which is proving very beneficial and is helping him start to come to terms with his family and care background. This is intensive and detailed work, she has earned B’s trust and this is forming a good basis for the work.

I am extremely impressed with the social worker’s commitment to B and am in no doubt that the work that she is doing with him is vital to his future emotional development and wellbeing.”

How much did we do?

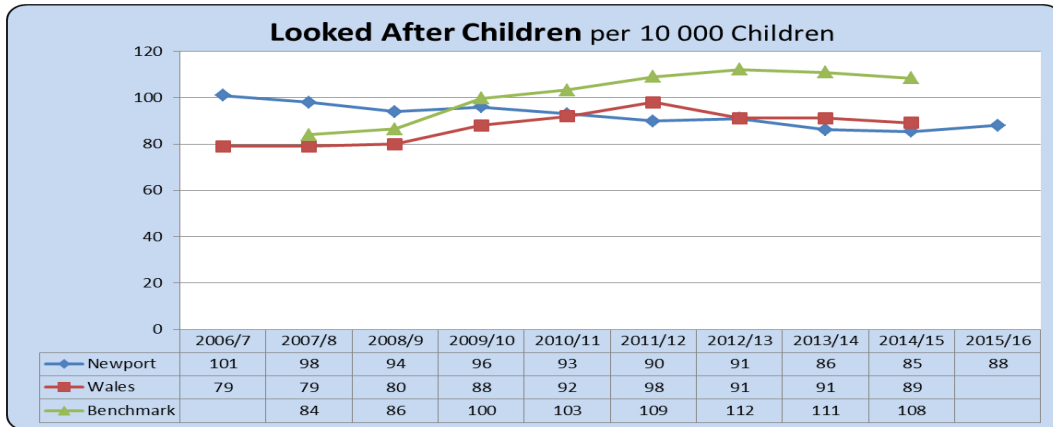
Where family support is unsuccessful in managing the risk of harm, children come into care. In Newport 75% come into care as a direct result of abuse. The pattern of children entering care and remaining in care has shown a downward trend in the past few years. Again this trend has continued with a very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

On 31.3.16 there were 293 children in care compared to 284 last year. The increase in the figure is in contrast to the numbers of children coming into care and the number of episodes of care. In 2014/15 168 individual children became looked after while in 2015/16 this reduced to 131. In 2014/15 there were 236 episodes of care while in 2015/15 this reduced to 190 episodes.

During the course of the year 3 children were in proceedings for more than 26 weeks. On 31.3.2016 20 children were on Interim Care Orders compared to 32 children on 31.3.2015.

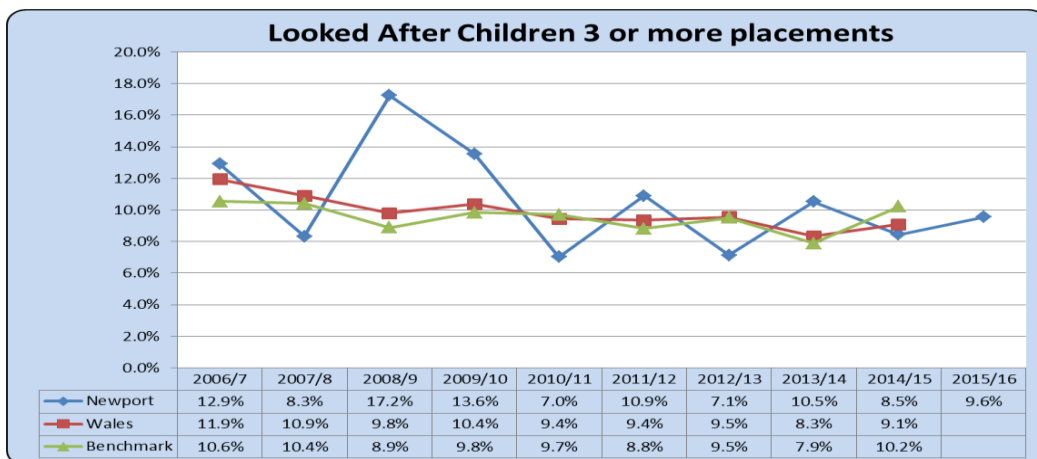
We have 161 in-house foster carers offering 257 placements including a significant number of short term respite placements. We have 191 children in in-house fostering placements and 33 children in Independent Fostering Placements (IFA). The balance of usage of in house and IFAs has continued. The continued work of the Fostering team ensures we are able to access a wide range of foster carers locally and as a result have very limited dependence on Independent Fostering Agencies.

There are 16 children cared for in Out of Authority Residential placements which again represents a small increase. The project to analyse the use of the OOA placements and look to trends to plan for the coming years concluded with evidence that existing processes for placements are robust but the availability of suitable placements for a small cohort of children is challenging.

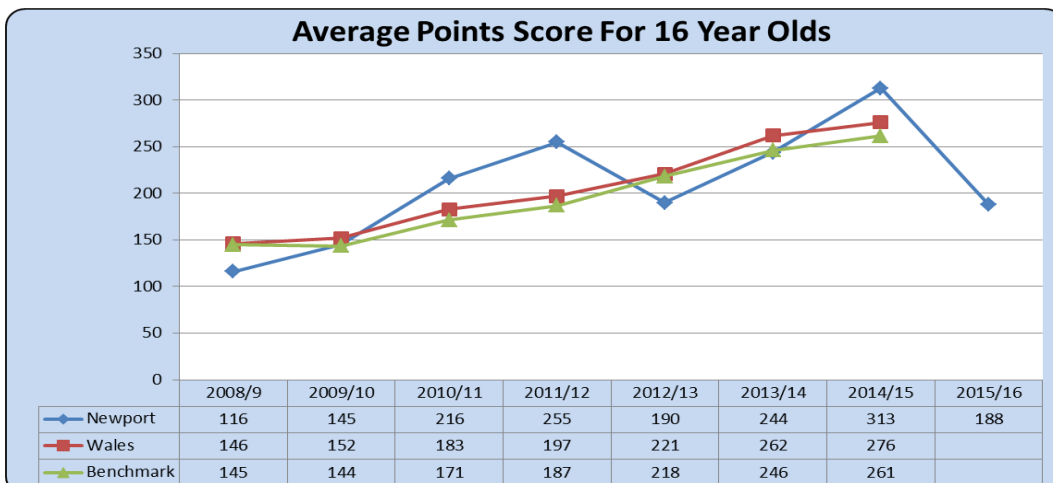


How well did we do it?

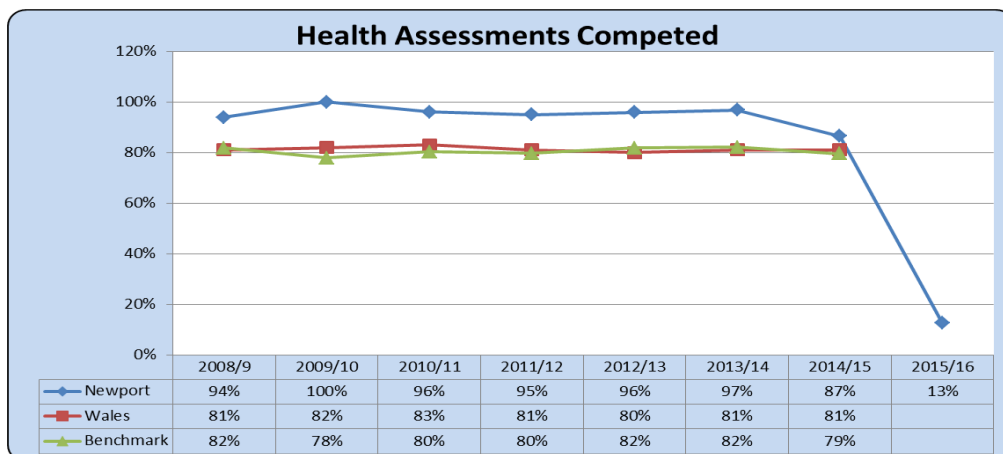
All children in care have a qualified social worker as their case manager. The looked after children teams will be restructured this year to offer through care for looked after children to adulthood as opposed to a change to 16+ provision. The staffing within the looked after children teams has been stable throughout the year giving consistency to the social work care offered to children.



The number of children in care who had 3 or more placements increased to 9.6 % from 8.5% in the previous year. While some changes of placement arose because of planned and positive moves this continues to be an area requiring vigilance.



There has been a significant reduction this year in the average points score. As can be seen year on year this is an area which does demonstrate substantial changes. It is a small cohort of children. Some will have been looked after for many years but some will be newly looked after. As a result of a wider analysis of educational performance of looked after children staff from education and children's services have met to revise the priorities for the Looked After Children Education officers with an emphasis on years 9, 10 and 11. The points score target for 16/17 has been set with a thorough analysis of the current group of children and with a view to targeting resources at KS 4.



It became clear during the course of the year that over time a number of health assessments had not been completed. Children's Services managers met with health colleagues and it was evident that there was no resilience within the current system this has now been rectified with new actions for both health and Children's Services staff to ensure we fully meet the health needs of all looked after children. This has been further refined to meet the requirements of the SSWA.

b) 16+ Team

How much did we do?

Of the group of children in care who reached 19 years during the year, we made contact with 96.6% and out of this group 82.1% were in suitable accommodation. The proportion of young people in care aged 19yrs who were in education; training or employment was 60.7%. 100% of eligible and former relevant children have a pathway plan and all have a personal advisor.

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

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

How well did we do it?

The performance of the 16+ Teams in respect of the statutory indicators remained strong.

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

The 16+ managers with colleagues in housing worked with a consultant from Welsh Government to consider a coherent pathway for homeless young people. Change as a result of welfare reform and existing long term gaps in provision for young people will need addressing in the coming year. A session to build on the work already completed is planned for July.

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

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

The Children in Care Council is supported by Tros Gynnal. Staffing issues in Tros Gynnal led to a break in the provision. However, this has now been addressed and the group reinvigorated.

The improved timeliness of care proceedings and clarity for transition between the teams ensures children are settled with the support of the Looked After Children and 16+ teams as quickly as possible. The teams have been restructured but with minimal disruption to key management of staff and no disruption for the current cohort of looked after children.

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

Children are fully supported in education, training and employment with considerable resource dedicated to meeting their educational needs. The team were able to support the secondment of the manager for a part of the year to the National Fostering Framework.

The Corporate Parenting Strategy for 2015 – 2018 was agreed and launched across the Council. Corporate Parenting Forum has been well attended with appropriate and constructive challenge.

The Children who are Looked After awards celebrate the achievements of children and recognise their successes. They were celebrated this year at Bassaleg school. The school were great hosts and as always the ceremony was an occasion of celebration. Individually children have continued to achieve in education, sports and in out of school activities.

The Delegated Authority Policy in place for Foster carers was extended to children in residential care.

C. TO MAKE THE BEST USE OF RESOURCES

a) Children's Workforce

The Children's Workforce Development Strategy Group has continued to meet throughout 2015/16. During the course of the year the group extended to become a workforce group for all Social Services staff. Recruitment and retention has continued to improve. The use of agency staff has

been limited to addressing the particular issues within the Youth Offending Service and cover for temporary absences e. g maternity leave. On 31.3.2016 there were outside of the YOS there were two team managers with agreed time lines in place for both to be replaced by non-agency staff.

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

The Children's Services Staff Conference in November was very well attended with positive evaluations. Feedback from students continues to be strong. The support for newly qualified social workers is especially welcomed and viewed as positive.

However, the front line children's workforce is still relatively inexperienced and work needs to continue to focus on sustaining and building on the skills and commitment of a young and enthusiastic workforce.

The NCC employee survey was completed in the December/January. The responses from Children's Services demonstrated both an improvement on the survey undertaken two years ago and higher satisfaction rates when compared to the rest of the Council.

b) Mentoring, Assessment and Consultancy Team (MAC)

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

c) The South East Wales Adoption Service

Adoption services for Newport City Council are provided by SEWAS. The development of psychology support within the service has provided a very welcome addition to the support offered for children and adopters.

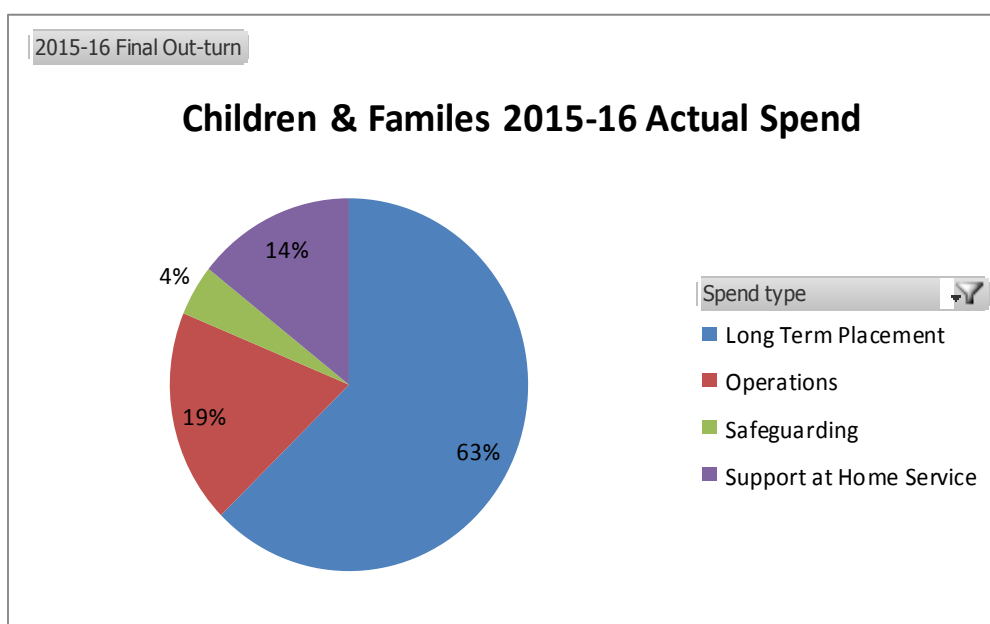
The Annual Report for SEWAS was presented to Scrutiny.

A regular planning meeting with SEWAS staff takes place to track and plan for all children likely to require placements, those awaiting matching and for children post matching.

On 31.3.2016 68 children were subject to placement orders and awaiting placement compared to 58 last year. 37 children were in adoptive placements awaiting adoption orders compared to 24 last year. 18 final adoption orders were granted compared to 9 last year.

d) Financial Resources

The Budget for Children and Family Services is as follows;



Row Labels	2015-16 Final Out-turn
Long Term Placement	13,011,134
Operations	3,860,893
Safeguarding	916,307
Support at Home Service	2,975,941
Grand Total	20,764,275

Conclusion

The Youth Offending Service used a quotation from Franklin D Roosevelt to describe their year “To reach a port, we must sail - sail, not tie at anchor - sail, not drift.” For Children’s Services as a whole the coming year will again bring budgetary challenges as well as ensuring full implementation not just with the detail of the Social Services and Well-being (Wales) Act 2014 but perhaps more importantly the underpinning ethos and spirit. Yet what will remain vital to delivering the best possible services is ensuring we have clear strategic and operational direction alongside a joy in innovation and positive change.

B. ADULT AND COMMUNITY SERVICES 2015/16

1. INTRODUCTION:

As newly appointed to the post of Head of Adult & Community Services in October 2015 I set out set out a “blueprint” to achieve the transformation of Adult Social Care in Newport City Council as defined in the Social Services & Well Being (Wales) Act 2014. The Act came into force in April 2016 and requires an increased focus on the well-being of people who need care and support and carers who need support; on rights and entitlements and on empowering people to have a new relationship with social services.

It also focuses on co-production between the people who deliver social services and those who need care and support. The approach is about working with people to find appropriate solutions. Where an intervention is needed, it should always be proportionate and timely and enable people to achieve their personal outcomes. Well-being underpins the whole system, linking through to the role that early intervention and prevention can play in promoting well-being, to how people can be empowered by information, advice and assistance and by being involved in the design and operation of services. The vision for Adult Services has also been informed by the learning from inspections including the inspection of Older People with complex needs that took place in December 2014. The improvement plan resulting from the recommendations made at the time is inspection has continued to be monitored by CSSIW.

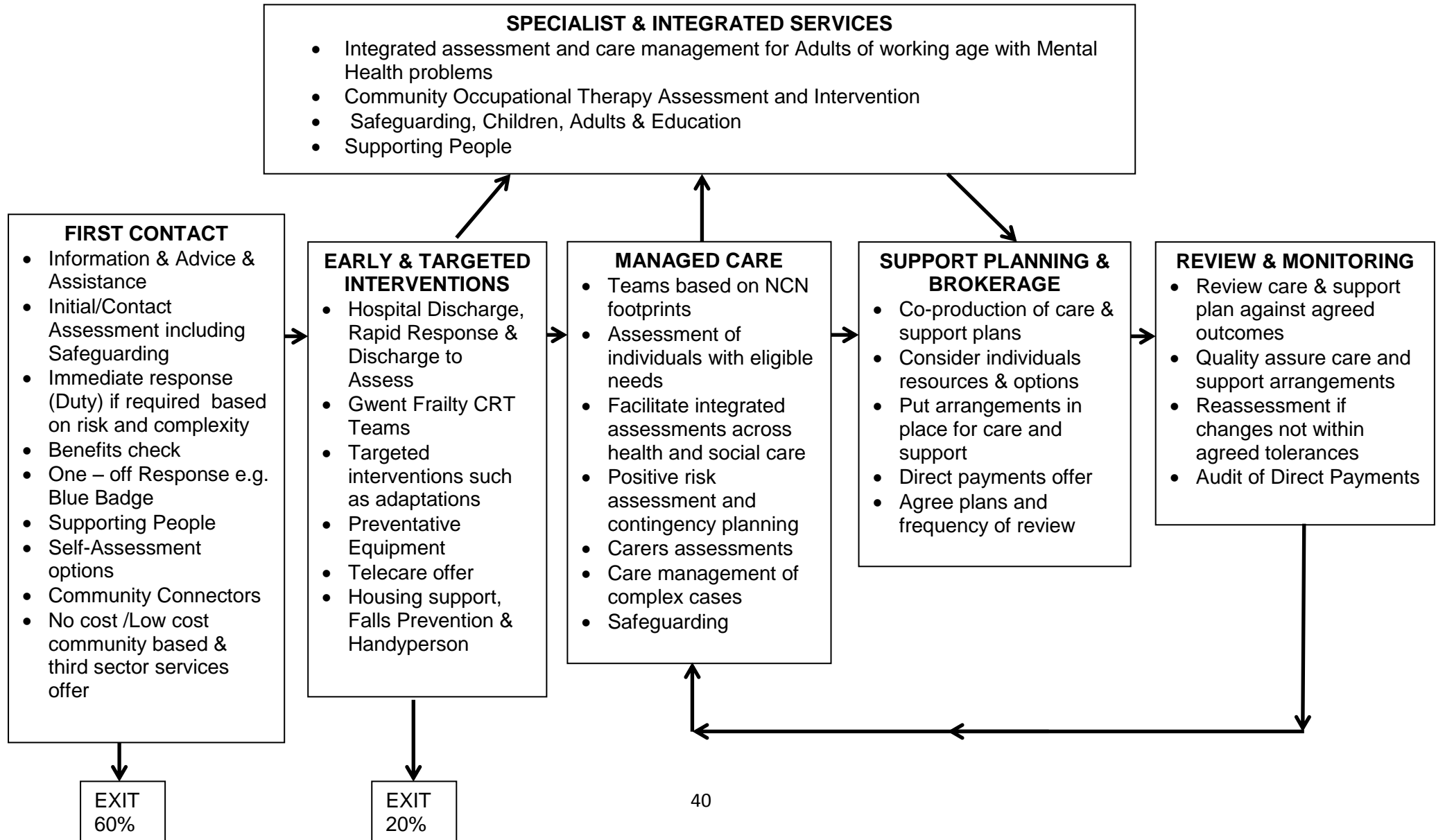
PRINCIPLES:

The vision for adult social care in Newport City Council is based on the following principles:-

- The key functions of the Council Adult Services operational service as set out in the Social Services & Well Being Act are will be safeguarding, assessing for eligibility for social care support, (supporting self-assessment by individuals), integrated assessment, complex on-going care management and specialist support, Approved Mental Health Practitioners and mental capacity assessments, Occupational Therapy, monitoring and reviewing the care and support arrangements that people have chosen.
- To help vulnerable adults to stay safe whilst promoting their independence and control whilst supporting positive risk taking through the provision of high quality care and support services.
- People will be given help to develop their support and care arrangements including co-production. The Council will have a commissioning role and responsibility for ensuring that people can access the support they need to manage their care and high quality services, even where these are not directly contracted by the Council.
- Prevention and Early Intervention is essential in and will be delivered through an integrated approach with the NHS including the development of the Neighbourhood Care Networks and the development of the Older Person’s Integrated Pathway project.

- We will provide and will improve Advice and Information and a proportionate initial assessment at the point of First Contact to help people seek alternatives and find sustainable solutions to their concerns.
- To work in partnership with key organisations including the NHS to ensure that people receive a seamless service and we can maximise the use of resources
- To ensure best value in the use of resources across the council and through the interface with key partner agencies.

ADULT SERVICES PATHWAY



2. THE ADULT SERVICES PATHWAY:

The new vision for adult social care described in the Social Services & Well Being (Wales) Act together with a reduction in the overall budget, will require a very different operating model. The new service model for adult social care has been based on the steps described in the Adult Services Pathway set out below broken down into its component parts and principle activities:-

The key milestones in the transformation of adult services are set out below together with the policies and interfaces: -

WORKFORCE RESTRUCTURE:

The adult social services teams have been considering the future structures and configuration needed to most effectively deliver their responsibilities under the SSWB Act. The move towards alignment with the NCN footprints will enable us to take advantage of further opportunities for co-location and integration of service delivery as they arise. We also recognised the need to strengthen the current arrangements we have for individuals at the point of first contact so that they can be directed towards community based options and supported to make their own choices in their care and support arrangements as well as having the capacity to provide an immediate, urgent response where there are concerns about an individual's safety.

The Service Manager portfolios were changed in January 2016 to align with the Adult Services Pathway. A small number of specialist and integrated services will continue to work alongside the adult services including the Safeguarding Team, Adult Mental Health Team, Occupational Therapy and Supporting People as follows:-

ADULT SERVICES STRUCTURE

FIRST CONTACT	MANAGED CARE (NCN Footprint)	SERVICE DEVELOPMENT & COMMISSIONING	CARE & SUPPORT PROVISION
Information Advice & Assistance Initial Assessment Preventative & Early Intervention Services Hospital Teams Telecare Offer Community Connectors Appointee-ships	Integrated Assessment Care Management & Review LD POVA interface Carers DoLS Coproduction Care	Population Need Assessment Adults & Children Commissioning Contract Management Contract Management Service Planning Performance Quality Assurance/Audit	ECH Care Homes Day Opportunities Reablement Supported Living Respite Shared Lives

Interface with Frailty CRT(not managed)	and Support Plan Direct Payments	Policy Development Brokerage Supporting People	
Interface with Supporting People			

IMPLEMENTATION PLAN:

The operating model was further developed in consultation with staff and managers and feedback from partners, users and carer’s perspective was be sought through consultation opportunities during February and March 2016.

The main project outcomes were achieved by April 2016 however there remains a great deal left to achieve in areas such as commissioning and workforce restructuring and putting in place the policies and procedures to support necessary to deliver our responsibilities under the SSWB Act so they become “business as usual”. The work activity required to support the implementation of the SSWB Act is summarised included reviewing the team structures against the adult services pathway and securing Cabinet approval for the restructure and NCN alignment.

The Re-commissioning of domiciliary care services and third sector contracts was undertaken as per new commissioning model and a prevention and early intervention strategy with NHS based on Older Persons’ Integrated Pathway was piloted in 2015/16 and is now being rolled out. The development of a workforce strategy to determine what capacity, competencies and roles are required for the future is underway and training for operational staff on the SSWB Act is ongoing.

ENGAGEMENT PLANS:

A communication plan which can speak to the main concerns and delivers the key messages to all key stakeholders especially individuals and carers will be developed. This will recognise the importance of being clear and consistent in the use of the terminology and language used to describe this change to the Adult Social Care services. A consultation with staff was undertaken between in January 2016 when the new adult pathway and staffing structure to support this was agreed.

SUMMARY:

The Welsh Government has set out its vision for social care in the Social Services and Well-Being (Wales) Act. This describes a new relationship between the government, local authorities, the NHS, independent sector providers and the regulator which represents a major shift of resources and practice towards prevention, early intervention and re-enablement. To achieve such reform, Newport City Council will need to place individual wellbeing at the centre of its public services delivery and strategic citywide projects. This summarises the progress made in 2015/16 towards achieving this ambition and sets out the principles and a high level adult services pathway and identifies the key activities required to deliver the required transformation. This will form the

“blueprint” for the development of a service and structure redesign including determining the capacity, competencies and roles required in the future.

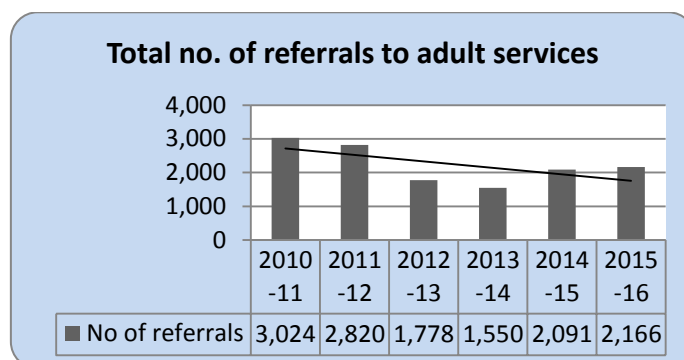
3. THE DELIVERY of ADULT & COMMUNITY SERVICES 2015 /16:

The following sections summarised the main achievements in 2015/16 across the main functions and services and the difference it made to the people we support and plans for the future.

FIRST CONTACT:

What Have We Achieved?

A review was undertaken of the current interface with the contact centre on the press 3 option for direct access to adult social services. This identified the need for improvement to the current interface to minimise delays in calls being answered by dedicated Call Centre workers and appropriate advice and information provided and referrals taken. The number of referrals to Adult Social Services has increased but further analysis is needed to understand the demand and improve the response people receive.



The Community Connectors

The Community Connector Service provides information about local activities and advice on the support available to people aged over 18 years. Connectors work with individuals and organisations and there are an additional two Carers specific Connectors who support unpaid carers with information and assistance for their caring role.

Between April 2015 & March 2016 the Community Connectors supported the following numbers of people: -

Quarter 1 83 people	Quarter 2 83 people	Quarter 3 92 people	Quarter 4 107 people
------------------------	------------------------	------------------------	-------------------------

How Well Did We Do It?

The Connectors will continue to work in partnership with organisations to support the Online Directory of Services which will be linked to the My Newport function of the Council website. There

are over 500 local activities and support groups listed (social, learning, leisure, volunteering support services and groups including health, environmental and financial services).

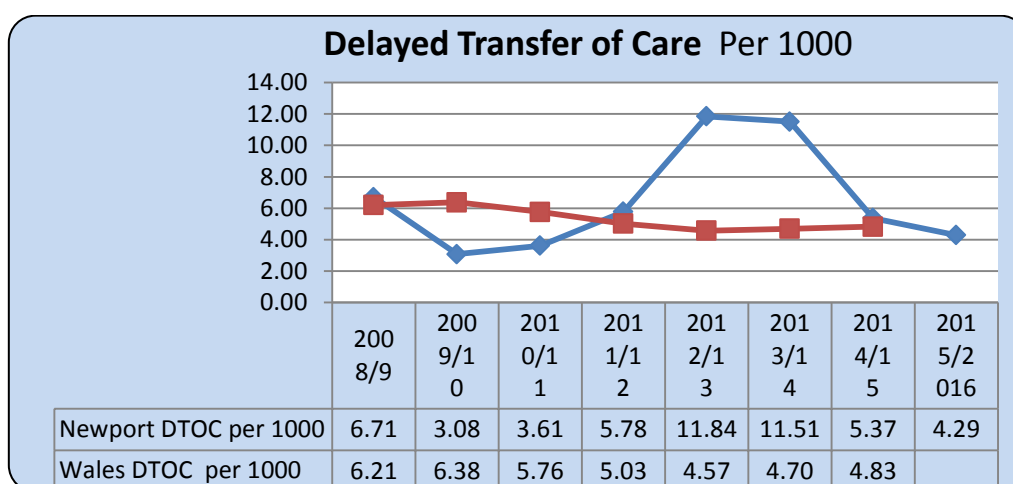
Connectors have produced a web page and an online Newsletter and 'Group of the Month' function. They have worked with partner organisations to support community events, increase community capacity and provide information at Drop In Sessions. Connectors have also been involved in consultation and service user workshops linked to the Older Persons Pathway.

Community Connectors have also worked with community groups to publicise their groups, share resources and increase their membership. The information gathered within Community Connectors Service/On line directory, duty team has allowed us to be able to offer individuals who are presenting to the authority with low level/ ineligible need a wider range of options.

The development of the DEWIS Cymru database in support of the SS &WB Act will be key in solidifying information on support services within communities that people can access independently.

The Hospital Team

The Hospital Social Work Team began a pilot for a joint referral process for social work and OT to be able to determine the most appropriate professional responds to a hospital discharge request. This not only streamlined referrals into the two teams rather than a 'scattergun' approach from health, but also ensured the individual was at the centre of any decisions with the right professional involved to assist them in making more informed choices This has contributed to a reduction in waiting lists for assessments and a continued good performance in delayed transfers of care and the Hospital Social Work Hub to support the management of the referral process.. However the constant high demand within the hospital settings creates the need to continuously review the hospital discharge process and a pilot of a hospital in-reach- model is underway at the Royal Gwent Hospital.



MANAGED CARE FOR ADULTS & OLDER PEOPLE

What Have We Achieved?

The Integrated Assessment (IA) has been introduced and rolled out across the 3 NCN Teams and integrated service areas. It is based on a strengths based model of assessing and the "what matters

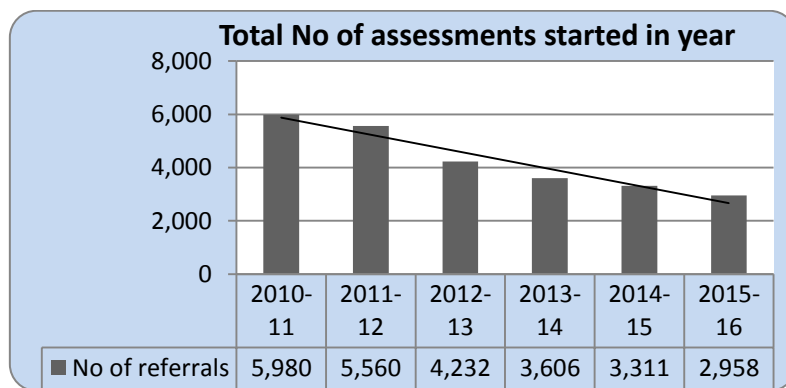
to you” conversation and has moved away from a deficit and needs based model. Solutions are being found which are ensuring that people are at the centre of their own care and are able to stay in their own homes for longer.

The introduction of the IA has allowed staff to work in a more proportionate way which is allowing us to process assessments and reviews in a timelier manner and waiting lists have significantly reduced.

The referrals into the adult services for all new assessments were of a high volume as there was previously no robust work completed at the intake stage. This resulted in a high waiting list for assessment and delays in assessing those with eligible needs and arranging appropriate support. Work has been undertaken in supporting the intake function to ensure all options have been explored with an individual, offering alternatives solutions and signposting.

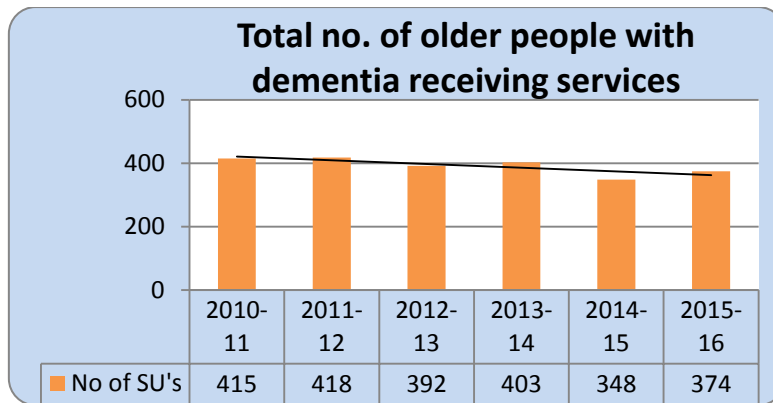
Have we made a Difference?

The number of assessments has fallen as the chart below illustrates but this reflects a more targeted approach as more people have their needs met through reablement and community support including through our arrangements with the third sector. Ongoing work will continue with the First Contact service in partnership with health, third party agencies to support preventative work and improve outcomes for individuals.



Team Managers have been involved in Integrated Assessment meetings and improving practice sessions. We have been able to ensure that care plans are clear and suitable for commissioning purposes. Quality Assurance officers continue to provide support to workers to ensure care plans are of good quality and can meet the outcome for the individual. They also support the Continuing Health Care panels and our responsibilities for the Mental Capacity Act and Deprivation of Liberty, linking up with the regional team hosted but ABUHB.

The numbers of people we support who have dementia is increasing as expected with National trends and confirmed in the table below. Of those people we support a greater proportion are now supported in the community and we continue to develop a wider range of types of service to support both individuals and their carers.



We have put in place a new managed banking account for people with a Direct Payment in November 2015 to make it easier for people who wish to take up a Direct payment to manage their money. An information event was held for people with DP's and information leaflets were distributed to individuals and professional staff. This has resulted in reduced administration and improved audit and we hope to see an increase in people with a Direct payment in 2016/17.

Our Future Plans

- A review of Direct Payments is underway to further improve the procedures and reduce the time it takes to instigate a DP package. This will support an increase in the number of DP's.
- Monitor and review the demand at each step among the adult services pathway to ensure the right skillset and capacity is available.
- We need to move forward in terms of the implementation of the new Care and Support Plan. This will enable us to focus more on what matters to individuals.
- We also need to look at the interface between the Mental Health Measure and the SS & Wellbeing Act to improve the quality of care plans and outcomes for individuals.
- To improve the transition of people who have had a reablement episode but who now need an ongoing care and support plan.
- To work with ABUHB on the in-reach hospital pilot to reduce the length of stay and necessary delays in discharge.

SAFEGUARDING VULNERABLE ADULTS:

What Have We Achieved?

The Corporate Safeguarding Policy has been agreed and launched which included a promotional campaign with posters and leaflets underlining all staff's individual responsibility to safeguard children and adults.

Welsh Audit Office safeguarding audit tool was completed which summarised where we are as a Council and what we need to achieve to further enhance the safeguarding functions of the Council.

We have delivered and trained staff in non-criminal investigation training and adult safeguarding awareness training to staff working in residential/ nursing homes and across adult service. The staff conference for all Council employees was attended by over 1500 people and raised the profile of safeguarding adults and included the expectations of Duty to Report and the contact information.

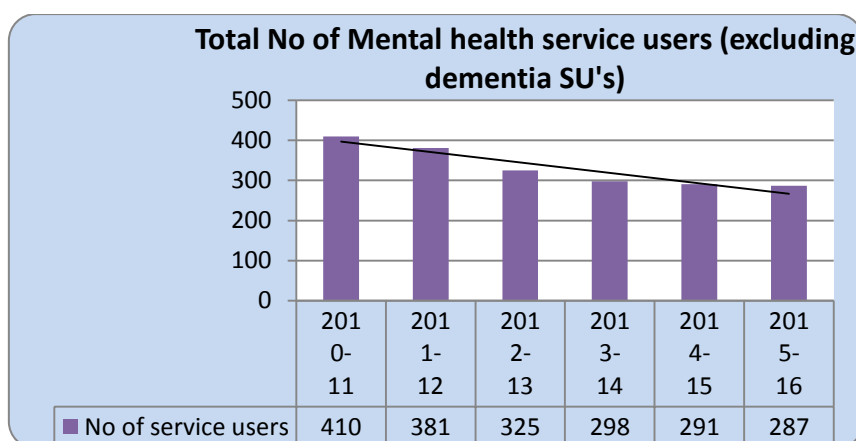
The Adult Safeguarding Team continues to screen referrals on a daily basis and provide advice to staff internally and in partners organisations.

A number of historical cases have been closed where the NHS was the lead agency. Joint investigation protocols are now in place and cases open for significant periods without progress are reviewed.

Measure	Actual	Target	Last Year	* Benchmark Group	Wales Avg.
	Data	Data	Data	Data	Data
SCA/019 Adult Protection risk managed (NSI, PAM, SP) (Q)	99.19%	96.00%	98.58%	91.28%	95.60%

As shown above over 99% of adult protection referrals were managed in 2015/16.

FOR PEOPLE WITH MENTAL HEALTH PROBLEMS



What Have We Achieved?

- The CMHT assessment clinic system continues to offer 24 appointments throughout the week where a comprehensive assessment will be completed by 2 clinicians from the multi-disciplinary team. This can be increased dependent on need. Access to Social Work assessments as an outcome of assessment clinic (SSWB Act)
- A dedicated duty desk is available during normal working hours and is staffed by a qualified clinician.
- A single point of entry referral pathway is established that manages all referrals in a prompt fashion Urgent referrals to CMHT are usually seen within 48 hours.
- All crisis referrals are dealt with promptly and a same day crisis assessment is available.
- There is access to a qualified clinician 24 hours a day for service users wishing to self-refer under part 3 of the Mental Health Measure for Wales.
- The Psychiatric Liaison service based at the Royal Gwent Hospital has continued to offer a dedicated service to those with mental health needs within inpatient and outpatient settings
- There has been an increase in the range of psychological therapies offered within the CMHT
- Additional staff have been employed on temporary fixed contracts following money being made available by the Welsh Assembly Government to reduce the waiting-lists for psychological therapies

Have We Made A Difference?

A pathway for assessment of those with learning difficulties and mental health problems continues to be developed. The reduction in waiting times for routine referrals that are in line with the Mental Health Measure for Wales's targets.

The continued development of integrated structure will support less duplication across professionals. This approach is well embedded in Newport and may be further enhanced by Section 33 legal framework.

There are also for mental health services in Newport to become involved with the LEAP initiative in Gwent and also the development of IT support systems is underway which will reduce delays in assessment and improve the care pathway. It is also planned to further increase the scope for psychological therapies and continue to reduce the waiting lists in the context of high demand and a relatively small resource

The Adult Mental Health Service is

- Recovery principles embedded within CMHT's using recovery STAR model.
- Exercise referral scheme encouraged
- Growing space developing training and employment opportunities
- The "In One Place" project continues to develop which focuses a joint approach to accessing sustainable accommodation
- The Newport AOT have access to an allotment within the City
- Day Centre has closed, and relocated as a day opportunity service and is outcome focussed.
- A review of the Metal Health related contracts is underway to increase vocational community based options for individuals.

Three additional AMHP's are now employed by the local authority, with an additional 1 currently undergoing training. A policy has been developed for approval and re-approval of AMHP's within Newport to ensure high quality practice. A Consultant Social Worker has been appointed and will take the lead for all AMHP related guidance and practice within Newport.

Our Future Plans:

- To become involved in the LEAP Imitative.
- To increase the scope for psychological therapies and continue to reduce the waiting list.
- To maintain the current AMHP provision and undertake succession planning, aiming to train 2 staff per annum.
- To support the review of 3rd sector provision for mental health services.

FOR PEOPLE WITH A LEARNING DISABILITY

What Have We Achieved?

The Promoting Independence and Choice (PIC) programme has continued with the aim of developing modern, sustainable and enduring support for people. As part of the Social Work assessment process, we identified eligible needs and also signposted to other available resources which people can access independently of the Council.

The Community Connectors have devised a directory of resources which people with learning disabilities can access. The information is accessible in a range of formats. Carers are also offered information, support and training from Carers Connectors.

The Adults with Learning Disabilities service area established a Quality Assurance (QA) process to manage all assessments. The service has used an Integrated Assessment (IA) tool to assess need or outcomes. The QA process considers proposals on how the identified outcomes may be met. All decisions will be documented and the overarching approach is to facilitate a consistency of format and equity of service delivery.

The Council's in-house community day service has been remodelled with a focus on providing support to people with Profound and Multiple Learning Disability (PMLD). This has meant a greater emphasis on activities suitable for people with a PMLD and specialist sensory equipment has been purchased. The remodelling has provided a more accessible base.

Have We Made a Difference?

For those more independent people, we have developed a range of community based solutions including using a hub facility at the Lysaght's building in the heart of the city.

Initial steps towards a co-operative model approach have been taken. People have been given the opportunity to access new experiences and to acquire new skills in a wider community setting. We have also increased the numbers of people who participate in the Community Development Pathway to Employment Programme (PEP).

We have worked with the Seren Group, Housing and Supporting People colleagues to develop a new model of supported living accommodation for 13 people with learning disabilities. This model is a departure from the traditional group home approach and will instead focus on enabling people with learning disabilities to live in a community support setting with an emphasis on low-level targeted support to achieve community inclusion.

We have worked with providers to develop further day time education opportunities locally. There is a better choice now available as the National Autistic Society (NAS) has recently opened a new day service locally, which includes an educational element.

Our Future Plans:

- Further progress towards alternative service delivery models, including the co-operative approach working in partnership with local initiatives such as Maindee Unlimited.
- Discussions are underway with National Star about the provision of day education opportunities in the Gwent region.
- In order to support the transition to Neighbourhood Community Networks (NCN's), the service area will develop a generic approach which supports assessment of need and equity across the service area.
- We are planning a trial of alternative short breaks for people with learning disabilities, which can offer further flexibility of choice for people with a learning disability and their carers.

OCCUPATIONAL THERAPY:

It has been identified that a greater presence within the 'in take function' would improve response for people needing IAA and ensure referrals to the Community OT Service are appropriate use of the COT service as part of the implementation of the SSWB Act.

Implementing a full time presence of COT practitioners in duty to advise and assist Newport Residents. Identifying potential gaps and providing further training for the intake staff so that an improved global view of OT is achieved Review of current assessment & review systems to improve efficiency and effectiveness.

The role of the Housing OT to promote the OT role with Housing Department has continued and improved partnership working with Housing Department and led to improved response times for assessments for Disabled Facilities Grants.

SUPPORT FOR CARERS:

What Have We Achieved?

The Carers' Forum in Newport continues to develop and has a well-established membership of Carers representatives. The meetings are regularly attended by these carers, officers, third sector agencies and councillors. The Council has supported the Carers Forum when they required a minute taker and also with the hire of one of the meetings whilst they were waiting on grant funding decisions. The Carers contact at Newport Indoor market has also continued to provide a range of information for carers making them aware of the services available to them. Newport Carers Forum has also facilitated smaller community based Carer drop in sessions with the support of Carer connectors and Carers development officer to help reach Carers in their own communities.

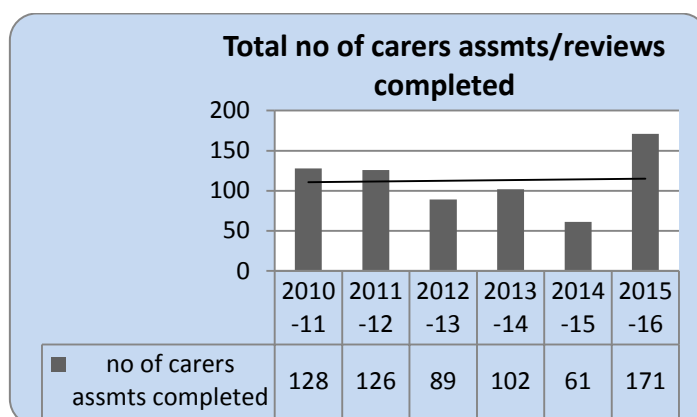
The council continued to work closely with ABUHB, other local authorities and the third sector to progress with the joint Carers Information and Consultation Strategy. Carers Champions have been identified in 17 of Newport GP surgeries to support and promote good practice regarding Carers. Carer Notice boards in a majority of these surgeries have been maintained.

A Carers' Assessment process is in place with guidance and an appropriate form which is to be completed. The Carer Connectors roles were primarily introduced to identify new carers, provide information, support and instigate innovative solutions to the needs of carers within the community in preparation for the SS and Wellbeing Act. However Carer Connectors have also undertaken carer assessments if the cared for person is not known to a social work team in order to establish a general understanding of what the support needs are of Carers within the community.

Have We Made A Difference?

A revised Carers assessment has been produced and is now being used to capture more outcome focused needs of Carers. Carers assessments highlight Carers employment commitments and are considered particularly when Carers identify they wish to return to work. Support (where possible) is provided for them to do this. The Connectors remit is to support access to community based services, along with compiling a directory that identifies education, learning and training

opportunities for carers. Through the Carers' Assessment process Carers identify the outcomes they wish to receive, and Social work staff develop an action plan to meet these needs. The number of Carers assessments and reviews has increased as shown in the table below.



In Learning Disability services we have re-modelled our approach to respite support for people with learning disabilities, which in turn benefits their Carers. This includes a more community focussed approach to residential respite and Carers assessments have been completed, which has resulted in additional respite provision.

Newport City Council commissions a wide range of services for Carers from the third sector including advice, support and respite from their caring role. The demand for respite services has increased and the current services provision is unable to provide for the number of people wishing to use the service. A review of the contracts for the service took place in 2015/16 with a view to reducing some of the duplication in the arrangements and increasing capacity. Carer representatives have been involved in the Domiciliary Care and 3rd sector consultation events in late 2015.

Our Future Plans:

- The council will continue to support the Carers' Forum. In addition the council will also engage with Carers' regarding any changes or developments that will impact them and/or the people they care for.
- Once new contracts for Carers services have been awarded the council will support the transition to the new service arrangements and continue to monitor its contracts to ensure that services are fit for purpose and are good value for money, whilst effectively meeting Carers needs.
- The Young Carers Strategy is being revised and updated following young Carer consultations.
- To ensure the NCN teams have the necessary skills and understand the importance of completing Carers Assessments and putting support plans in place.
- The focus of training on Carers issues will be adapted to reflect expectations and duties under the SS and Wellbeing Act and we will continue to work with 3rd sector and carers groups to roll out the Carer induction sessions to ensure Carers have their information needs met. Carer champions, connectors, social work teams and health will be involved in promoting the sessions.

4. CARE & SUPPORT SERVICES:

What Have We Achieved?

In Day Opportunities

Following a re-structure of the services, Day Opportunities is updating its promotional literature in variety of formats. Early work has been undertaken with service users to develop Face Book page dedicated to the service.

Engagement sessions have taken place with individuals and volunteers attending the mental health day service about relocation and recovery model of service. The relocation has gone smoothly and people who use the service have helped with the refurbishment of the Annex (new location).

In Residential & Intermediate Care

The intermediate care facility at Parklands has been opened, however initially there were a number of challenges in how staff dealt promptly with people on discharge from hospital who may have ongoing medical conditions. This led to an Adult Safeguarding investigation and disciplinary action. A period on intensive training and changes in the management arrangements has resulted in all 10 beds being fully operational.

In Supported Living

Person centred planning activities take place within Supported Living schemes and with the aim of developing life skills and moving towards more independent living environments.

Has it Made a Difference?

- Regular (usually monthly) meetings take place of service users and families where the service is discussed and developed. Amenity Fund committees bring services users, staff, carers and families together to plan activities.
- Annual reports for each service are developed which include action required as an outcome of inspection s and feedback from people who use the service.
- Council Members undertake visits to our residential care services and engage with the people who live there and their families. The recommendations that result from these visits are acted on.
- The contracts and commissioning team carry out the same service reviews of our in-house provision as the independent sector to ensure compliance.

Our Future Plans:

- Provide updated information for people who use of services
- To continue to develop the Dementia care focus and improve the range of opportunities and activities available to the care settings through discussion with individuals and staff.
- To implement the improvement plan at Spring Gardens following the CSSIW inspection and areas of non-compliance.

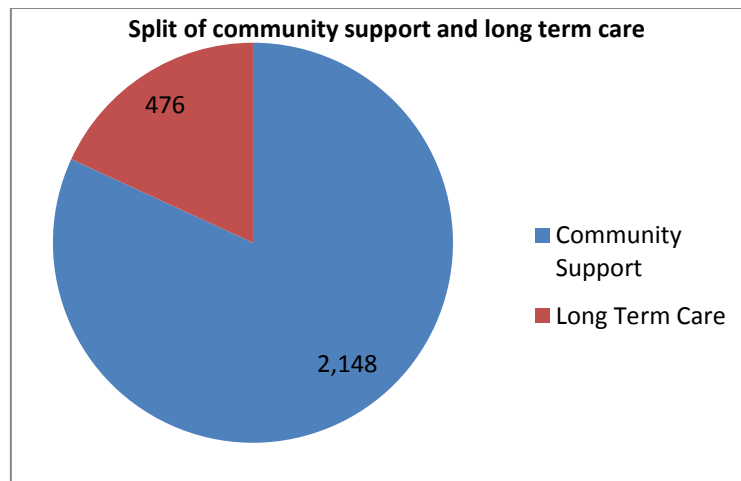
- To develop the workforce and ensure they have the skills and experience necessary for their role.
- To improve systems and procedures and ensure compliance.

5. COMMISSIONING & SERVICE DEVELOPMENT:

What Have We Achieved?

Following on from an interim period of Torfaen Council managing the Commissioning and Contracts Team, we have recruited a Commissioning Team Manager and a Service Manager Commissioning on a permanent basis. Subsequently all of the commissioning staff have been located within one office (previously Brokerage, Payments and Commissioning were all in separate offices).

The payments functions for all social care services is now within the Commissioning and Contracts Team, this has been an additional demand on the team and further work is needed to put robust systems in place.



The above pie chart illustrates the split between care and support commissioned and provided in the community and that provided within long term care settings such as care homes. This includes the provision of services in-house by Newport City Council. The Commissioning and Contracts team has undertaken the following work during 2015/16 as follows: -

Domiciliary Care:

- Retendered the spot domiciliary care contracts
- Negotiated rates for existing block contracts
- Managed provider performance
- Managed the exit of 2 large providers from the market
- Developed new outcome focussed contracts
- Undertaken a review of call monitoring of all providers

Care Homes:

- Successfully negotiated a new fee structure across the City
- Managed provider performance
- Developed new outcome focussed contracts
- Started to build positive relationships with providers
- Managed one voluntary home closure
- Managed compulsory suspension of placements on one home
- Manage a weekly care home provider vacancy list

Brokerage

- Reviewed the process for brokering care
- Reviewed the staff within the Brokerage function
- Started to develop a wider database of services

Have We Made a Difference?

The Commissioning and Contracts Team undertake contract monitoring on all domiciliary care and care home providers in Newport. This includes announced and unannounced visits across a range of providers and they also attend Safeguarding meetings and undertake checks on providers to ensure systems and processes are in place. The Team Manager and 2 principal officers within Commissioning and Contracts are trained as Designated Lead Managers for Safeguarding so that they can where appropriate lead and contribute to Adult safeguarding investigations. As part of their responsibilities they also: -

- Accredit new providers that enter the market and respond to provider queries
- Set up new contracts for pilot services
- Reviewed the service provision of a number of out of county children service placements
- Undertake a review of all commissioned services within the Third Sector and remodelled the services commissioned in the sector and retendered IAA, Respite, Community Support and Advocacy Services

Our Future Plans:

- Hold a regular care home provider forum
- Undertake contract monitoring for all supported living commissioned services
- Develop an outcome based monitoring tool for monitoring all care providers, which is in line with the SSWBA and the Older Persons Commissioner recommendations
- Retender Hospital Discharge contracts in the autumn of 2016.
- Lead the retendering of Mental Health Services on behalf of Newport City Council and Aneurin Bevan University Health Board.
- Extend the brokerage functions to include all activity including care homes and respite.

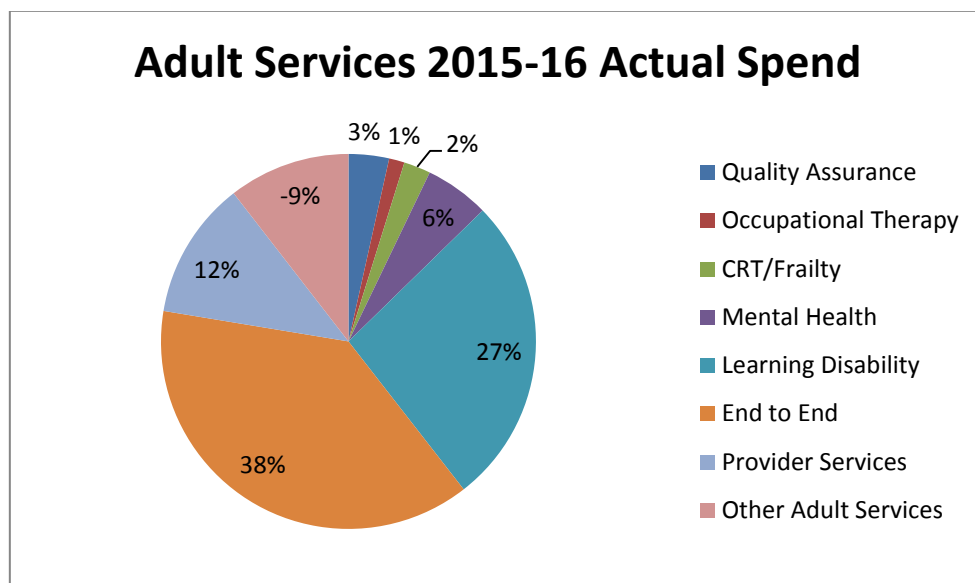
6. SUPPORTING PEOPLE:

Regular partnership meetings are held with contracted partners and 110 such meetings have taken place during 2015/16. A more robust approach to commissioning based on evidence of need and including an additional 209 community alarm connections and three jointly funded schemes for homeless people with “new burdens” funding. A number of schemes have been extended including Domestic abuse Floating Support and Move On projects.

Future Plans:

Newport is the joint project lead for the development of a supported housing scheme for people with enduring alcohol problems. A study was commissioned from South Wales University which assessed the demand for “wet House” for chaotic street drinkers. The commissioning of the service is underway with the aim of opening in October 2016 as an outreach initially, pending a move to more a permanent building in April 2017.

7. FINANCE & RESOURCES:



	2015-16 Final Out-Turn
Quality Assurance	1,689,103
Occupational Therapy	646,284
CRT/Frailty	1,121,250

Mental Health	2,691,908
Learning Disability	12,962,250
End to End	18,467,873
Provider Services	5,763,608
Other Adult Services	(5,082,060)

Adult

&

Community Services Sickness Absence 2015/2016


The overall target for sickness absence for 2015/2016 was 15.83 days. This was in line with achievement in 2013/2014 and was a challenging target following an increase in sickness

Adult & Community Services achieved a 3.17 day overall improvement against actual sickness for 2014/2015. Although amber, this was against a challenging target and showed a demonstrable improvement over the year. This outcome was only impacted by long term sickness as short term sickness improved throughout the year.

Through review, it was highlighted that the predominance of long term sickness cases were in Care & Support Provision (previously Provider) Services. Strategies were developed to target both this area directly and across the Service area as a whole. These included:

4. AREAS FOR DEVELOPMENT IN CSSIW PERFORMANCE EVALUATION REPORT 2014/15

In the review of 2014/15 completed by our regulator CSSIW, they identified areas for improvement required during the year 2015/16 and the table below sets out how we have responded to the challenge.

Identified for Improvement Last Year	Progress in 2015/16
<p>Effective implementation of action plan submitted in response to CSSIW's adult services inspection report.</p>	<p>All action are completed (See Attached) apart from the Workforce Strategy which has been incorporated into the Culture and Values work stream for the delivery of the SSWB Act. See below.</p> <div style="text-align: center;">  <p>CSSIW Improvement Plan April 2016.doc</p> </div>
<p>Effective implementation of any re-tendering of domiciliary care planned for 2015-16, which provides an opportunity to re-shape services, focussing on improving outcomes for users.</p>	<p>Social Services currently contracts with several private providers to deliver 8,000 hours of domiciliary care per week.</p> <p>2,500 of those 8,000 hours are subject to a block contract arrangement with 3 providers that is not due for renewal until March 2017.</p> <p>The remaining 5,500 hours were put out to tender in January 2016 with a total budget of £3.42 million per annum (exclusive of VAT).</p> <p>The intention was to award 9 block contracts of 1,500 – 1,000 and 7 x 500 hours.</p> <p>22 providers submitted bids and were subject to evaluation in the normal way.</p> <p>During the evaluation of the bids and combined with an analysis of future need, market stability and sustainability it was agreed by the panel that it would be counter-productive to award the contracts as originally intended for the following reasons:-</p> <ol style="list-style-type: none"> 1. The pool of available providers would be reduced thereby creating conditions for increased costs, 2. Two providers would have lost their business and they have proved to be reliable and trustworthy. Likely impact on the local economy 3. The diversity and geographical flexibility currently available would be compromised. <p>As a compromise it was agreed to award the two larger block contracts of 1,500 and 1,000 hours and to establish a list of 18 approved providers at the agreed hourly rates established via the tender process</p> <p>Conclusion:-</p> <ol style="list-style-type: none"> 1. Six new providers submitted successful bids 2. Limited need to transfer hours to new providers thereby ensuring continuity of care for the majority of service users

	<p>It was anticipated that due to the Living Wage and Pension cost pressures the overall budget would increase by£250k Finally the increase was limited to £150k creating a cost avoidance figure of approximately £100k.</p>
<p>Address the continuing high sickness rates amongst the adult social care workforce.</p>	<p>The overall target for sickness absence for 2015/2016 was 15.83 days. This was in line with achievement in 2013/2014 and was a challenging target following an increase in sickness in 2014/2015.</p> <p><u>Summary</u></p> <p>Adult & Community Services achieved a 3.17 day overall improvement against actual sickness for 2014/2015. Although amber, this was against a challenging target and showed a demonstrable improvement over the year. This outcome was only impacted by long term sickness as short term sickness improved throughout the year.</p> <p>Through review, it was highlighted that the predominance of long term sickness cases were in Care & Support Provision (previously Provider) Services. Strategies were developed to target both this area directly and across the Service area as a whole. These included:</p> <ul style="list-style-type: none"> • Monthly management information reviewed across the Service including missed management actions against policy and late return to works. Email/conversation by HR Business Partner with either Team or Service Manager to challenge and give feedback • In addition, HR Business Partner attended the Care and Support Provision Services monthly management meeting to discuss the above and review the long term sickness tracker on a case by case basis to improve movement through the sickness process and promote early intervention/action by Managers • Increased support from HR Business Partner to progress long term sickness cases to conclusion • Additional review of Occupational Health reports by HR Business Partner to ensure correct action being undertaken by Managers • Monthly meeting with HR Business Partner and Head of Service which would include sickness KPI's and long term sickness cases
<p>Effective implementation of YOS action plan.</p> <p>Effective monitoring and oversight of re-shaping adult services and YOS.</p>	<p>At a strategic level, the YOS local management board and the Youth Justice Board (YJB) monitored and reviewed progress against the action plan throughout the year, and addressed issues as they became apparent. Managerially and operationally, the plan was also monitored and reviewed on a weekly basis by the YOS management team.</p> <p>In February 2016, the YOS was re-inspected by HMIP. Whilst the official report has not yet been published (due to be released on June 6th), the draft report and feedback following the inspection evidenced that significant progress had been made in all areas inspected.</p> <p>Areas which were highlighted as in need of further development were ones the YOS had already identified and was, and is developing plans to address.</p> <p>Once the report is published, a new improvement plan to address</p>

	<p>recommendations will be required. This is already in hand and initial feedback from the YJB indicates the draft action plan is fit for purpose. Positively, the plans for the YJB to monitor and oversee the new action plan are far less stringent than following the last inspection. The YOS is no longer included in the YJB list of 'poor performing' - indicating that there was effective implementation of the previous action plan.</p>
<p>Quality of care management and planning to inform residential placements and matching for LAC with more complex needs.</p>	<p>With the support of the Business Improvement team the processes for planning for placements for children with complex needs were interrogated and individual contracts revisited. The review was undertaken using project management methodology and included consultancy support from Peopletoo. The project team consulted with a wide range of stakeholders, visited placements, attended relevant meetings, benchmarked against other Welsh LAs using recent work completed by 4Cs and reported regularly to a small steering group. Overall the project concluded that the processes currently in place are effective. Some small improvements were recommended to tighten contract management. These have been implemented.</p>
<p>Investigate reasons for persistently high levels on CPR, and deteriorating timeliness of core group meetings, and take action to remedy.</p>	<p>In order to address the upward trajectory of the number of children on the CPR work was undertaken to ensure a timely offer of support using the full range of resources within the IFSS is fully in place. An additional gatekeeping process has been introduced with team managers and the IROs to ensure proceeding to Initial Child Protection Conferences is fully agreed. The registration figures in the second half of the year have dropped and the steps taken have halted, indeed reversed, the upward trend.</p> <p>In 2015/16 there were 188 children placed on the CPR, compared to 221 last year. During the course of the year a total of 370 children were on the CPR as compared with 409 last year. At the conclusion of the year 136 children were on the CPR compared to 184 last year.</p> <p>In the work to develop preparedness for the SSWA processes for CP Conferences have been reviewed and all documentation revised and simplified.</p> <p>The improved planning for Care and Support Plans and the introduction of CCM 28.2 have assisted in prompting for Core Groups. The timeliness of Initial Core Groups has improved this year from 55.8% to 71.7%. However, this is still below the Welsh average and work will continue in 16/17.</p>
<p>Member development in more effective oversight of performance and further understanding of the implications of SSWBW Act.</p>	<p>Member development in more effective oversight of performance and further understanding of the implications of SSWBW Act</p> <p>We have introduced a number of new practices in the last year to improve focus and oversight by the Committees, including for Social Services issues:</p> <ul style="list-style-type: none"> - Introduction of pre-meetings for all Committees: an opportunity ahead of each meeting to clarify the role of the Committee in each item with Members, address any queries and formulate questioning strategies. - Information reporting mechanism: issues which are low risk / for information now go through an information report process. Reports are sent by email with an option for Members to raise questions and issues with the Chair, if necessary. This stops Committee time being taken up by lower priority items, while still keeping Members informed, providing an audit trail, and allowing a greater number of issues to be monitored in the background. This has worked particularly well for example with the service plan reviews, where Members received full progress reports by email but were able to focus on exception reports in Committee.

	<ul style="list-style-type: none">- Member Seminar and Training Programme: we have also introduced a training programme to run alongside the work programme, to keep Members updated on key issues and developments. This included a session on the implications of the SSWBW Act on 13 April 2016, with Members from both Community Planning and Development SC (for Adult Services) and Learning Caring and Leisure SC (for Children’s Services). As this issue is of importance and interest to all Councillors, we also filmed the meeting and circulated the broadcast and slides to all Members after the event, so that the training could be shared more widely.
--	--