

Newport City Council

ANNUAL REPORT OF THE DIRECTOR
OF SOCIAL SERVICES 2016/17

DRAFT REPORT

'A Firm Foundation'

'IMPROVING PEOPLE'S LIVES'

Mike Nicholson

STRATEGIC DIRECTOR - PEOPLE

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Annual Report of the Director of Social Services 2-16/17

Executive Summary

It is a statutory requirement of the Social Services and Wellbeing Act 2014, that the Director of Social Services provide an annual report on the performance of the service and priorities for the future. This is my final report before handing over to James Harris who will be undertaking this role following my retirement.

In a review of performance over the past 5 years, [‘Telling the Story’](#) (pdf), we set out the transformation journey of Social Services over the past 5 years. Key achievements are identified including improved performance, greater workforce stability, excellent overall financial management and value for money. We have more than ‘washed our face’ by delivering higher savings than investment over the 5 years, despite having the lowest budget per citizen of our comparator group of authorities. Our performance against English authorities is also very good.

Our success is built upon our vision of improving people’s lives by providing, seamless, integrated pathways of support for vulnerable people. This is underpinned by our values of, Justice, Hope and Humility, delivered by shared leadership and strong governance. We have made the changes necessary to deliver the aspirations and requirements of the Social Services and Wellbeing Act 2014 and our regulators CSSIW say that there has been, ‘significant progress’ towards more effective individual outcomes. They note challenges in finding placements for young people with high levels of vulnerability and the resulting pressure on budgets, but they describe a, ‘strong partnership’ with the Health Board as evidenced by reductions in the number of hospital patients who are delayed from going home for social care reasons .

Following a consultation with colleagues I identify strengths, weaknesses, opportunities and threats facing the service:

Strengths: include a strong and stable workforce with year on year good and improving performance. We have a strong ability to engage with vulnerable people and the range and quality of innovation and creativity demonstrated by the workforce helps deliver impact and outcomes for vulnerable people.

Weaknesses: include occasional tensions between workforce teams and the need for us to engage more positively with corporate responsibilities. We need to enhance the voice of the citizen in shaping the design and delivery of services and we need to improve outcomes for children in care and people with mental health challenges.

Opportunities: include the new national data base for Health and Social Care (WCCIS), our strong regional partnerships with Health colleagues including those services where we have the regional lead.

Threats: include the possibility of our progress being put at risk due to continuing financial austerity. We have analysed the range of options open to us for further financial savings and identified the risks and we conclude that it is vital that Welsh Government continue to invest in Social Services at the level they have delivered in 2017/18 (£55m).

The report sets out how people are shaping our services, through citizen consultations, population needs assessments, budget consultations and consulting young people including children in care.

Performance is measured this year by describing how we have impacted upon national outcomes for citizen wellbeing as set out in the Social Services and Wellbeing and Future Generations Acts. This includes how we work together with citizens to provide, Information, Advice and Assistance using conversations like, '*What matters to you?*' as opposed to, '*What is the matter with you?*' Our 'first contact teams deal with 21,800 contacts and requests for help each year, but after initial contact 12% need no help and around 11% of people resolve the issue themselves. The, 'What matters' conversation leads to around 39% of people finding what they need and around 9% of people are referred to preventive services, leaving around 29% or 6,300 people needing assessments and care and support plans.

Our preventive and care and support services use, 'evidence based' approaches which demonstrate increased resilience for vulnerable adults and children as well as reductions in the need for acute services like care or hospital placements. These improvements have been confirmed by independent evaluations - one of which described our family support services as being the best example they have seen in all their work across England and Wales.

Support services for citizen physical, mental health and emotional wellbeing are set out and particular examples of our innovative approach to supporting older people to live well in their own homes are described. In addition safeguarding practice is described and the various roles and activities to ensure that safeguarding is, 'everybody's business' is set out.

Our performance in relation to supporting people to learn, develop and participate in society is described as well as support services for maintaining healthy domestic, family and personal relationships. The final wellbeing outcome is supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation and the report concludes with a description of our workforce, an analysis of financial resources and the role of regional partnerships.

Overall this report sets out a comprehensive account of Social Services performance in the year of implementation of the most transformational legislation in a generation. I believe that the evidence indicates that Social Services has transformed over the past 5 years and that the service provides excellent value for money and has a record of strong, innovative and improving performance that has delivered better outcomes for our most vulnerable citizens.

The storm clouds are gathering and without sustained investment from Welsh Government, the service will begin to become less innovative, more pressurised and provide less support to people who are in need. But, whatever the challenges, I can assure the administration and all members that the Social Services workforce will continue to put the needs of the most vulnerable first. We will do everything we can to continue to maintain the high standards of professionalism that is required to protect people from harm and to promote the wellbeing of our most vulnerable citizens.

1. Introduction

The purpose of this annual report is to set out the local authority's improvement journey in providing services to people in Newport, who access information, advice and assistance, and those individuals and carers in receipt of care and support. This report sets out to demonstrate how Newport Social Services has responded to the new requirements of the Social Services and Well-being (Wales) Act 2014 and how we have promoted and accounted for the delivery of well-being standards to the citizens of Newport.

The Regulation and Inspection of Social Care (Wales) Act 2016 (R&I) and the ***Social Services and Wellbeing (Wales) Act 2014 (SSWB)*** sets out the requirement for the Director to produce an annual report setting out the performance of Social Services, following the format proscribed by the Local Authority Social Services Annual reports (Prescribed Form) (Wales) Regulations 2016 and is intended for a range of audiences as set out in the Local Authority Annual Social Services Report guidance document.

The intention of the report is not to detail process but to focus on the journey and outcomes achieved and the impact this has had on citizens in Newport. The evidence of our citizens has been used throughout the report as has the contribution of our partner agencies and commissioned services.

2. Director's Summary of Performance

Introduction

This is my last report as director of Social Services before I retire and hand over to James Harris who will be the next Strategic Director (People) in Newport City Council. I would therefore like to extend my thanks to all those colleagues who have offered me advice and support over the past 4 years. In particular I would like to thank the Leader, Cabinet Members, my Heads of Service, managers and practitioners in Social Services and also in Education as well as corporate and colleagues from partner agencies.

I believe that we are at a watershed moment for Social Services as we try to balance the aspirations of the Social Services and Wellbeing Act 2014 and the Future Generations Act 2015 against the continuation of austerity.

This report demonstrates an inspiring journey of transformation in Social Services and despite some years where there has been overspending, the net position was a budgetary overspend of £58k over the past 5 years. We have achieved good value for money because we have 'washed our face' financially over the past 5 years and also contributed to corporate financial challenges. Funding for Social services is now a national and UK wide concern and we have every hope that this will lead to increased investment in the coming 5 years. As Director of Social Services I can say with confidence that without additional investment, it will not be possible to achieve the same record of financial probity without failing in our statutory duties and increasing safeguarding risks to the most vulnerable people in our community.

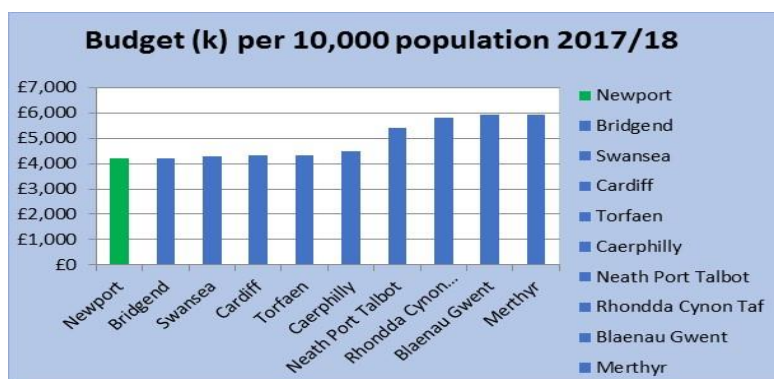
It is our hope that the Welsh Government will avoid this risk by continuing to invest in Social Services at the level they have during 2017/18.

Telling the Story

In a review of our performance over the past 5 years, '[Telling the Story](#)' (pdf) (see appendix), it is noted that whilst there has been occasional modest overspending over the past 5 years, savings outweigh investment by £3.8m.

This was achieved through re-engineering, restructuring, developing and adopting a robust commissioning strategy, enhancement of prevention initiatives and developing alternative provision such as assistive living technology and medication management. Currently Newport has the lowest net budget per 10,000 of the 10 local authorities in its comparator group, see figure 1 below.

Figure 1- – Spend Comparisons with Comparator Authorities – Budget per 10,000 Population 2017/18



Lessons learned include the need to, 'take everyone with us' when on a transformation journey and we take time to, 'celebrate success.' We realised that we have not always, 'communicated our achievements' to corporate colleagues as well as we should have and to a degree the full nature of the transformation has been somewhat hidden.

We also identified number of key success factors and these include the importance of having, 'a clear vision, purpose and underpinning values' (Justice; Hope; Humility). 'Strong governance' ensured that projects delivered and a, 'sense of pace' was present in our most successful ventures. Developing a, 'successful coalition of change agents' (Service Managers, the corporate business improvement team and the consultancy Peopletoo) that supported, 'culture change,' and the commitment to avoid a blame culture when things went wrong by having a commitment to, 'capture and apply learning.'

The '[Telling the Story](#)' (pdf) report also highlights the fact that although we have the lowest spend and support less adults in the community than Wales comparators, we support around twice as many people when compared to England. Despite the level of deprivation in Newport, we have significantly lower rates of delayed transfers of care from hospital than the Wales average and we are, 'mid-table' compared to English comparators.

We support slightly more children in need than the Wales average and slightly less than the English average. There are lower numbers of children (per 10,000) on the Child Protection Register in Newport than the Wales and English average and we are below the Wales average and about the same as English comparators for the rate of children in care.

Implementing the Act

Throughout last year we used a programme management approach to implement the requirements of the Social Services and Wellbeing Act 2014. I am pleased to say that we have made considerable progress and are well placed to deliver on the letter and the aspirations of the law. The body of this report sets out our performance in delivering the Information, Advice and Assistance, care and support planning and review and distanced travelled evaluation required in law. We are particularly proud of our developing preventions network which really benefits from the Wales Government grants. We are making progress on Welsh Language requirements and we will implement the all Wales integrated data and case management system and we are developing electronic information systems for the public such as Dewis and 'Ask Sarah.'

We need to improve our performance in the use of the distance travelled evaluation system and in compliance with the requirements for the Welsh language.

CSSIW Feedback

In June 2017 we received a performance review letter from our colleagues in CSSIW and their assessment of our performance in 2016/17 included the following comments:

- Adult Care Management teams, aim to 'provide more effective individual outcomes': *CSSIW, 'we confirmed significant progress towards this aim—closer managerial oversight, coupled with maintaining an appropriate skill mix in each of the revised teams—is key to ensuring that progress made becomes embedded in routine practice.'*
- Relating to Placements for children in care: *CSSIW, 'There continues to be considerable difficulty in finding specialist placements for a small number of young people with very complex support needs—this resulted in difficulties in some of the LA's own provision where children have been placed due to lack of alternatives – the LA is experiencing financial pressures due to use of out of area placements and has as a result put considerable thought into re-shaping one of its in-house residential facilities'*
- *The LA continues to build on its strong partnership with the Health Board, leading to a reduction in DToCs, but has challenges in relation to continuing health care funding*
- *The LA is making progress on implementing, 'More than just Words'*
- *CSSIW will wish to follow up the impact (of resource reductions) on services*

Overall this letter reflects a worry on behalf of the regulator that positive progress may be affected by the impact of austerity, but overall our individual inspection reports and the overall letter reflect the fact that our services are performing well.

Strengths, Weaknesses, Opportunities and Threats

I thought it would be helpful to summarise the past year's performance in the form of a SWOT analysis and therefore I have sought the views of staff in Social Services and the summary conclusions are set out below:

STRENGTHS

1. We have a strong and capable workforce

The workforce has embraced the aspirations of the act within a short timeframe and put it into practice. The workforce is stable with low vacancies and around 2 experienced practitioners for everyone who has less than 2 years post-qualification experience.

We have excellent training and development opportunities and this leads to greater professionalism and adaptability, with good working relations/communications. This is evidenced by the annual corporate workforce report being overwhelmingly positive in nature.

Strong managers support decision making and maintain budget awareness

2. Performance Outcome Indicators

Improvements are delivered by listening to views of staff and partners using live data reporting on key indicators. There is a strong commitment to and focus on preventions, strong processes underpinning decision making

The workforce hearts and minds are committed to improving performance and delivering outcomes for the some of the most vulnerable people in Newport

Good relations with partners allows joint enterprise on thorny issues that get in the way of improving performance

3. Engaging vulnerable people

We have a person centred, evidence based outcome focussed approach to our work with vulnerable people and we regularly receive positive feedback – best exemplified by the used of distance travelled evaluation tools in the Integrated Family Support Services. Annual IFFS reports indicate, 9 out of 10 children and families seeing a reduction in risk and the average reduction being around 35% with very few families being referred back to the Duty and Assessment team (approx. 6%).

There is a wealth of evidence of successful engagement and good outcomes from our Community Connectors, Voluntary Sector Providers, re-ablement workers and our day care and residential facilities.

4. Innovation and Creativity

There are at least 27 innovative services currently in operation including those where Newport has the lead for the region.

- Attachment and trauma therapeutic services
- First contact delivering information, advice and assistance using electronic pathways
- Forest lodge therapeutic residential home for children
- Residential task and finish
- Fostering framework
- Multi-Agency Safeguarding Hub (MASH) – piloting for the region
- Safeguarding forum
- Domestic Homicide Reviews – a regional approach
- Regional Lead for Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)
- Regional Lead for Are Planning Board (APB)
- Regional Lead for Independent Domestic Violence Advocate service (IDVA)
- National lead for Reflect service for women whose children are removed repeatedly
- Integrated Family Support Service (IFSS)
- Team around the Cluster – preventive family support services based on school clusters including joint funded education social workers

- Children First pilot
- Older Person's Pathway - a health and wellbeing intervention for vulnerable older people
- In Reach – building a multi-disciplinary team based on hospital wards to ensure referral go to the right place
- Care closer to home – joint partnership with Health Board colleagues to build health and wellbeing hubs
- ECO – peer review reflective case discussions
- Day Opportunities – modernising service and moving away from buildings to dynamic services based in the community
- Ty Eirlys - represents a departure from the traditional small group home model of supported living, with a focus on independent living and peer support for 13 adults with learning disabilities, each of whom has their own individual flat.
- Dom Care Commissioning – innovative commissioning of the voluntary/independent sector
- Newport Support Partnership - a consortium of third sector agencies led by Reach which provides a single point of contact for Newport citizens to access information, advice and assistance when they need it most to help them to continue to manage their lives as independently as possible.
- Mental health commissioning on behalf of the region including the Health Board
- New carers network
- Independent Living Service for people with a learning disability
- Travel Training for people with a learning disability
- Dementia care mapping – we are aiming to be a 'Dementia Friendly City' in September

WEAKNESSES

1. Occasional tensions between workforce

Social Services has a strong 'team' and 'task' culture and despite having a strong workforce there are still times when there are tensions between teams. Workload pressures sometimes lead to frustrations, but other times the problem can relate to a, 'Silo' mentality whereby teams look inwardly to their own functions and fail to see the bigger picture. Tensions include, 'who pay for this?' and 'whose job is this?'

Our response to this is to improve understanding and recognition between teams through development days and for managers to sort out problems directly and stop unnecessary escalations to senior managers. We need to encourage teams to avoid depersonalise sort it out!

Tensions can also arise with corporate colleagues and on times we have been challenged for not taking a corporate approach. It can sometime be difficult to separate myth from reality but if a problem is perceived then in a sense it is real. We have acknowledged from the ['Telling the Story'](#) (pdf) report that we have not always communicated our transformation journey with corporate colleagues and we also need to recognise that we need to engage and communicate corporate priorities and services to the Social Services workforce.

2. Voice of the citizen

The Social Services and Wellbeing Act challenges Social Services to relinquish the out of date attitude that, professional know best' – the power relationship between people who receive our services and professionals needs to change in favour of the people we serve.

We do make considerable efforts to put the voice of the citizen at the heart of everything we do but we need to improve. We are a long way from seeing citizens at the heart of the design and delivery of services.

Efforts to improve cannot be tokenistic and we are making plans to strengthen the voice of children in care, disabled children, vulnerable adults and carers.

3. Children in Care and Mental Health

Despite year on year improvements, the quality of outcomes for children in care is still unacceptable. Educational achievement is too low and often children in care struggle to make the transition to adulthood with further education, work and housing. Children in care are significantly over represented in the prison population, mental health services and worklessness.

Children in care are a corporate responsibility and members have a personal duty to ensure they deliver on their statutory corporate parenting role. It is really encouraging to see the cross-party engagement in our corporate parenting committee and members visit children in care homes and sit on fostering and adoption panels. Together we intend to make 2017/18 a year of improving outcomes for children in care

There is national concern about the capacity and quality of mental health services to match the rising challenges of mental health and wellbeing. We have set out much that we are doing to improve outcomes in this report but more needs to be done.

OPPORTUNITIES

Despite the challenges we face, there are many opportunities to be taken including the national data and case management system (WCCIS) which will allow both Health and Social Care practitioners to record data on a single system. This will enhance integrated working and also allow genuinely integrated performance and outcome reporting. We go live in the autumn of 2017.

The regional health and social care partnership is helping to shape an integrated approach to strategy, practice and financial management through regional Children's, Mental Health and Learning Disability and Older Persons Boards. This builds on excellent partnership working in the region such as the Frailty service, Safeguarding Boards, Integrated Family Support Team, Adoption service, Area Planning Board (for Substance Misuse). Future developments include regional commissioning for some services, pooled budgets for residential care for older people and national developments for Safeguarding.

Newport has a growing reputation for innovation, distributed leadership shared accountability and for, 'doing what is said on the tin.' This places us in a good position to benefit from regional and national developments.

THREATS

There are gathering clouds that threaten our continued success and the most serious is the necessity of unprecedented cuts in services. I want to be absolutely clear that there is no prospect that the Local Authority would ever sanction a level of savings in Social Services that would put citizens at risk. I do however want to illustrate what the most extreme level of savings might look like if we theoretically took Social Services to the point of delivering a minimum statutory service.

Theoretical Modelling of a Statutory Minimum Level of Social Services

We have conducted research on reducing Social Services to a theoretical statutory minimum as an illustration of the maximum contributions Social Services could make towards the likely budget gap from 2018/19 to 2020/21.

This would include reducing all information, advice and assistance as well as prevention services down to that which could be funded by Wales Government Grants, a very lean management infrastructure and practitioner average caseloads doubled. Overall the workforce would be considerably reduced.

An analysis of this approach includes the following risks:

Safeguarding - higher thresholds, reduced management and operational capacity increase volume of referrals, lack of quality assurance for court
Reputational damage –poorer performance, risk of intervention, limited capacity to respond to public and politicians escalating complaints litigious issues, deteriorating relationships with schools

Financial –reduced controls, minimal demand management, risk aversion, minimal commissioning capacity (education capital works largest in council)

Staffing issues – We would see low morale, increased staff turnover, higher absence rates, recruitment and retention, union intervention etc.

Requirements of the Acts – There would be little time and capacity to engage with key partners and stakeholders in regional responsibilities

Ability to influence and drive strategic change; capacity for transformation, influence and operational response

Such levels of saving over the next 4 years would be of the order of £8,259m which is approximately 14% of net budget. This would be on top of around £12m savings in the last 5 years.

We have however identified £5,361m of pressures over the period and this gives a net saving of £2,892m. Given a corporate deficit of around £30m, it is clear that the local authority is facing considerable risk.

Given that Social Services in Wales received around £55m in 2017/18, our main hope is that Wales Government will continue to invest in Social Services over the period.

In this context we have a mixed view on the aspirational legislation being passed by Wales Government. On the one hand we are drawn to the lofty idealism and truly commit ourselves to raise our aspirations in order to meet the challenge. However on the other hand the new legislation is deployed during a period of austerity and unless sufficient funds re provided to local authorities it will be impossible to deliver on the aspirations of recent legislation.

There are also real risks that the available workforce particularly in the care sector will be insufficient to meet the needs of the market. There are too few trained and qualified candidates and salaries are comparatively low and reliant on the free movement of people in the European Community. There is an urgent need for investment and training in this sector and we are grateful for the additional funds provided by Wales Government to help improve the situation, but the gap is growing.

Modelling has shown that the coming stage of the national government's welfare reform policy is likely to hit poor communities very hard. This will increase vulnerability in families and result in further costs to the local authority.

The rising number of people with complex needs and the increasing cost of provision have led to substantial overspending on children in care and community care budgets. This is a national problem and in the present year alone, the first budget monitor has identified a projected overspend in out of authority residential placements for children of £1m. Numbers have risen from around 14 children per year in 2014 to 22 children at present. Together with a withdrawal of joint funding with the Health Board, this is a major threat to the placement budgets in both Children and Adult Services

The Social Services and Wellbeing Act 2014 has a statutory requirement from April 2018 for a regional pooled budget with the Health Board for adults who are placed in residential or nursing care homes. If we are required to invest the whole budget, then there will be serious risks that governance will be less strong at least in the early stages and overspends from other partners could impact on Newport budget.

Conclusion

Overall this report sets out a comprehensive account of Social Services performance in the year of implementation of the most transformational legislation in a generation. I believe that the evidence indicates that Social Services has transformed over the past 5 years and that the service provides excellent value for money and has a record of strong, innovative and improving performance that has delivered better outcomes for our most vulnerable citizens. We have told the story of our transformation journey over the past 5 years, set out our future goals and we will be preparing a strategic commissioning plan for the period 2017-2022.

The storm clouds are gathering and without sustained investment from Welsh Government, the service will begin to become less innovative, more pressurised and provide less support to people who are in need. But, whatever the challenges, I can assure the administration and all members that the Social Services workforce will continue to put the needs of the most vulnerable first. We will do everything we can to continue to maintain the high standards of professionalism that is required to protect people from harm and to promote the wellbeing of our most vulnerable citizens.

3. How are People Shaping our Services?

This year the local authority has completed a major engagement and consultation process in order to inform the Well-being Assessment, as per the requirements of the **Wellbeing of Future Generations (Wales) Act 2015** (WFG). The purpose was to identify what people currently think about living in Newport and their broad priorities for the future in terms of theirs and their community's wellbeing. The methods used for this consultation included a short survey about what people like most about living in Newport and what they wanted to see more of, or less of in the future; a longer survey around the themes of economic, social, environmental and cultural wellbeing; and a young people's wellbeing survey which was promoted through schools (Primary and Secondary). In addition there was engagement with the public at tenants' forums, family events, BME forums and partner's community engagement events.

Some of the key findings from the survey based on the responses from the Newport Citizens Panel and Communities First respondents included:

- 45% thought that people from different backgrounds get on well together
- 75% of people felt safe in their local area, but 51% felt safe in the city centre
- 22% thought that vulnerable people get the support that they need
- 77% of people thought that they have a good social life
- 78% thought that the environment that they live in and the opportunities available allow them to keep physically active

The Regional Population Needs Assessment, a requirement of the Social Services and Well-Being (Wales) Act 2014 (SSWB), has also been completed within this period facilitated by the Regional Transformations Team. The consultation for this assessment has built on existing forums and established groups across the region. Partner agencies including private providers and third sector groups were key contributors in the consultation process in order to ensure fair representation and a balanced approach to the needs identified for and on behalf of the community. In addition a citizen's group has been established to scrutinise and steer the population needs assessment. The results of this consultation in addition to the Wellbeing consultation will inform how services are shaped and delivered in Newport in the forthcoming year.

We also complete annual engagement exercises on the **Budget and Medium Term Financial Plan** which includes Social Services change proposals. The Council publishes all of its budget savings and service change proposals as part of its budget consultation process and has a number of arrangements in place to engage and inform stakeholders of these proposals. This includes its Involve Newport Citizens Panel, Youth Council and Carers Forum, as well as through its Newport Matters newsletter. However, the Council recognises that its Citizens Panel is no longer representative of its population and it is continuing its recruitment campaign to try to address this.

The **Newport Youth Council (NYC)** participation project works with young people aged 11-25 years old Newport-wide to engage them in participatory activities and enable them to have a voice in decision-making. The project is coordinated by Tros Gynnal Plant and works alongside the Newport City Council Young People's Participation Officer to take forward the One Newport Partnership's Participation Strategy and the National Participation Standards. A young person representing Youth Council has also been invited to the One Newport Public Services Board. Tros Gynnal Plant also facilitate The **Children in Care Council**, which reviews and evaluates Newport's Corporate Parenting Strategy and is representative of young people currently looked after and care leavers in Newport.

The Council has an increasingly diverse population and uses its Community Connectors staff to engage with harder to reach communities. The Council's Policy and Partnership team also works with services to identify stakeholders and consider appropriate ways of engagement. Individual services have consulted with their service users using a range of methods to gain specific feedback on the use of the service.

The Council also has the **Newport Fairness Commission**, which provides an independent mechanism as a critical friend to the Council. Young People are represented on the Fairness Commission and participate in their annual reviews of the Newport City Council budget. It has provided an independent review of the Council's budget proposals and provides a constructive mechanism to test the public's reaction to service change proposals and to consider their impact on vulnerable groups. The Council considers the views of the Newport Fairness Commission as part of its budget decision-making process.

There are examples where the Council has used its engagement arrangements effectively to help inform service changes, such as the libraries and mental health service changes. It was evident that the Council is responsive to consultation findings, such as on the budget process and library service changes. The closure of New Willows in March 2016, via a consultation process that commenced in 2013, was an isolated example where the Council had not engaged successfully with stakeholders. The Council has clearly learnt from this, and service users were proactively engaged in shaping the design of the Kensington Day Care Centre in this period.

4. Promoting and Improving the Well-being of Those We Help

Quality Standard A - Working with people to define and co-produce personal well-being outcomes that people wish to achieve

The Information Station provides a first point of contact for citizens in Newport seeking **Information, Advice and Assistance** (IAA). Contact can be made in person, by telephone or via the internet and details of contact are widely publicised. In addition to the Information Station citizens can also contact the Family Information Service or via community services, such as Community Connectors Service. Contact centre staff are trained to offer appropriate information. Other than requests for information the Contact Centre will forward all contacts to the First Contact Team (Adults) or Children’s Duty Team. The table below gives the total number of contact to these teams in the year 2016/17:

Contacts - Act compliant	<i>Adults Services</i>	<i>Children's Services</i>
1 There Are No Needs To Be Met	1,104	2,659
2 A More Comprehensive Assessment Is Required	4,642	1,727
3 Needs Can Be Met By The Provision Of Information Advice Or Assistance	3,468	5,009
4 Needs Can Be Met Through The Provision Of Preventative Services	1,206	548
5 Needs Can Be Met Wholly Or In Part By The Individual Themselves, With Or Without Assistance From Others	54	227
6 Other Matters Can Contribute To The Achievement Of The Personal Outcomes, Or Otherwise Meet The Needs	38	195
Total	10,512	10,365

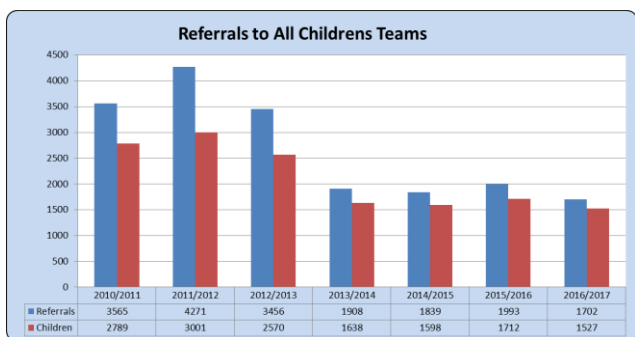
Of these 48.3% of enquiries to Children’s Services and 33.0% of those to Adults Services have been responded to by the provision of information advice and assistance. From the survey of adults, children and carers 71% of people felt that they have received the right information and advice when they needed it, while a further 22% felt this was true some of the time. Customer feedback does report that, particularly at peak times, there can be a wait to get through on the telephone and work is in place to reduce waiting times.

The effectiveness of the IAA is reflected by the performance measure on the number of citizens making repeat requests for information. Between October 2015 and September 2016, 2620 adults received an IAA service, and of these 45% have not contacted the service again within the year. It should be noted that many of the people who have re-contacted the service are making contact about other issues.

Since the implementation of the SSWB Act in 2016 both Children’s Services Duty team and Adult First Contact team have been substantially restructured and retrained. The teams have established clear IAA pathways assessments which have been founded on the **“What matters”** requirements. The **“What matters”** conversation is fundamental in collaboratively determining with the person what needs to change or stay the same in order for them to meet their goals/ hoped for outcomes. This conversation is crucial from the very initial point of contact as establishing **“What matters”** to the person as an individual will help in understanding that person in the context of their own life, importantly in their own words, and will inform the assessment when identifying what good outcomes look like.

A template has been developed to record the conversation and staff have been given training both on the conversation and also the system processes. By using the “What matters” questions, enquiries can be dealt with in a timely manner and, where appropriate, services provided to meet wellbeing outcomes without the need for further assessment. “What matters” conversations occur the same day as the referral. Although these have been in place over the year the electronic systems have had to be developed to ensure these are recorded in a way the data can be aggregated, therefore, we are only able to report on data on “What matters” for the last two months. 12% of contacts for Children’s Services, and 14.5% for Adults, were followed by a “What matters” conversation, prior to assessment. It is likely that this is an underestimate as although the conversations are recorded this is not necessarily done in a way that the data can be aggregated.

Both Adult Services and Children Services have put in a range of provision to prevent the need for Care and Support. **At First Contact (Adults) / Children’s Duty Team**, 1206 contacts for Adult Services and 548 for children have been guided towards preventative services. This means that 24.1 % of children and families,



and 20.6 % of adults who require a more comprehensive service than IAA are supported without the need for a more comprehensive assessment , or the Care and Support Plan that may follow from this.

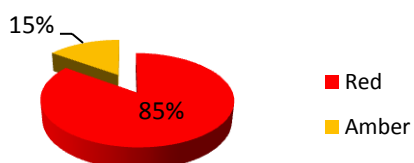
The development of preventative services in Newport has meant that there has been a reduction in referrals to Children’s services as more families are assisted by Preventions without the need for care of support. In 2016/17 1527 children were referred, the lowest number in the last 7 years.

The development of preventative services in Newport has meant that there has been a reduction in referrals to Children’s services as more families are

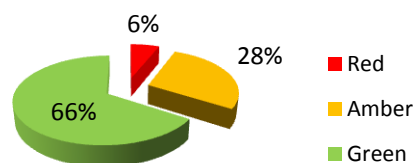
The Children’s Duty Team and Preventions Teams have enhanced the pathways for referrals between the two teams to ensure a streamlined process exists where families’ needs are met in a timely way. Families are dealt with by the appropriate tier of service, without concerns being escalated unnecessarily, and ensuring that where appropriate families are supported by preventative services rather than via Care and Support Plans. The duty team provided 17% of the total number referred to Preventions. Following the intervention by Preventions there was a reduction in risk in 89% of referrals. As a result only 6% of those closed to the Preventions team were referred back to the Children’s Duty Team, and the figure for being opened to Children’s Services in the 6 months following closure to Preventions was 13%.

The Preventions Service family goals figures relate to 294 families where family goals were scored at the start and end of the Prevention team’s involvements.

Prevention Team Family Goals scores at the beginning of Intervention



Prevention Team Family Goals scores at close of intervention



The family goals figures show a significant movement out of the 'red' rating towards 'amber' and 'green'. The percentage of families reaching 'green' is up 4% on 2015/2016.

In Adult Services the function of the **Community Connectors Service** has been developed to ensure needs are met via appropriate community resources.

Community Connectors link citizens in with services and organisations within their own communities. This is, on some occasions facilitated by the provision of information, however the team also enables people to

I have recently suffered from a brain haemorrhage that has left me tired and reluctant to go out. I agreed a visit from the connector to have a chat. My son is my main carer and is looking for work, he feels isolated and both of us are driving each other mad! The Connector met with me and discussed a local club; he also provided information about a local job club for my son to attend. After being stuck in for months I now go with my Neighbour and my son is looking for a job!

attend by, for example, looking at transport or by accompanying the individual to attend a community activity to introduce them to the group. Since the service was established they have supported over 2,400 people and 350 carers to access community activities and services. They have also mapped 245 support services and 545 community activities into an online directory to support information and advice services. Connectors have also worked with over 100 local partners to support citizen engagement. Connectors also put on an annual 50+ Information Event which attracts 700 older people, and a carer's event. Citizens can make contact with community connects either directly or via the IAA process.

The implementation of an **Older Persons Pathway** has enabled the development of preventative services. A key feature of the Older Persons Pathway is a move away from a 'demand' to an 'intelligence' based model of care. This is carried out through a risk stratification of the over 75 population using data held within GP records. A risk stratification tool has been developed which searches GP records for multiple risk factors and attributes a risk score to each member of the population. This then allows for the identification of those people who would benefit most from a **Stay Well Plan**. These plans are co-produced alongside individuals and their family/ carers. What is critical is that, rather than being an assessment of need, the SWP takes a holistic view of general health and wellbeing needs and accesses both 'low cost and no cost services' to maintain. A copy of the plan is also sent to the GP practice and can be accessed by various professionals through the Frailty portal. The total number of people in receipt of a SWP is 722 across eight GP practices, with a current rate of up-take of SWPs of 53% at the first time of contact.

Analysis of the age profiles of those taking up a stay well plan against those who opted out of the service shows that on average those who take up the offer of a stay well plan are 10 years older than those who do not. Despite this difference the evidence so far shows that after being offered a SWP, the cohort that had a SWP had a significant reduction in hospital admissions/appointments in all four categories reviewed (A&E visits, Assessed out, Emergency Admissions and Frailty Episodes), compared to those that did not have a SWP.

The design and development of the Older Persons Pathway has been informed through co-production with service users. Initial workshops were held, inviting people who had previously had a Stay Well Plan to contribute to the design going forward, through discussion of the things that are important to them. This reference group is continuing and we intend to consult the service users when we want to make a change to the model and share the evaluation with them.

There is a **social prescribing** initiative, working in conjunction with the Older Person's Pathway and Health, which originates in the primary care GP setting. The benefit of linking with community connectors has been identified and work is on-going to integrate the community connector function into the social prescribing project.

The **Newport Support Partnership** is a consortium which has brought a range of preventative third sector services together into a single partnership, ensuring a single point of contact and that services are seamless and complimentary, without unnecessary duplication. Services provided within the consortium are carer respite, carer's emergency card scheme, community support, information and advice services such as financial advice, advocacy, and an appropriate adult service. The partnership's aim is to contribute towards preventing the need for care and support, and over the year 542 people have been supported to prevent the need for care and support. In addition the partnership supported 108 people via advocacy and 11 via appropriate adult services.

A similar consortium approach has been adopted to look at the delivery of Third Sector Mental Health Services. As part of a Gwent Consortium these services have been recommissioned across the region. The newly commissioned service include Advocacy, Counselling/Support, Day Activities/Drop In, Training/Skill building and Information/Advice/Outreach. Target intervention services are also offered via Re-Ablement Teams, Frailty and via services commissioned through the Supporting People Team. These are covered later in this report.

The national eligibility criteria have been implemented with both Adult and Children's teams and training on both the new eligibility criteria and also the associated processes has been provided. We have achieved more favourable outcomes by creative use of the person's own strengths, networks and resources. Furthermore, the closer working with the Prevention's services and developments such as the 'Step-up, Step-down' processes developed in Children's Services has required a greater focus on ensuring a consistent application of eligibility.

The SSWB has changed the way in which assessments are offered to allow a more flexible approach to supporting people and families with the introduction of the proportionate assessment. The percentage of assessments completed for children within statutory timescales is 95.01%. The statutory timescale is that assessments are completed within 42 days. This, however, is a maximum and it is appropriate that some assessments are completed in a much shorter timeframe. As well as completing assessments in a timely manner it is important that the child is seen as part of the assessment. The target for this in Newport is 7 days and in 96.7% of cases the child was seen, and in 61.8% the child was seen in the 7 day time limit. Within the assessment process it is important that the child is seen alone and in 2016/17 67.9% were seen alone. Age was the primary reason why children were not seen alone and this was the case with 77% of children.

The First Contact Team for Adults has been strengthened and now includes Occupational Therapy, Adult Safeguarding, Telecare, Rehabilitation Officer for the Visually Impaired and Direct Payments Team. This ensures that people receive the service and support they need as quickly as possible and at the earliest point in their contact with Social Services, where possible avoiding the need for care and support.

F has dementia and she initially used her income and savings to pay for a 24 hour agency care service to provide support to her in her own home. Her family felt that she needed 24 hour support but were clear that C had advised she wanted to remain within her own home. A direct payment was provided to C which assisted her to stay within her own home with the care her family felt she needed. The Direct payment is helping to keep C in her own home for a longer period and the family feel supported and confident that her outcomes are being met.

The assessment templates for both Children's Services and Adult Services have been changed in line with the SSWB Act. Assessments now cover the domains - personal circumstances, strengths, risks, barriers and personal outcomes. The challenges for citizens and practitioners with the new act have been in relation to

the change in emphasis from a service led model to an outcome focussed model of delivery. All assessments are signed off by a team manager and no assessment will be agreed unless each domain is covered.

All assessments cover barriers to participation and identify the need for steps to overcome these barriers. Independent advocacy is available in an established provision via Tros Gynnal Plant to all children using Children's Services. This service is currently being re-commissioned on a Gwent wide basis. Advocacy for parents is spot purchased on a case by case basis. In Adult Services the advocacy service has just been re-commissioned via the Newport Support Partnership and Mental Health Matters also provide a paid Relevant Persons Representative service.

Training has been given to workers to ensure that all decisions are taken with due regard to UN Conventions and Principles. Where it is sometimes necessary to take decisions which may be contrary to these rights (e.g. deprivation of liberties, or where children need to be separated from families) legal safeguards are in place and the decision is balanced against the wellbeing of the individual. "Signs of Safety" is used as part of co-production with parents. To ensure parents' rights are fully respected a capacity assessment is undertaken at the earliest opportunity to ensure needs are fully met. It is the expectation of the local authority that all citizens are treated with dignity and respect, this is also an expectation of the code of practice which all social care staff must adhere to. This is monitored through supervision and managerial oversight. From the survey 91 % of people reporting that they were treated with dignity and respect, whilst a further 8% said they were "sometimes".

Care and Support Planning and Review for both Adult and Children's Services relies on robust multidisciplinary processes where appropriate. Over the year work has been done to look at the reviewing processes and to streamline and to reduce duplication and improve co-ordination. Equally in Adult Services Care and Support Planning is focussed on a strengths based model which encapsulates the principals of co-production. Citizens and their carers involvement in reviews is promoted to ensure their voices are heard in the care planning process. Across Adult in-house services, residential homes, day opportunities, supported living and domiciliary care, a new approach is being implemented and developed as to how to document and record "What matters" most to people Newport are supporting. Carers work alongside the person and the people that know them well to document their lives and preferences and this is then used as the basis for which their support is provided allowing people to live the lives they want.

From Survey data 74% of people thought they were actively involved in the decisions made about their care and support – with a further 15% reporting that they were "sometimes" involved. From IRO monitoring of child protection case conferences parents were able to make a meaningful contribution to reviews in 99% of cases whilst children's wishes and feelings were adequately represented in 95% of case conferences.

In the survey 72% of people stated that they knew who to speak to / contact about their care and support; whilst a further 14% said they "sometimes" knew.

In Children's Services all children who are being assessed or who have a Care and Support Plan have a named social worker. The transfer process between teams is well established and is based on a system of regular transfer meetings. No child's case is transferred without agreement of both teams and the named worker is recorded on CCM, the case management system. Similarly those families supported by preventions have a named preventions worker. The new 'Step up, Step down' process has streamlined this and ensures a seamless transfer between field work and preventions teams.

The NCNs work closely with the Transitional Planning Officer within the Disabled Children’s team and wider Children’s Services, this is facilitated via a planning meeting to allow for a seamless transfer of care and support.

In Adult Services all adults have a named worker during the assessment and care planning stages. Once a care package is established adults are open to the team for their local Neighbourhood Care Network area (NCN) team for review. These teams are coterminous with the delivery footprints of Primary Health Care services in Newport, which supports integrated working across health and social care.

All Care and Support Plans reflect the personal outcomes of the citizen. In both Children’s Services and Adult Services care planning, baseline scores on personal outcomes have been introduced. This includes, for Care and Support Plans, a baseline score of 0-10. Within Children’s Services the outcome statements recorded on Care and Support Plans not only provide a quantitative score for the distanced travelled but also provides a qualitative narrative. This further facilitates and promotes ownership of the plan by the child themselves (where age appropriate) and by their parent/ care giver. All reviews now record progress against each outcome. This progress is included both as a qualitative assessment and also a score of 0-10. The review score will enable a measure of distance travelled. The implementation of this has been aided as a similar process has been in place with the Integrated Family Support Service (IFSS) for a number of years. Here the outcomes have been measured by a traffic light system. The use of this system has meant that the Integrated Family Support Team (IFST), Family Support Team (FAS) and Family Assessment and Support Services (FASS) have been able to demonstrate the effectiveness of their services. The number of families who have been supported by IFSS to progress to at least green on their plan is set out below:

	<i>IFST (Newport)</i>	<i>FASS</i>	<i>FST</i>
Total Number of Family Goals for Families closed following intervention	49	61	195
Percentage of Family Goals progressing to green or better	69 %	75 %	71 %

As families had on average, approximately two goals, in total FAASS had a positive impact on 90% of families and FST had a positive impact on 94% of families.

Distance travelled scores for Children services for the year are shown below. However there is further work to be done in both improving the consistency of scores and also ensuring the process is embedded for all plans. Adult services started the scoring in October, therefore have not currently had the opportunity to review progress against the baseline. However 1,567 adults had a care and support plan with a baseline score during the year.

Agreed Outcome	<i>Average baseline score</i>	<i>Review score</i>	<i>Number of Personal Outcomes</i>	<i>People</i>
(i) ability to carry out self care or domestic routines	5.30	6.13	51	39
(ii) ability to communicate	5.38	5.38	37	31
(iii) protection from abuse or neglect	5.00	5.40	157	103
(iv) involvement in work, education, learning or in leisure activities	5.00	5.78	102	87
(v) maintenance or development of family or other significant personal relationships	5.00	5.67	109	86
(vi) development and maintenance of social relationships and involvement in the community	5.78	5.57	46	37

(vii) achieving developmental goals	5.00	5.67	135	86
(viii) fulfilment of caring responsibilities for a child	5.40	5.00	133	79

As well as distance travelled the effectiveness of plans can be assessed by looking at satisfaction ratings. According to the survey of adults, children and carers 74% said they were happy with the Support or Care and Support they had received whilst a further 21% said they were “sometimes”. However this survey needs to be viewed with caution given the small response rate, particularly in Children’s Services.

Charging arrangements are in place for adults receiving care and support. Adults are provided with information about the charging process during the assessment process and the fact that they may be charged, subject to financial assessment, is recorded on their Care and Support Plans. There are no charges associated with Children’s Services.

In order to meet this wellbeing standard Newport is working in partnership with a range of agencies and services, both statutory and voluntary. Newport is commissioning new service models to ensure that every pound spent maximum benefit. For example, a consortium approach has been developed for commissioning advocacy and preventative services. This includes the Newport Support Partnership and the mental health consortium, as well as the development of the older person’s pathway. The advantage of this approach is that it enables greater synergy and shared resources. The outcome based approach to commissioning with a broad service specification has been beneficial in moving away from a traditional service led model.

The development of family support services has built on the successful partnership between Barnardo’s and Children’s Services. This has enabled a range of services to be developed across the continuum of family support services from universal to intensive and remedial services. These have been independently evaluated by the Institute of Public Care. They concluded:

- *Very to exceptionally high quality whole family support services for vulnerable families – services which are strongly grounded in the existing evidence base about ‘what works’ and are actively seeking to develop further*
 - *Family members who consistently recognise the high quality engagement and therapeutic as well as practical support skills of staff*
 - *Referrals to Social Services that have more than halved and re-referral rates have reduced significantly*
 - *A rate of children in need that has steadied and is now low compared with similar authorities in Wales*
 - *A dramatic reduction in the number of children with disabilities requiring a Child in Need (statutory) intervention*
 - *Newport now has one of the lowest and steadiest rates of looked after children per 10,000 population compared with similar authorities, and is below the national average*
- Summary of findings from the IPC evaluation of the Newport/Barnardos partnership model for delivering Family Support.**

The value of partnership was summed up in the recent IPC evaluation:

“It does feel more like a partnership than a traditional commissioning arrangement. It has developed organically. We both ‘fit in’ i.e. with some degree of joint responsibility. We are able to grow the gaps. It has allowed us to look at the research and become highly evidenced based. We haven’t let it become too cosy there’s still plenty of challenge.”

In relation to this quality standard 17 complaints have been received by Children’s services and 7 by Adult services over the period 2016/17. Also in relation to this standard the Care and Social Services Inspectorate Wales (CSSIW) reviewed progress made in relation to the recommendations from the November 2014

inspection of Adult social services. This concluded that the authority had made considerable progress in implementing its action plan in response to the recommendations made in the previous report. This included:

- significant progress in setting out a coherent 'vision' for adult services in general and the implementation of the older people's pathway in particular, and a better understanding of the broader picture of the recently introduced reforms.
- A more consistent and focused approach in First Contact Team and improved individual outcomes; an improvement in the quality of the assessments and care planning, although there was still some way to go in making these universally outcomes focused and meaningful in relation the individual being considered.
- Significant progress has been made in the establishment of the community connectors, working within the three geographically located teams across Newport.
- Enhanced support available to carers demonstrated by two of the five full time equivalent community connector posts being specifically carer connectors.

The one area identified as an outstanding issue by CSSIW was in relation to the development of a robust workforce strategy. The report also made recommendations about reducing waiting times at the front end; improving IT processes and further work to be undertaken in relation to direct payments, with a view to making these more innovative and effective in meeting individual need.

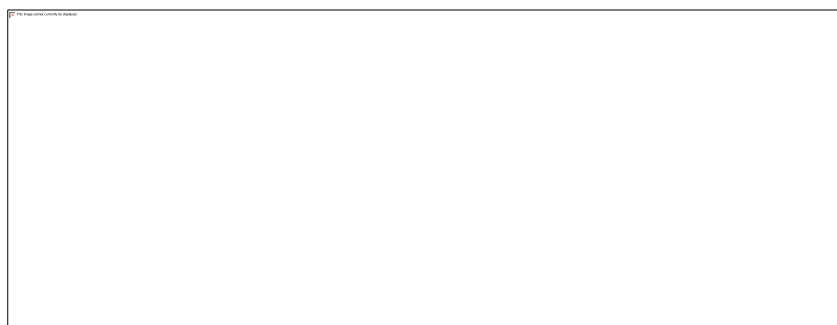
PRIORITY OBJECTIVES FOR STANDARD A

- *To develop a workforce strategy – as required by CSSIW*
- *To strengthen client informatics – in order to help identify which clients are getting what preventative services in order to target services more effectively through outcome focussed commissioning*

Quality Standard B - Working with people and partners to protect and promote people's physical and mental health and emotional well-being

The value of promoting and supporting healthy lifestyles is recognised across the range of services offered by Newport. Stay well plans are focused on the needs of citizens who are identified as being likely to be vulnerable to ongoing health concerns. Equally where consistent with personal outcomes promoting healthy lifestyles are reflected in both preventative services and also in Care and Support Plans.

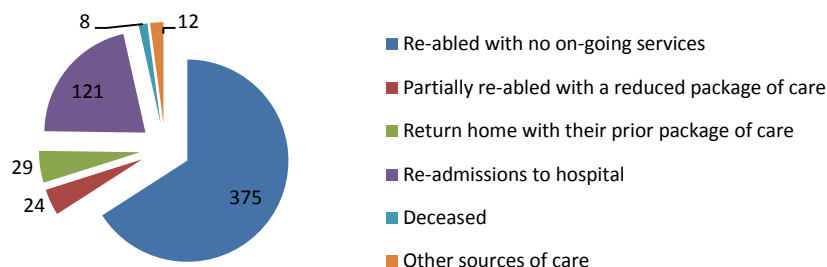
The rate of delayed transfers of care for social care reasons per 1,000 of the population aged 75 or over is



2.04. As the graph illustrates the level has been falling significantly over the last 5 years and is now less than half the average for Wales for 2015/16 (last available figures). This is an indicator of the in-reach approach to hospital discharge and the working with providers to ensure there is adequate provision

in the community to reduce the length of time spent in hospital, via services such as re-ablement.

Re-ablement enables citizens to become more active, recover mobility and enables citizens to re-gain their independence. Over the last year 578 citizens received re-ablement care in their own homes. Of those who have completed the service the chart below gives the outcome:



The percentage of Adults who completed a period of re-ablement and had no package of care 6 months later was 77.78%, while 40.00% of people had a reduced package of care 6 months later. It should be noted that the reduced package of care figure differs from the figure for no package as the later includes all those who had no care and support plan prior to re-ablement starting.

Parklands Assessment and Support Unit (ASU) provides short term accommodation for all adults who can benefit from a period of re-ablement, usually, but not always, following time spent in hospital. The aim of the unit is to enable people to return home whenever possible by working with them to regain

Mrs B was admitted following a fall at home from an acute hospital bed. Goals were to increase confidence and mobility with the aim to return home independently. Mrs B had no previous POC. Mrs B received additional input from Physiotherapy and her confidence greatly improved. Mrs B returned home with no POC after approx. 4 week stay on the unit.

confidence in their abilities to manage daily living skills, assess for Telecare Assistive Technology and reduce dependency on long term services. The unit has access to a Social Worker, an Occupational Therapist and Physiotherapist from within the **Gwent Frailty** Team who will work with individuals and carers to draw up plans of care incorporating the necessary goals needed for a return home. Over the last 12 months we have received 132 referrals into the ASU, 72 of these were admitted with an average stay of 4.9 weeks. From the 72 people admitted; 10 returned home with their previous package of support, 12 returned home with a new package of support or an increase in their existing package of support, 31 returned home independent; 7 were admitted back into a hospital setting; 1 required a nursing placement; 1 required a residential placement and 10 were still within the ASU.

The Older Person’s Pathway and SWP are discussed within Quality Standard A.

The average age of those people entering residential care in Newport is 79.34 years. This is an indicator of the effectiveness of services to effectively support people in the community in Newport. This figure is skewed by a small number of Adults entering residential care at a young age.

Social Isolation can have a significant effect on a person’s health and wellbeing, and the **Multi-Sport community group** offers people with learning disabilities the opportunity to engage in physical activities and take part in different sports, including basketball, golf, aerobics and general exercise. The focus is on developing people’s

“N has been supported in a Shared Lives care arrangement for several years. He has a wide range of interests, including music and sports. N is naturally sporty and finds it easy to apply his skills to any sporting activity. However, as time went on, N was able to take a more leading role in helping others in the Multi-Sport group to develop their skills and to enjoy their experience as part of a group. N now acts as a volunteer supporting the Multi-Sport facilitators during classes and clearly acts as a role model for others in the group. Multi-Sports has played a significant part in helping N to develop a greater sense of self-confidence and helped him to become more independent. The outcome is that N has recently moved into more independent living.”

confidence, as well as improving health and well-being, and tackles loneliness and social isolation by supporting citizens to access social groups, in their local community and improve their wellbeing. The case study gives an illustration of the differences this sort of support that can make.

Over the year the local authority, in partnership with the Health Board and the other authorities in Gwent, have **re-configured Mental Health Services** to ensure that service delivery better meets the needs of the citizens, particularly for those where a preventative service is required. The revised model includes Advocacy; Counselling/Support; Skills/Training/Wellbeing and Information / Advice / Assistance. The impact of these changes will be monitored next year as the service is commissioned.

Support for people with mental health needs in the community has been developed to promote independence. The **Bryn Glas Annex** has been remodelled as a day opportunities services rather than a day centre with the aim of integrating people, where appropriate, into community resources or third sector services. This involves working on a person centred – goal oriented approach with individuals. The centre has a multi-disciplinary team – social workers, CPNs and psychiatrists where art therapy, cooking skills, music-therapy, confidence building through group and 1-1 sessions, walking groups and community sports are offered.

The percentage of children seen by a registered dentist within three months of becoming looked after is 63.16%; whilst the percentage of looked after children registered with a GP within 10 working days is 89.58%. In cases where these indicators were not met, better recording, rather than changes in practice, may have been the issue

The **Children with Additional Needs (CANs)** service is part of the collaborative partnership with Barnardo's to

Support being request for family of a child with learning delay and attention difficulties, as his mother reporting he was hitting out. Child was also sleeping in mother's bed. Family goal identified to 'support mum to implement strategies to improve behaviour and provide consistent routines and boundaries'. Discussion with mum about use of distraction, modelled appropriate responses. Reward charts used to reinforce positives. Mum reported immediate changes to behaviour by changing her responses, and found child was easily distracted, preventing challenging behaviour from occurring. Visual routines introduced to support bedtime routine. Child now sleeping in his own bed. Family reported to have progressed from Amber to Gold on their family goal. In response to the question: What have you found most helpful with the work that CANS have completed with your family? Mum replied "They have helped me cope better with my son's behaviour,"

provide early interventions to support children and their families with additional needs. During 2016-17 153 referrals were received (145

2014-15). 75 families received individual support. 100% reported the engagement was satisfactory or above. 100% of children improved their school attendance where this was identified as a need, whilst 84% reported an improvement in their child's behaviour. Distance travelled indicated that 82.5% of families demonstrated progress on their goals while 88% of families rated the service as satisfactory or above.

A significant development during the year 2016/17 has been the widening of membership of the **Team around the Family (TAF)** panel to include **Primary Care Mental Health Support Services (PCMHSS)** and workers from the Communities First Livelihoods Project. The work undertaken during 2016/17 to route referrals for the PCMHSS into the Families First single point of entry is due to be realised early in 2017/18. Whilst it is likely this will lead to an increase in referrals, it will also ensure that families get the right support at the right time.

Support for looked after children's emotional wellbeing is provided by ensuring children are placed with carers who understand children's emotional needs, and are able to effectively respond to these needs in a

positive and nurturing way. The **Matching and Placement Support** (MAPS) team ensure children are matched appropriately with carers and that carers have the right support framework around them to deliver the care. The service was established to support children who are looked after, and their carers, to provide an early intervention that promotes placement stability and an understanding of the child's needs. Interventions are offered as Tier 1 or Tier 2 dependent on level of need. The team supported 67 children under TIER 1 and 32 children under TIER 2. They also work with groups of children through the THRIVE project, which they are running with Monnow Primary this year and have a SUMMER THRIVE which focuses on supporting children transitioning from primary to secondary school. The case study illustrates the work of the MAPS team.

A Stability Planning Meeting was suggested, as carers were struggling with a young person. The children's life pathway was re-visited, to identify how the children had developed a picture of what adults are like, what the world is like, and how they felt about themselves, all grown from their early traumatic life experiences. The foster carers change from worn down, feeling they don't know how to look after these children to; 'boy it's no wonder the children are acting as they do and I can see what's behind the behaviours now'. They left the meeting feeling more confident in understanding their foster children and how to meet their needs, wanting to persevere in supporting them through the difficult teen years, determined to show that there are some adults who will try their best and stick around when the going gets tough.

Working in partnership is demonstrated by the Mental Health Social Workers in Newport who are fully integrated into Newport's **Community Mental Health Team**. This is a multidisciplinary team with Psychiatrists, OTs, CPNs, Art Therapists, Psychologists. This approach ensures that an individual with a severe and enduring mental illness have access to a wide range of disciplines and interventions. A Bespoke service is delivered depending on individual circumstances. Every individual has a designated care co-ordinator. The ethos of the team is a strengths based perspective in line with the recovery model, promoting choice while managing risk. Newport CC provides AMHP service for those individual requiring statutory intervention. Also managed within the Mental Health team is a local authority worker within **Gwent Substance Misuse Service** to assess for rehab services. Streamline service for individuals to access inpatient rehabilitation placements. This integrated approach, alongside an innovative way of working led to the team being awarded the **British Association of Social Work (BASW)** team of the year award in 2015.

Partnership working to improve access to services and support for mental health and emotional well-being is

A young person diagnosed with ADHD had started committing offenses and hearing voices following a period using substances and being non-compliant with prescribed medication. By anxiety management sessions and supporting the young person to engage with and attend appointments with the substance misuse worker and CAMHS psychiatrist to address medication requirements, the young person managed to reduce their substance use to zero. The young person engages with support sessions offered, is no longer hearing voices and is compliant with prescribed medication. Positively the person is now proactive in requesting support from Police when incidents have occurred rather than taking matters into their own hands.

evident within the structure of the **Newport Youth Offending Service** (YOS). The YOS has a Clinical Nurse Specialist (CNS) seconded from the Aneurin Bevan University Health Board, who takes on referrals for young people with identified mental health needs, and a Substance Misuse worker (SMW), currently seconded from Barnardo's B@1 service, supporting young people identified with substance misuse issues. In this period

the number of young people referred to the SMW for a Substance Misuse Assessment was 37. 76% of these young people had a substance misuse assessment within 5 working days upon receipt of referral with 93% of those assessed commencing treatment within 10 working days upon completion of the Substance Misuse Assessment. 100% of the 31 young people referred to the CNS have commenced a Mental Health Assessment within 28 consecutive days upon receipt of referral. The longest a young person has waited to start the mental health assessment this year has been 14 days. Being able to provide specialist support and

access to services at the right time has resulted in more positive outcomes both in terms of reducing offending and improving the outcomes for the young person.

In relation to this quality standard 18 complaints have been received by Children's services and 9 by Adults services over the period 2016/17

PRIORITY OBJECTIVES FOR STANDARD B

- *To strengthen provision of emotional and mental health services for vulnerable people particularly children in care*

Quality Standard C - Taking steps to protect and safeguard people from abuse, neglect or harm

In this period there is evidence that both Children and Adult Services have been performing consistently in providing care and support to meet the assessed needs to protect people from abuse, harm or neglect and we have been responding effectively to changing circumstances and reviewing the achievement of individuals' outcomes.

Newport has seen an increase of 57% in the number of "adult at risk" referrals received during this period, (714 compared to 456 in the period 2015/2016). This rise in the number of referrals should be considered within the context that there is a new duty to report an **adult at risk** under the new legislation and more people are aware and are responsive to the requirement to report.

Newport have performed well in respect of the response to the "**Duty to report an adult at risk**", as 97.78% of all referrals received have a decision made within the statutory timescale of 7 working days in respect of the potential adult at risk. All adults deemed as "at risk" will have a Care and Support Plan which will be reviewed as part of the Adult Safeguarding Process, this is a multi-agency approach which formalises the expectations on each involved agency in order to safeguard the person. Although the person cannot attend the initial meeting due to sharing of confidential/ sensitive information (i.e. information about alleged perpetrator) the wishes and feelings of the person are captured and are central to the process itself. Multi-agency safeguarding outcomes are included in the Care and Support Plan alongside the personal outcomes which they wish to achieve. Advocacy in respect of safeguarding is a theme which will be evidenced in more detail later within this report. There is a robust reviewing process in place whereby all previous referrals/ contacts with the Local Authority are considered as part of the enquiry phase, and for every case where an adult is identified as "at risk" they will have a Care and Support Plan. No case will be closed without a review occurring which takes into account the views of the multi-agency professionals and the person themselves.

Protective factors and measures are always considered from the point of the enquiry and appropriate arrangements put in place. Within Adult Services we have recently re-designed the Care and Support Plan process to now incorporate the risk rating assessment tool for adults at risk within the care and support document. In order to be Act compliant and also to host best practice we have also worked with the regional transformation team to implement new formats for the reporting process for adults at risk.

Appointeeships are also a legal protective arrangement when a person has been identified as "at risk" from a financial perspective. In Newport we have a designated appointeeship team which is responsible for the management and review for 105 people in this period from a broad ranging client group.

Newport City Council is the supervisory body for all **Deprivation of Liberty Safeguard** (DoLS) assessments completed within care homes within the district; for all persons who are “ordinarily resident” in Newport, and for all “self-funders”. In this period 115 people were subject of a DoLS assessment in Newport, this is an increase of 13% in the number of people subject to a DoLS assessment in the previous reporting period. In response to the increase in the number of referrals a ‘screening tool’ was devised by the Gwent Deprivation of Liberty Safeguarding Consortium and agreed by Welsh Government for usage. The DoLS assessment and reviewing arrangements in line with the Care and Support Plan process have been identified as a key priority area for further development by Adult Services in the forthcoming year.

Partnership working is integral in effectively protecting and safeguarding people from abuse, neglect or harm. The new Act develops the themes of collaboration and multi-agency working to safeguard people at risk further by extending the legal duties to report where abuse, neglect or harm is suspected for both children and adults. There are many multi agency protective processes and forums which occur where protective arrangements are considered for those who put their own safety at risk or pose a risk to wider networks. Such arrangements can involve both Children and Adult Services participation and include **Multi Agency Public Protection Arrangements** (MAPPA), **Multi Agency Risk Assessment Conference** (MARAC), **Domestic Abuse Conference Call** (DACC), S115 Meetings (Crime and Disorder Act 1998).

It is recognised that Newport has one of the highest rates of citizens discussed within the MARAC process when benchmarked with our neighbouring authorities (“Safer Lives” population analysis 2016), in this period there have been 166 High Risk cases referred to Newport MARAC (48 of these were repeat victims). Children’s Services have been involved in MARAC’s within this period where there have been 130 known “open” cases to the Local Authority. The information and protective arrangements agreed within these meetings (i.e. actions required of involved partner agencies) directly informed the Care and Support Planning for the identified child in order for Children’s Services to effectively safeguard them.

The role of the **Local Authority Designated Officer** is a further example of where Newport work in partnership to respond to allegations of abuse or neglect regarding professionals, staff members or volunteers working with children and vulnerable. In 2016/2017 there were 80 referrals about professionals considered. The number of cases discussed has increased upon last year’s figures. It is acknowledged that greater practitioner/ partner awareness on the professional strategy meeting process, the number of “duty to report” referrals received, and also the growing rate of investigations linked to online/social media related potential offences has resulted in better recognition and response when considering those people working with children and vulnerable adults.

The number of children named on Newport’s **Child Protection Register** as at 31st March 2017 is 118.

Every child identified on the Newport Child Protection Register has a Care and Support Plan which identifies their personal outcomes including ‘protection from abuse and neglect’. Whilst the conference makes the decision over risk, it is the work of the multi-agency core group to develop and achieve the identified needs through the core group process. Over the last year we have developed the core group process to ensure that the personal outcomes in the plan are central to the review and the distanced travelled in achieving these wellbeing outcomes can be captured. Positively, IRO’s have also reported that since the last child protection review that 92% of cases have been reviewed whereby the significant decisions/ recommendations from the last conference have been completed, illustrating that we are responding to and regularly reviewing the plans in place to protect and promote the well-being of children identified as “at risk” of harm within Newport.

The average length of time for children on the Child Protection register during this year was 265 days. It is important to note the context in which this statistic is supplied and it must be taken into account that the safety and permanency planning for a child identified “at risk” of abuse or harm should always be considered/ reviewed on an individual basis, as one child’s circumstances for registration will not be the same as another child’s circumstances even if within the same registration category. However, if a child is registered for over a year (following third review) then as a protective arrangement the IRO should request that a Multi-Agency Supervision session should be facilitated by the SEWSCB whereby cases which appear to be “stuck” or in hiatus can be explored to ensure that the case does not “drift”.

During this period when Care and Support Plans have been reviewed IRO’s have reported that 96% of conferences held were not experiencing “drift”. This statistic reflects that the steps being taken to protect and safely manage the identified risks are being appropriately managed by the local authority. It is important to note here that the small number of cases where “drift” was identified by the IRO are likely due to a lack of parental engagement with the process.

The percentage of re-registrations of children on Newport’s Child Protection Register within the year in this period is currently 10.91%, this is a slight increase on the number recorded in the previous period. Viewing the number of re-registrations should not automatically be framed in the context that there has been a failure to protect the child from abuse, harm or neglect during the original period of registration as the re-registration period may result from entirely separate circumstances to the original registration reason.

According to IRO monitoring the intervention by agencies, as implemented, has been appropriate to manage the risk of significant harm for 90% of reviews. However, in some cases it is not always possible for risk to be safely managed for the child/ young person to remain in the care of their parents/ care givers and when necessary, it is the duty of the local authority to act to prevent further risk of harm, in these cases swift identification and prompt intervention is required. The (Revised) Public Law Outline is a legal process where children identified as “at risk” have their cases presented to court under a strict 26 week timetabling framework, it is positively reported by the Senior Legal Adviser that Newport is performing within the 26 week timetable on all cases presented to court. It is also of note that within this period the Newport legal team has been requested to provide good practice examples of court reports (e.g. parenting assessments; legal meeting paperwork processes) to other local authorities in the West Wales region for modelling and good practice recommendations for staff.

Within the child protection conferences completed within this period it is reported by the IROs that in 99% of cases the *“parent/ person with PR were able to make a meaningful contribution to the conference/ review”* and in 95% of cases the young person's views, wishes and feelings were represented to the meeting.

When protective arrangements are being considered the voice of the person can also be heard via an advocate. The legal teams working on behalf of both service areas have proactively referred for independent advocacy where there has been an identified need since the 2016 period. Within Children’s Services when a care proceedings case is presented at court a parent is generally supported via the legal aid board however, any need outside of the legal aid board remit would not be covered. We have therefore funded independent advocates for parents during proceedings and made recommendations for independent advocates to support the child, specifically at LAC reviews. Within Adult Services the identification and need for independent advocacy has arisen in court of protection cases including Guardianship, similarly to Children’s Services where there is an identified need but this does not meet the remit of legal aid board funding, the local authority has commissioned independent advocacy for the person.

It is very positive to report that within this period the court has highlighted good practice by Newport Children's Services in relation to the care planning approaches of working with the parent and in the best interests of the child with a specific case and stated, *"The direction was sought by the local authority, which was endeavouring to act proportionately and in accordance with the family's Human Rights... I should add that the parents have nothing but praise for the local authority, and rightly so"* (HHJ Edwards, 2016).

During the year 2016/ 2017 the **Corporate Safeguarding Report** was developed and ratified whereby the council's corporate safeguarding responsibilities and how we deliver and achieve on these were scrutinised in addition to the specific aims and work plans of the teams that encompass the Safeguarding Unit. This report highlighted how we as a Council are committed to supporting and, when necessary, taking the steps to protect the citizens in our community. Both the corporate safeguarding action plan and safeguarding unit team plans have clearly defined outcomes on how we will deliver on the identified needs for "safeguarding" with the anticipated outcome that the citizens of Newport feel that their health, well-being, human rights and opportunity to live in a community free from harm, abuse and neglect is being promoted and supported by the local authority.

In relation to this quality standard 40 complaints have been received by Children's services and 16 by Adults services over the period 2016/17. Newport YOS underwent a re-inspection in June 2016, of the 6 areas of scrutiny the service was found to have attained 1 good; 4 satisfactory; and 1 unsatisfactory grading. The unsatisfactory grading related to the quality standard "Protecting Children and Young People", there is now a clear action plan in place to address the issues identified within this area for improvement and overall the inspection positively recognised that *"Newport Youth Offending Service (YOS) had made a step change in performance since the last inspection. The YOS was stronger in assessment and delivering good quality interventions...The YOS were aware of where they needed to improve and were constructively addressing the issues"*.

PRIORITY OBJECTIVES FOR STANDARD C

- *To increase social work capacity in YOS – to manage additional referrals from targeted police interventions and to improve risk assessments and joint working for young people in need of protection. This is an area identified by inspectors for improvement*

Quality Standard D- Encouraging and supporting people to learn, develop and participate in society

When considering the survey data from Adults with a Care and Support Plan who responded to the statement *"I can do the things that are important to me"* there was a lower agreement rate reported than we would have hoped for with only 45% answering Yes and 35% answering sometimes. However, this data needs to be considered within the context of it being a broad statement. It is impossible to interpret the reasons why a person feels unable to do the things that are important to them and the reason for not achieving this may sit outside the gift of the local authority. When the same survey group were asked to respond to the statement *"I am happy with the care and support I have had"*, 77% responded YES, therefore, indicating that the care and support the person has received from the local authority was satisfactory in helping them to meet their personal outcomes which have been based on what matters to them.

Opportunity to engage in meaningful learning, education and training is vital in establishing a community which is cohesive, inclusive, and sustainable both socially and economically. Improving skills and promoting

opportunities in education and learning is fundamental in the experiences of children and young people universally but as we are aware from research, our more vulnerable children in society, particularly those who are “at risk” or are “looked after”, are more likely to experience disadvantage or disruption in their education and learning when compared with their peers.

When considering the key performance data for all key stage 2 pupils in Newport 71.43% of pupils are achieving the core subject indicator in this period. The percentage of children achieving the core subject indicator at key stage 4 is 7.14%, this is a new measure introduced by Welsh Government and therefore any comparison with previous years’ key stage 4 data is impossible.

The use of the Pupil Deprivation Grant is also a measure/ indicator which we have used to reflect how resources are used to support children in attaining educational outcomes, the grant can be accessed for defined groups of vulnerable children which include “LAC” however is not exclusive to this group. In Newport 78% of the schools have a “looked after child” population. 37% of Newport schools received PDG funding from the Welsh Government in this period, equating to £155,000 for Newport schools to fund a variety of interventions which will promote and provide opportunity in achieving educational attainment.

The Letterbox Club and University of South Wales Partnership are schemes running within Newport which are specifically targeted for “looked after children” with the outcome of promoting and improving educational attainment. In 2016/2017 66 looked after children received the letterbox parcel and since 2015 25 looked after children and 24 foster carers have been supported to attend open days at various Universities.

There are times when a looked after child’s educational placement is disrupted which results in the child having to move schools, measures and actions are always taken by both Education Services and Children’s Services in order to attempt to prevent or minimise any changes in school placements for looked after children, but there are times when an alternate provision must be sought. In this period 6.8% of school aged looked after children experienced one or more changes in school which were not due to transitional arrangements. This percentage is a small population of the school aged looked after children within Newport and when interrogating the data further there have been positive transitions which have occurred (for example, placements for adoption) therefore, although the child has experienced a school move this has occurred in order to meet the personal wellbeing outcome for the child.

The **LAC Education Service** has been re-structured with a focus on improving educational attainment of looked after children by increasing partnership work with Education.

The Seamless Learning and Wellbeing Pathways have been developed within Education Services in this period which focus on improving the transition of learning between primary and secondary schools to address the dip in attainment noted at KS 3 plus developing and strengthening the approach to family and community engagement (FaCE), with specific reference to Mathematics. Parental engagement with their child’s learning is the ultimate goal and is the one that bears fruit in terms of children’s achievement as it relates to the attitude towards learning in the home. By developing links and pathways between Education Services and Preventative/ Children’s Services this too promotes a holistic approach in working with families.

Work is also underway with local provider CPI on the development of a specialist residential college for young adults with autism and learning disabilities located in the Ringland area of Newport. This will enable

people with learning disabilities to develop their independent living skills within their local community. It will provide a better choice of educational options for young people making the transition to adulthood.

Newport's day opportunities have been remodelled so that we can provide quality person centred care to meet the needs of people who are learning disabled with high support needs, recovery-focussed support for individual's experiencing mental health problems and vulnerable older people with complex needs including physical disability, sensory impairment, mental ill health or early stage dementia. Brynglas day opportunities gives the most frail or vulnerable people the opportunity to socialise confidently, benefitting from social integration with like-minded individuals, whilst giving respite to carers and families. The remodelling process engaged service users and their carers in respect of the resources and proposed provisions, these views were actively considered in the development of the day opportunities and how these would be facilitated/ hosted both on and off the Brynglas site. This remodelling has been favourably received by professionals and service users alike with one professional reporting;

"Very impressed with the refurbishment and provision for a wide range of service users. Really thoughtful attention to detail keeping the needs of the service user's central to the service. Will look forward to being able to refer people to this excellent facility".

In addition to the re-modelling of the Council's direct provision of day opportunities, we have engaged with the market to stimulate a more diverse range of services and community opportunities for adults with learning disabilities. For example, the Parc Pantry social enterprise at Bellevue Park now provides work opportunities in a catering environment for people who are supported by Flexible Options. A successful ICF bid has resulted in a targeted programme of travel training provided by Evolve, a social enterprise, with the aim of enabling vulnerable people to develop the confidence and skills to travel independently. Another initiative has resulted in a one year trial of an alternative day service currently provided at the YMCA by Circles Network. Using the learning outcomes from this trial, a formal tender is planned for July 2017 which will look to further develop the portfolio of community-based services for adults with learning disabilities in Newport. There is more support for young people with complex needs, through providers new to the area such as Mirus and Star College now offering specialist services. Local provider CPI has recently purchased the former Council site at Ringwood House with plans to modernise the facilities to include day services.

In relation to this quality standard 5 complaints have been received by Children's services and 15 by Adults services over the period 2016/17.

PRIORITY OBJECTIVES FOR STANDARD D

- *To strengthen the voice of carers and vulnerable people in the design and delivery of services – in order to promote the resilience and independence of citizens and avoid creating dependency on traditional forms of service delivery*

Quality Standard E- Supporting people to safely develop and maintain healthy domestic, family and personal relationships

In this period 70% of children with a Care and Support Plan have been supported to remain living with their family. Through the provision of services and support we have been working with the child and their family to achieve their personal outcomes and to prevent the child from becoming "looked after".

I.F.S.T figures illustrate a successful 26.6% reduction in the number of those children supported who were named on the child protection register post IFST intervention, there were no cases in this period where the child went onto become “looked after”, and 20.89% of those supported following the intervention were then closed to Newport Children’s Services- this reflects that the intervention was successful in meeting the needs of the child to no longer require care and support facilitated by the local authority.

14.5% of looked after children have safely returned home from care in this period, meaning that the child no longer has the legal status of being “looked after” and has been either reunited with their parents or provided with a stable home with a family member or connected person.

Between 2016 and 2017 the child protection team have been successful in supporting three children returning home to their birth parents, following their previous removal via care proceedings. The proceedings for each of these children, have been a demonstration of the positive working relationship the department and parents have been able to maintain, during an upsetting and challenging time in a child and parents life. We in the child protection team are very proud of this achievement and how each of these children are able to maintain the family life and experience the love, warmth, and connection with their birth parents.

Ideally a child will remain within one stable placement. There are however occasions when a placement move for a “looked after child” must occur. Within this period 10% of the looked after children in Newport experienced 3 or more placement moves, however, not all placement moves experienced were ‘negative’ or indicative of breakdown. Short breaks or transition placements in an emergency are positive steps ahead of to a permanent stable placement.

Unfortunately there was a very low level response rate received by parents completing the care and support questionnaire, of those parents who responded “reporting that they felt involved in any decisions made about their child’s care and support” 5 of the 6 participants did agree with this statement. 69% of Carers who participated in the qualitative survey reported that they felt “actively involved in all decisions about how care and support was provided for the person I care for”, only 57% of these carers responded that they “feel supported to continue in my caring role. 55% of the carers surveyed responded YES to the statement “I am happy with the support I have had”. Carers have told us that information and advice at the ‘right time’ is paramount to supporting their caring role. We are currently developing ways to improve the information we provide and the format in which it is offered in consultation with carers and our partners.

Carers have told us that their loved one’s well-being is often intertwined with their own well-being and they feel there are gaps in support for social groups for both carers and their loved ones to attend within Newport. The carer/ community connector service, in consultation with third sector providers, are in the planning stages of addressing these gaps and groups are being developed (for example a “former carers” group) in addition to developing a pilot support course for when caring comes to an end. Many carers have told us that life away from caring is essential to their well-being therefore since September 2016 innovative commissioning of third sector carer services and introducing alternative models of respite, including accessing carers grants, has allowed Carers’ greater opportunity for time away from their caring role in order to meet their own personal wellbeing outcomes.

The **Barnardo's Young Carers Service** has received 36 referrals from Children's Services (this includes referrals from preventative tier services), of these referrals 34 were progressed resulting in a service being received. This is a 24% increase in the number of referrals in the previous year. Positively 85% of all young carers referred to the service reported an increase in their skills & understanding related to their caring role and feedback from the young people themselves has highlighted the difference the service has made to their lives and those of the cared for person.

'I love young carers because I get to meet new people that understand me and are in the same situation as me'

'I love it because they helped me and my mum through some tough times and

Resulting from new legislative requirements under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV), Newport has worked in collaboration with our regional local authority counterparts in being the 'pathfinder region' which has developed the regional strategy ahead of national guidance. There is a national training framework linked to VAWDASV (Wales) Act 2015 with requirements on public sector services to ensure that staff can recognise and appropriately respond when there are concerns for domestic abuse and sexual violence. In the past year Newport has specifically targeted this "Ask and Act" training across Education Services and Adult Services staff, we have trained 58 designated leads from Education Services (Primary and Secondary Provisions) and 48 professionals across Adult Services.

Independent Domestic Violence Advocates (IDVA) act as the voice of the victim in "high risk" MARAC meetings and as a key co-ordinator in ensuring that the person is held central to the process and that their voice is heard and respected when risks are being discussed and managed. The IDVA Service reports on a number of outcomes that seek to measure the difference made to the individual, in this reporting period in Newport;

- 151 people reported that they have been provided with the information and advice they need to access services and support and able to make informed choices as a result;
- 24% of people reported feeling safer;
- 25% people reported an improvement to their well-being/quality of life.

Focus on supporting children to recognise unsafe relationships; protecting themselves from abuse and neglect; and developing "healthy" attitudes towards relationships has been addressed by providing "healthy relationship" sessions universally to children in Newport Schools (primary and secondary).

In 2016/ 2017 Spectrum have provided 125 Healthy Relationship sessions to schools in Newport (1088 pupils) and 146 teachers have been trained in relation to "healthy relationships" and VAWDASV. Newport has joined with other Gwent authorities to fund a theatre production for all Year 8 children on the theme of Child Sexual Exploitation (CSE). During this period all year 8 pupils in Newport Schools would have participated within these workshops. Education social workers, youth workers and preventions staff have received CSE awareness training and are working alongside schools to deliver targeted educative sessions to children who are identified as being at increased risk of CSE. This has included keep safe work, healthy relationships work and sex education, it aims to engage children in developing skills to recognise risks, identify unhealthy relationships, and to know what support is available.

In this period we have supported 44 children at high risk of CSE. A significant number of our high risk cohort are "Looked After Children" who, as a result of the challenges posed in caring for children who are displaying the risky behaviours associated with CSE, were frequently moving placement and often being placed into out

of area placements or even secure accommodation. In responding to this challenge, we have developed an existing residential children's home provision to better respond to the risks identified and to enable children to remain living in Newport, thus maintaining family relationships, professional support networks and education, whilst sustaining a safety and disruption plan. The CSE Forum work plan, coordinated by the CSE Manager for Newport, sets out clear objectives for strategies in tackling and responding to concerns around CSE.

Operation Quartz is a specific CSE operation established within Newport, via information sharing and multi-agency collaborative working with partner agencies including the local authority, the operation has been successful in disrupting CSE activities and prosecuting offenders. During 2016, in collaboration with Gwent Police, Operation Quartz, piloted a Multi-Agency Sexual Exploitation (MASE) meeting, this has been seen to be successful, via multi-agency review, and is now being rolled out across Gwent.

The PREVENT duty was brought into law in Wales in July 2015 (Counter-Terrorism and Security Act 2015), it is a public sector duty to have 'due regard' to preventing people being drawn into terrorism. Within this period there has been significant training undertaken within Education services on the PREVENT Strategy, all secondary schools have received PREVENT training. Across the 28 primary schools that have undertaken training, all schools have ensured that as a minimum, all teaching staff are trained. Since the training has taken place it is positively reported that there has been an increase in the number of schools contacting for advice and assistance in order to clarify if a PREVENT referral is required. It is reported from the multi agencies involved that there have been successful diversions when working with the person in identifying unhealthy relationships and how the people around the person referred (e.g. family, wider network) are also supported. It is a priority objective that all social services staff and housing department employees will undertake the Prevent training within the forthcoming year.

The Adult Learning Disability Team along with a range of professionals can facilitate a range of bespoke interventions, to enable building healthy relationships. The interventions are dependent on the personal circumstances, including levels of cognition, social history, etc. This could be as a 1-1 intervention or via group work (mixed and single sex groups where appropriate), with themes identified by professionals, or responding to issues as they come to light.

In relation to this quality standard 14 complaints have been received by Children's services and 11 by Adults services over the period 2016/17. A focussed inspection was completed in July 2016 on the quality of life of children and young people who use the Oaklands service. The report concluded *"Overall, we (CSSIW) found that children and young people had a positive experience during their stay at the home and the quality of care they received contributed to the quality of their life. Feedback from parents of children who use the service described the home as providing a 'lifeline' and that they were confident that their child was 'happy and enjoying themselves and more importantly being well cared for by staff that we totally trust'".* The inspection made a number of recommendations and also found that there had been a breach in the requirement of the completion of regulation 33 reports which require the views of children/ young people, parents and staff, and a breach in relation to the storing of confidential records of young people. These were rectified immediately.

The CSSIW inspection for Forest Lodge found that *"Children's well-being is generally good and their needs are mostly being met by the home...Children are supported to make decisions about how they wish to spend their time. They have opportunities to voice their opinions about the care they receive and feel listened to*

and supported by the staff team". The inspectors found that "Children are consulted about their care and involved in decisions about their day-to-day lives. We found they had a good understanding of their care and placement plans and were aware of their risk assessments... Feedback from children was generally positive about their experiences of living in the home. It was evident that they had good relationships with staff and we observed positive interactions and banter".

A non-compliance notice has been issued in respect of *"Care and Supervision (Regulation 11 (1) (b))*: *The home had not always ensured adequate care and supervision of children placed at the home"*, this was attributable to third party access into the home. The report made a number of recommendations which have now been addressed by the staff team.

The inspection report for Cambridge House was conducted during a turbulent period, however, despite the issues identified the report does acknowledge that *"alongside the difficulties, effort has been made to engage children in constructive hobbies and interests and to divert them from involvement in illicit activities"*.

A Non-compliance noticed was issued at the inspection in September 2016 and a continued non-compliance for the same point was included in the re-inspection in February 2017. This non-compliance is attributable to decisions made to admit children; who's known needs the home could not meet and who were likely to have a seriously adverse impact on the welfare and wellbeing of others.

It should be acknowledged that good practice and meaningful relationships have been forged and young people supported have benefitted from their placements, the inspection report acknowledges *"Some evidence was seen that children had started to settle again and that staff had begun to engage constructively with them...Children are encouraged to follow interests; to engage constructively in the local community and develop independence"*.

The full reports are attached as appendices.

The Head of Children's Services has recently received communication from the Children's Commissioner for Wales acknowledging Newport's commitment to excellent residential care.

The views of some of the Young People currently being "looked after" by our residential services positively include;

"One young person told us she understands we try and keep her safe which at times means putting in restrictions that she doesn't like. Another told us meeting her every 2 hours makes her feel safer. She couldn't think of anything else we could do to keep her safer".

"She says she feels safe at Forest Lodge and doesn't think there is anywhere else she would feel safer living".

PRIORITY OBJECTIVES FOR STANDARD E

- *To develop a therapeutic milieu for children in our own residential homes and to explore regional approaches to commissioning residential care for children presently placed out of the Gwent region.*

Quality Standard F- Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

Newport offer support to people to achieve greater economic wellbeing from the IAA point of contact through to more bespoke services and legal interventions (i.e. Appointeeships). The types of support made available are dependent upon individual circumstances. There are a range of mechanisms and support agencies which ensure that the right financial help is available at the right time.

Newport Pathway teams support care leavers by engaging and supporting young people to gain appropriate employment and educational opportunities as part of their Care and Support plan. Two placements for children formerly looked after have been ring-fenced for work experience with the council with the opportunity of developing into an apprenticeship. The team routinely link with Careers to ensure that all young people have access to appropriate advice and guidance. We work in partnership with positive futures to provide opportunities for to develop self-esteem and leadership skills for young people not engaged in education, employment or training with a view to increasing employability. The pathway team links young people with citizens advice and offers assistance with attendance. Care and Support Plans include looking at budgeting and maximising income where appropriate.

The percentage of all care leavers who are in education, training or employment at 12 months is 50.00% whilst at 24 months after leaving care the percentage is 51.43%

Via a range of tenancy and floating support Supporting People engage with citizens in a number of ways to be active citizens economically and socially. The table below show the outcomes achieved by Supporting People over the period July to December 2016. Changes to the Welsh Assembly reporting framework mean the figures for January to march are not yet available. The table shows the % achieving, or making progress towards, these outcomes as part of their support:

	<i>Number of people with this outcome</i>	<i>% achieving outcome</i>	<i>% making progress towards outcome</i>
People are managing their accommodation	2,383	29.4 %	16.0 %
People are feeling part of the community	1,349	37.1 %	13.1 %
People are engaging in employment/voluntary work	614	41.2 %	11.2 %
People are managing their money	1,794	30.8 %	15.6 %

Financial inclusion support worker, funded by supporting people, works to maximise income and benefits and reduce debt via the Supporting People Gateway (including self-referrals). This worker engages with those who are either unable to gain accommodation, or at threat of losing their accommodation, as a result of financial issues, such as debt or welfare rights entitlement, to enable them to manage their finances. It is anticipated that changes in the welfare system, particularly universal credit, is likely to significantly mean that this service becomes increasingly necessary. Since October 2016 to March 2017 service users' annualised income had been increased through welfare benefit entitlement and grants by £120k and £12k of debt has been written off. The previous paragraph gives details on outcomes achieved by supporting people in terms of managing money.

From the survey 85% of people reported that they live in the right home for them; whilst a further 9% reported they did 'sometimes'.

The **Occupational Therapy** (OT) operate a service in a Community setting for Newport Adults with long term physical conditions that affect their ability to undertake activities they would like to do. This enables people to remain in their own homes. The team offer a Proportionate assessment, advice and information and also a specialist assessment if the person needs this, to work with people to achieve their outcomes. This may include assisting with the provision of or sign posting for purchase of equipment, recommending small or major adaptations, sign posting the person for Reablement to help them recover further or build confidence. The team have fully embraced and implemented the Social care and Wellbeing Act assisting more people with timely advice and information and proving a specialist OT service for the more vulnerable Newport residents and have under taken a Care Review project to ensure that Newport residents have the right sized care and support they need at the right time

Supported Housing Gateway provides the access point for accommodation for vulnerable citizens in Newport. Permanent or long-term housing support, including sheltered or extra-care accommodation, is

provided for older people, for people with learning disabilities and enduring mental health issues. In addition the Supported Housing Gateway is a point of access for temporary or short-term housing for homeless people with housing-related support needs. The level of support offered is based on the needs of the individual as based on assessment and may include refuge accommodation, supported housing, floating support and resettlement support. A range of providers exist and support is tailored to the individual need.

D has a crushed right arm and long standing circulation problems in his lower limbs. He sleeps on a bed in the living room and all his care needs are undertaken by his wife. The family do have a downstairs bathroom and shower, but it is in a very poor state of repair and is extremely hazardous for David to use. An application was made for a Disabled Facilities Grant from Newport City Council for a new wet room facility and it was agreed, but on the condition that a contribution of £2,000. However their joint income was such that they could not afford to pay the contribution. They were at first, very apathetic to the Physical Disability Support Worker. As with every new client an assessment of need was carried out and a support plan was created with the goals mutually agreed. It was clear that they were not claiming the disability benefits he is entitled to. Following a lengthy application process they were awarded PIP, and then, after initially being declined, were awarded ESA. They now feel confident enough to go ahead with the Disabled Facilities Grant and will have a modern and safe wet room.

Floating support is the term used to describe housing-related support services that are provided by support workers to people in their own homes. Newport City Council and its partners offer a range of housing-related support services including those for people experiencing domestic abuse, for people with memory loss or dementia and for people with learning disabilities, mental health issues substance misuse problems, offending behaviour and developmental disorders.

Telecare support also enables citizens to maintain their own tenancies. Community alarms enable people to call for help if they fall, are taken ill or experience an emergency at home, so that they can continue to live independently. Emergency calls are routed to a monitoring centre that is staffed 24 hours a day, 7 days a week. A range of sensors include: personal triggers, worn on wrist or around neck; bogus caller buttons, fitted near a door; falls detector pendants; smoke detectors; bed occupancy detectors; flood detectors; movement detectors and property exit sensors. The Council commissioned Merthyr Council's Lifeline Alarm Service in April 2014 for citizens living in owner-occupied or private rented accommodation. Since that time there has been a steady growth in numbers on the scheme with an additional 263 new service users in 2016/17, amounting to a year-end total of 653 vulnerable people currently connected to this valuable preventative service.

A pilot Hoarding and Cluttering Project was commissioned by the Supporting People Team with Newport Mind to scope options for a Newport service to address this growing problem. The final report makes five recommendations including: specialist training for support staff; the development of a specialist support service; the need for a multi-agency approach to hoarding and better, more co-ordinated data collection to identify the extent of hoarding difficulties.

Where possible the aim of housing support is to provide the skills to facilitate independent living. Ty Eirlys is a new scheme opened this year to support citizens to live more independently. Ty Eirlys is the bridge between supported living and independent living. The people living there predominantly have learning disabilities and enduring mental health issues. People will have their own apartments with a tailored support package that will meet their specific needs whilst having the benefit of core staff being available 24 hours a day. Alongside that people will receive housing support from the Newid team. The aim is for the people to engage with their individualised, tailored support package, develop independent skills and increase their community presence. We hope people will strengthen their social skills, take control of their lives and make everyday choices for themselves.

In the survey 74 % of adults said it was their choice to live in a residential care home.

The annual report to Quality of Care Support to Scrutiny on Residential Provision concluded that overall the quality of service provision delivered by both internal and externally commissioned providers is good. A large amount of time is spent monitoring the performance of care homes and domiciliary care, as these are services most used by Newport residents. A new outcomes monitoring tool that we have developed has enabled the Contracts and Commissioning Team to record and monitor providers performance more effectively. This tool is vital in ensuring that the team can monitor the quality, of an ever increasing number of commissioned providers. Newport have benefited from having a good relationship with providers who have welcomed the open and transparent approach to addressing some of the risks highlighted in section. With increased demand and external pressures such as the living wage, costs across the private sector are going to increase year on year. Newport are changing the way we commission services, by looking at new models of service delivery in order to help mitigate these risks, and have developed a new, robust and flexible fee structure for all residential care home placements which has enabled us to ensure: Market stability; to offer greater choice; to ensure more residents remain in Newport, instead of being placed out of county; and to enable providers to invest in their homes and services

In the survey 86% of children said they were happy with whom they lived. However this figure needs to be considered with care as only 22 responses were received. Providing the right placement for young people is part of the work of the Matching and Placement Support (MAPS) team. The MAPS team has two functions, searching for foster care and residential placements for children who are looked after; and providing support for looked after children and their carers using a therapeutic approach to understanding and providing care to meet the needs of our children. The MAPS team work with Newport children, who are looked after, being cared for by Newport approved foster carers or Newport Residential Childrens homes with a focus on developing the skills and understanding of our foster carers and residential staff to provide the best possible care for our children. In common with other local authorities in Wales providing placement choice continues to be challenging given the range of placement options.

The percentage of all care leavers who have experienced homelessness during the year is 10.92%. The survey reported that only 66% of children felt that the help, advice and support received had prepared them

for adulthood but as only three people responded to this survey the results need to be treated with a degree of caution. Newport Pathway team, in partnership with housing providers, have been developing a range of housing opportunities for care leavers as appropriate for the young person's independent living skills. This would range from support lodgings, shared flats, single person accommodation, as well as supported housing accessed via Supported People Programme. Gwent have commissioned IPC to look at the housing needs of those with complex needs. In addition we have developed a When I Am Ready offer which is made to all eligible young people. Currently we have 4 when I am ready arrangements.

95% of people reported they have received care and support through their language of choice, whilst a further 3% reported this was the case "sometimes". This year has seen the increase in use of professional translation services in all cases where English is not the first language of the family.

In relation to this quality standard 31 complaints have been received by Children's services and 0 by Adults services over the period 2016/17.

Newport has worked in partnership and also engaged with citizens to achieve this standard

Supporting People have developed a partnership framework that meets regularly with all commissioned partners to review and monitor projects on an ongoing basis. As result of this process issues can be picked up in a timely manner. In some instances this has resulted in remodelling services to deliver strategically relevant quality services more vulnerable people whilst also delivering better value for money. The development of supporting people services rely on good multi agency working, to ensure an holistic approach to meeting the housing needs of citizens. One example of this partnership approach is the development of a 'wet house' to support people with enduring alcohol problems. Under the aegis of the previous Local Service Board, a SIP Board project was established to look at developing accommodation solutions for entrenched street drinkers in the City. Partners include Gwent Police, the Office of the Police and Crime Commissioner, Public Health, ABUHB, Gwent Substance Misuse Area Planning Board, and the Council's Housing and Supporting People teams together with a local specialist support provider. Building on commissioned research undertaken by the University of South Wales, a two-phased approach was agreed by the multi-agency project group whereby firstly a dedicated floating support worker would be employed to identify cohorts of street drinkers willing to live in shared supported accommodation or a flat of their own. Two potential models have been identified: the shared 'wethouse' scheme and Housing First direct let model. Both work on the harm-reduction principle and recognise that some people will continue to drink but in a safe, secure and supportive environment. The second phase will look to identify suitable properties and wrap-around support.

The 16 –18 practitioner group is a multi-agency group looking at the provision for hard to engage young people to provide access to employment and education. The Pathway Service are also members of the Young Person Accommodation Group, Housing Action Group, Move On Panel, and part of the All Wales Leaving Care Forum all of which are multi-agency forums with aims of developing housing options for young people. It is also a focus of the YOS re-settlement panel to consider the needs of young people leaving custody.

Regular engagement with the Children in Care Council, facilitated by Tros Gynnal Plant, to guide service development on specific issues for children looked after and care leavers.

In 2016/17 Supporting People engagement with Newport citizens included: receipt of 1,105 individual GNME forms indicating housing and specific support needs; over 1,500 individual support assessments were undertaken for access to supported housing and floating support through the Newport Gateway and generic floating support service (The Lighthouse Project). In addition a separate Service User Needs Mapping Day was held where clients from thirteen projects attended. All the information obtained from the above exercises was fed into the needs assessment and identification of gaps in service provision as part of the robust annual planning process to inform the Local Commissioning Plan for the following year. Potential regional, cross-authority and joint commissioning proposals were also included, especially when informed by the Gwent Regional Stakeholder Engagement Day held annually in May each year. A number of new schemes have subsequently been developed or extended as a result of this process e.g. Gypsy Traveller floating support, expansion of hospitals support work with ABUHB, Family Intervention & Prevention scheme and regional development of the PREP (Prisoner Release Empowerment Project) and expansion of the BAWSO floating support scheme.

Also, when schemes are reviewed, all service users and recent ex-service users are invited to complete a short questionnaire from which a number are invited to in-depth interviews concerning their experience and outcomes of the scheme and the support they receive/d. This information is used to improve the quality of the service, re-model schemes to make them more strategically relevant and cost-effective or de-commission schemes to release funding for other identified priorities.

PRIORITY OBJECTIVES FOR STANDARD G

- To continue the development of person centred care and support in our re-ablement, domiciliary care, residential and nursing care and increasing the use of direct payments and telecare.
- To develop apprenticeship opportunities in the Council for people who use our services

5. How We Do What We Do

Our Workforce and How We Support their Professional Roles

Welsh Government support for regional developments and National Priorities have seen the implementation of Regional Boards for Workforce development that pull together national themes from across Wales. National priorities focused on the development of regional structures to take forward the new legislative changes brought about by the SSWB Act.

The initial priority of the workforce Board was to implement a workforce development strategy and programme of training that focused on introducing the new Act in a “whole sector approach”.

The **Regional Workforce Board** continues to map local needs into a Greater Gwent Regional shared training strategy, through the joint completion of Social Care Workforce Development Partnership (SCWDP) application for social care and social work funding arrangements. Examples of programmes of learning that reflect national priorities and have been developed to align with the SSWB ACT include some of the following:

- Qualification routes for social work
- Post qualifying programmes such as Continued Professional Education and Learning, Approved Mental Health Professional certification and Team Manager Diploma Programme
- Vocational QCF programmes and review linked to Qualifications Wales
- SSWB ACT Organisational Development programme

- Social Services practitioner initiatives
- Dementia strategy
- Health linked initiatives such as Care Closer to Home
- Achieving Best Evidence
- DOLs and Mental Capacity- and range of Mental Health related joint training
- VAWDASV
- Safeguarding Board joint training group

Locally, through our Training Needs Analysis, with team managers and senior leaders within the Local Authority, we have identified a number of programmes of learning such as

- Parenting Assessment Manual Software (PAMS)
- Fathers training
- Dementia training
- Medication project development
- Strengthening assessment / Qualifications and Credit Framework (QCF)

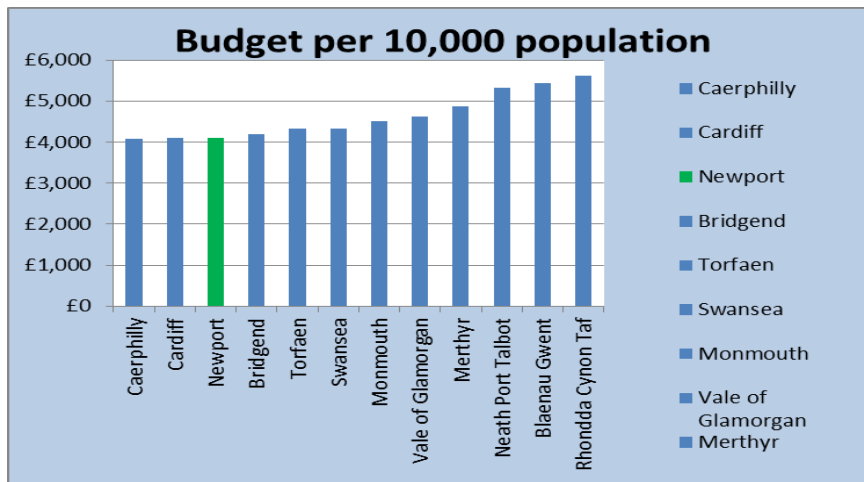
New initiatives continue to be shared amongst partners to disseminate effective models of practice and new approaches to workforce development through the Greater Gwent Regional Board.

Our Financial Resources and How We Plan For the Future

Social Services are currently engaged in the following shared arrangements with pooled budgets which are part of a section 33 agreement: Frailty & GWICES (Gwent Integrated Community Equipment Service). Both of these services show integration work with Health as we all the other local authorities in the Gwent area. Within Children services, we have many shared posts with Probation, Gwent Police & Barnardo's including our Head of Service.

The Social Services financial position is reported on a monthly basis from May onwards. Each month it is the budget managers responsibility to submit full year spend forecasts via our Budget Management System (BMS). The high risk areas such as community care, out of area residential placements for children and Fostering forecasts are assisted by financial forecasting tools so that they are as accurate as possible. Any major over or underspends against budgets are then flagged up as budget pressures or savings in the councils Medium Term Financial Plan (MTFP). This MTFP informs service planning and council wide decision making.

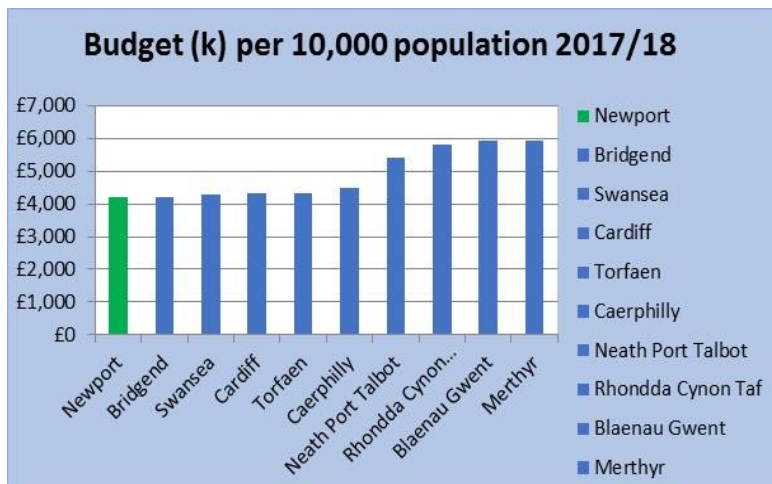
Compared to our benchmark and Gwent local authorities, the Social Services Budget for 2016/17 was third lowest per head of population.



The challenges of delivering Social Services in what is between the 4th or 5th most deprived local authority in Wales (Index for Multiple Deprivation 2014) has led to an overspend at the end of the year. The overspend in Adult Services was £463k which is just over 1% of budget and this is a result of a £1.1m overspend on community care budgets due to more people needing residential and nursing care, greater costs due to increasingly complex needs. The overspend in Children’s Services was £181k the which is around 0.8% of budget and the principle challenge is in finding placements for young people with complex needs and challenging behaviour. This budget alone had a variance of £890k and it is to the credit of staff that the overall position was considerably less.

For the year 2017/18, Social Services has the lowest net budget per 10,000 of the 10 local authorities in its comparator group, see figure 1 below.

Figure 1- – Spend Comparisons with Comparator Authorities – Budget per 10,000 Population 2017/18



Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

The **Regional Partnership Board**, required under Part 9 of the Act, has been established and has met on bi-monthly basis since Act implementation date of 6th April 2016. It has held two workshop events to confirm regional integration priority areas and developed joint statements of strategic intent for: Older persons; Children with complex needs; Carers.

Other elements of the required Partnership and Collaboration duties, including the establishment of a regional citizen's panel and a regional value based provider forum, are also in place with the Gwent region being among the first to establish these. In order to both coordinate and develop work across the region there are also regular meetings with local authority and AHUHB communications leads and a **regional joint commissioning group** (RJCG) to look at impact areas and priorities for a regional level approach.

The regional joint commissioning priorities have been: Domiciliary care; Model Partnership agreement (for joint commissioning and pooled budgets for care home placements for over 65's); Third sector review and pre-implementation work to support the national framework agreement for placements for people with learning disabilities and mental health problems.

Population Needs Assessment (PNA) has been completed, to meet statutory requirements under Part 2 of the Act, with discussion and sign off by each local authority and local health board governance process, with report submission by deadline date of 31st March 2017.

The first Regional Partnership Board annual report was completed and submitted by due deadline of 31st March 2017, and this met requirements set out in Part 9 of the Act.

The Regional Partnership Board took forward a high level review of existing partnerships and integrated arrangements across health and social services and has agreed a number of Partnerships under the Board as follows:

- * Children and Families Partnership
- * Older Persons Integration Partnership
- * Mental Health and Learning Disability Partnership
- * Cares Partnership
- * Health, Social Care and housing Forum

All integrated pieces of work will come under one or other of these partnerships.

The Regional Partnership Board has also confirmed Locality Integration Partnerships reporting to the regional leadership group to take oversight of local cross-agency initiatives.

Political leadership and governance is delivered through the cabinet led by our Leader Debbie Wilcox and our Cabinet Member, Paul Cockeram. Scrutiny functions are delivered by a dedicated People Services Scrutiny Committee and we have a standing Corporate Parenting Panel for children in care.

Corporate leadership is delivered by the Senior Management and Corporate Management teams and for Social Services there is a People Portfolio Board chaired by the Strategic Director (People) who is the statutory Director of Social Services. Heads of Service then chair their own programme boards as well as leadership meetings.

Regional governance arrangements are in place for Safeguarding Boards (Adults and Children), the Area Planning Boards, the Violence Against Women, Domestic Abuse and Sexual Violence Board, the Integrated Family Support Services Board and the Frailty Board.

APPENDIX

- a) [Telling the story](#) (pdf)