

Pecyn Dogfennau Cyhoeddus

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Hengoed CF82 7PG

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Am unrhyw ymholiad yn ymwneud â'r agenda hwn cysylltwch â Amy Dredge
(Rhif Ffôn: 01443 863100 E-bost: dredga@caerphilly.gov.uk)

Dyddiad: Dydd Mercher, 7 Medi 2016

Annwyl Syr/Fadam,

Bydd cyfarfod **Pwyllgor Craffu Iechyd Gofal Cymdeithasol a Lles Byw** yn cael ei gynnal yn **Ystafell Sirhywi, Tŷ Penallta, Tredomen, Ystrad Mynach** ar **Dydd Mawrth, 13eg Medi, 2016** am **5.30 pm** i ystyried materion a gynhwysir yn yr agenda canlynol.

Yr eiddoch yn gywir,

Chris Burns
PRIF WEITHREDWR DROS DRO

A G E N D A

Tudalennau

- 1 I dderbyn ymddiheuriadau am absenoldeb
- 2 Datganiadau o Ddiddordeb.

Atgoffi'r Cyngorwyr a Swyddogion o'u cyfrifoldeb personol i ddatgan unrhyw fuddiannau personol a/neu niweidiol mewn perthynas ag unrhyw eitem o fusnes ar yr agenda hwn yn unol â Deddf Llywodraeth Leol 2000, Cyfansoddiad y Cyngor a'r Cod Ymddygiad ar gyfer Cyngorwyr a Swyddogion.

I gymeradwyo a llofnodi'r cofnodion canlynol:-

- 3 Pwyllgor Craffu Iechyd, Gofal Cymdeithasol a Lles a gynhaliwyd ar y 21ain Mehefin 2016.

1 - 6

A greener place Man gwyrddach



4	Ystyried unrhyw fater a gyfeiriwyd at y Pwyllgor hwn yn unol â'r drefn galw i mewn.	
5	I dderbyn adroddiad llafar gan yr Aelod(au) Cabinet.	
6	Rhaglen Waith y Dyfodol Pwyllgor Craffu Iechyd, Gofal Cymdeithasol a Lles.	7 - 20
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Cylchrediad:

Cynghorwyr: L. Ackerman (Cadeirydd), Mrs E.M. Aldworth, A. Angel, Mrs A. Blackman, Mrs P. Cook (Is Gadeirydd), M. Evans, Ms J. Gale, L. Gardiner, C.J. Gordon, D.C. Harse, G. J. Hughes, L. Jones, A. Lewis, J.A. Pritchard, A. Rees a S. Skivens

Defnyddwyr a Gofalyddion: Mr C. Luke, Mrs J. Morgan, Miss L. Price a Mrs M. Veater

Bwrdd Iechyd Prifysgol Aneurin Bevan: S. Millar (ABUHB)

A Swyddogion Priodol



HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, TREDOMEN,
YSTRAD MYNACH ON TUESDAY, 21ST JUNE 2016 AT 5.30 P.M.

PRESENT:

Councillor L. Ackerman - Chair
Councillor Mrs P. Cook - Vice Chair

Councillors:

Mrs E.M. Aldworth, Mrs A. Blackman, M. Evans, Ms J. Gale, C.J. Gordon, D. Harse, Miss L. Jones, A. Lewis.

Councillor N. George (Cabinet Member for Community and Leisure Services).

Together with:

D. Street (Corporate Director Social Services), G. Jenkins (Assistant Director Children's Services), J. Williams (Assistant Director Adult Services), R. Hartshorn (Head of Public Protection), M. Godfrey (Senior Environmental Health Officer), C. Forbes-Thompson (Interim Head of Democratic Services), A. Dredge (Committee Services Officer).

User and Carer – Mrs M. Veater.

Also Present – Ms. Denise Moultrie (Care and Social Services Inspectorate Wales).

1. WELCOME

The Chair welcomed Councillor David Harse to his first Scrutiny Committee Meeting.

2. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors A.P. Angel, L. Gardiner, G.J. Hughes, J.A. Pritchard, A. Rees, S. Skivens. R. Woodyatt (Cabinet Member for Social Services), Mr C. Luke and Miss L. Price (Users and Carers).

3. DECLARATIONS OF INTEREST

There were no declarations of interest received at the commencement or during the course of the meeting.

4. MINUTES – 3RD MAY 2016

RESOLVED that the minutes of the meeting of the Health, Social Care and Wellbeing Scrutiny Committee held on 3rd May 2016 (minute nos. 1 - 8) be approved and signed as a correct record.

5. CONSIDERATION OF ANY MATTER REFERRED TO THE SCRUTINY COMMITTEE IN ACCORDANCE WITH THE CALL-IN PROCEDURE

There had been no matters referred to the Scrutiny Committee in accordance with the call-in procedure.

6. REPORT OF THE CABINET MEMBER

The Scrutiny Committee received a verbal report from Councillor N. George (Cabinet Member for Community and Leisure Services). He advised that the 12 week informal public consultation regarding the possibility of introducing Public Space Protection Orders with additional Dog Control Measures concluded this week. Over 400 responses had been received and a report will be presented to the Scrutiny Committee later in the year in terms of the outcomes received.

Members were informed that July is 'Scams Awareness Month' and Trading Standards will be issuing guidance each week on the four themes of phone, on line, mail and doorstep scams. The authority will be taking part in the "Stand Against Scams" campaign encouraging people to become "Scambassadors" and join a network who will gather information locally to help tackle the problem on a national scale. Current statistics of scams were provided and it is hoped that Scambassadors will look to address these issues.

In concluding, the Cabinet Member confirmed that he will sign up as a Scambassador and will be promoting awareness of this increasing problem throughout the month.

The Chair thanked the Cabinet Member for his informative report.

7. HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE FORWARD WORK PROGRAMME

Mrs Catherine Forbes-Thompson (Interim Head of Democratic Services) introduced the report that informed the Committee of its forward work programme including all reports that were identified at the work programme workshop on 22nd March 2016 planned for the period June 2016 to April 2017.

Members were asked to consider the work programme and to make any amendments or additional agenda items to be included for future meetings.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the work programme appended to the report be approved.

8. NOTICE OF MOTION - REMEDIAL ACTION TO IMPROVE AIR QUALITY ON HAFODYRYNYS ROAD

Mr Rob Hartshorn (Head of Public Protection) and Ms Maria Godfrey (Senior Environmental Health Officer) introduced the Notice of Motion proposed by Councillor A. Lewis:

'I call on CCBC to take all remedial action, urgently to improve air quality on Hafodyrynys Road'.

Members considered the reasons for the Motion and noted that an air quality monitoring exercise had been undertaken and that there are proposals to develop an Action Plan upon which detailed consultation will be undertaken. Following due debate, it was moved and seconded that its content be supported with the additional recommendation that the Notice of Motion also be referred to full Council for debate. By a show of hands this was unanimously agreed.

RESOLVED that the Notice of Motion be referred to Cabinet and subsequently referred to full Council for debate.

REPORTS OF OFFICERS

Consideration was given to the following reports.

9. REGULATION AND INSPECTION OF SOCIAL CARE (WALES) ACT 2016 - PRESENTATION

Ms Denise Moultrie, Care and Social Services Inspectorate Wales (CSSIW) delivered the presentation that provided Members with an overview of the Act. It was explained that emphasis is placed on how Local Authorities will commission Care Homes and how this will also place a greater duty on (CSSIW). In terms of enforcement powers, greater accountability will be placed on individuals as opposed to Managers. In relation to service regulation emphasis is placed on improvement by undertaking fit and proper tests, annual reporting and producing penalties for offences and improvement notices.

Details of the regulations, statutory guidance and code of practice for inspections were set out in terms of how it all fits together. It was confirmed that the act will come into force in April 2018 and the implementation timetable of the different phases were set out. Reference was made to the importance of involving stakeholders, that will include an overarching stakeholder reference group, a targeted reference group for each work stream, provider forums and communication made available through newsletters and the CSSIW website. It is anticipated that improvements will be achieved with the implementation of the Act, with the collaboration of working with other regulators, Inspectorates and other partners.

A Member queried how findings will be conveyed in relation to inspections and Ms Moultrie confirmed that findings will be published on the CSSIW Website.

The Chair thanked Ms Moultrie for her informative presentation and responding to questions raised.

10. PUBLIC PROTECTION ENFORCEMENT, UNDERAGE SALES ACTIVITY AND CONSUMER ADVICE – 2015/16

Mr Rob Hartshorn (Head of Public Protection) introduced the report that updated Members in terms of Public Protection Enforcement, Underage Sales Activity and Consumer Advice 2015/16. The Scrutiny Committee were advised that the Public Protection Division consists of

a wide range of protective and regulatory functions, which seek to protect, promote and improve the health, safety and economic wellbeing of communities, as well as regulate trade, commerce and the environment. In compliance with the Public Protection Enforcement Policy an overview was provided in relation to the formal enforcement activity undertaken including outcomes of investigations undertaken under the auspices of the Regulation of Investigatory Powers Act.

It was explained that the Surveillance Camera Commissioner's Code of Practice states that the local authority should consider, on an annual basis, its surveillance camera system to ensure that it remains necessary, proportionate and effective and reference was made in particular to the Public Open Space CCTV system. Clarification was sought in relation to the decommissioning of some cameras across the borough as discussed at a previous Scrutiny Meeting and Members were informed that this proposal was not supported as part of the Medium Term Financial Plan at this time.

The nature and number of complaints received concerning under-age sales of alcohol, tobacco, e cigarettes, butane lighter refills and lottery tickets over the previous financial year were discussed. An overview of test purchasing activity was provided including the results of enforcement action and the penalties that may be applied. The Authority is required by law to annually review its approach to tackling under-age sales of tobacco and spray paints.

Members were advised of the number and nature of complaints dealt with by the Consumer Advice function of Trading Standards in 2015/16.

In noting that Ms Sandra Thompson (Dog Warden) is due to retire this year, the Scrutiny Committee wanted to place on record their appreciation for all her dedication in her area of work.

The Chair thanked Mr Hartshorn for his informative report and for responding to queries raised during the course of the debate.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the review of Public Protection Enforcement Activity, including Underage Sales and CCTV Provision be noted.

11. HOSPITAL DISCHARGE TASK AND FINISH GROUP

Councillor Colin Gordon introduced the report as he presided as Chair of the Task and Finish Group. He stated it was a privilege to be a part of the Group and thanked all individuals who made up the membership that attended the meetings. Members thanked Mrs Catherine Forbes-Thompson (Interim Head of Democratic Services) for producing such a detailed report.

Mrs Forbes-Thompson advised the Scrutiny Committee that the Hospital Discharge Task and Finish Group was set up to review hospital discharge within the county borough and held a workshop at its first meeting in order to determine the key areas to be reviewed. The areas identified were as follows:

- Communication.
- Discharge planning from admittance to hospital.
- Integrity – the need for a solid package of care to reduce readmission.
- Methodology – look at best practice examples to provide context.
- Single point of contact within hospital – information exchange within hospital.

The Review Group held a series of five meetings between September 2015 and May 2016 and examined the following areas of practice:

- Discharge process including what contributes to a well-planned discharge.
- Performance measures - national indicators, inappropriate discharges, volume of work (in context of social services).
- Seasonal planning, to look at preparations for the winter period, across both organisations to prevent admission in the first instance, then reduce length of stay in hospital and number of people classified as a delayed transfer of care on census day.

Details of the findings and conclusions reached by the Review Group were set out.

The Scrutiny Committee suggested that the report be disseminated and used as best practice for others to use. Mr Street stated he would discuss this with the Communications Unit and that the report would be shared with Albert Heaney, (Director of Social Services, Welsh Government).

Following consideration and discussion, it was moved and seconded that the recommendations in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that for the reasons contained in the Officer's report, the Health Social Care and Wellbeing Scrutiny endorsed the following: -

- (i) that Aneurin Bevan University Health Board, Caerphilly County Borough Council and Wales Ambulance Services Trust recognise the fundamental importance of good communication between patients, relative's carers and staff;
- (ii) the information leaflets attached to the report as appendix 3 also be made available in other formats;
- (iii) that Health and Social Services continue to work together to improve joint planning arrangements in respect of hospital discharge;
- (iv) that a follow up report be brought to Scrutiny committee within 6 months, this will include an update on the numbers of inappropriate discharges (as set out in para 4.10 and 4.11 of the report).

12. THE PROCUREMENT AND IMPLEMENTATION OF THE WELSH COMMUNITY CARE - INFORMATION SYSTEM

Mr Dave Street (Corporate Director of Social Services) presented the report that provided the Scrutiny Committee with an understanding of the all Wales Community Care Information System (WCCIS). The service is provided by Care Works Ltd and has been procured by Bridgend County Borough Council under a Master Services Agreement (MSA) on behalf of all Welsh Local Authorities and NHS Organisations.

The replacement of the Social Care system is a key priority for Social Services in its ability to work in a more integrated way with NHS Wales to improve the delivery of integrated care which is one of the key aims of the Social Services and Wellbeing (Wales) Act 2014.

It was explained that the Council has used SWIFT as its social care information system since 2001. Details were provided in terms of working collaboratively with other local authorities in developing the use of the system and in negotiating additional requirements with the supplier. The existing supplier contract for SWIFT is due for review in October 2017.

Members were advised that since 2013, local authorities across Wales and NHS Wales have been working collaboratively to procure a Welsh Community Care Information System (WCCIS) that has been designed to meet the requirement of both social care and community health services. Whilst integrated services have been developed across Wales, information sharing between services has been a long standing problem that has often hindered health and social care services working closely. WCCIS is widely regarded as being the solution that would best enable information to be shared effectively between local authorities and health services. The costs for this Council to purchase WCCIS has been calculated at £93,176K per annum for the length of the contract (12 years). This compares to current costs for SWIFT of £84,000 per year. The additional monies will be found from the Social Services revenue budget. Positive feedback has been received from Social Work staff at Bridgend County Borough Council who are now using the live system along with Ceredigion Council.

WCCIS has been endorsed by Mark Drakeford, the previous Minister for Health and Social Care and Welsh Government have contributed an amount of £6.7 million to fund the set up costs of WCCIS for the whole of Wales. This will cover central hardware costs and the provision of user licences. This contribution will reduce the costs for all participating local authorities. Details of the project implementation were set out.

Clarification was sought in relation to Care Works Ltd and the procurement process involved. Members were informed that the service provider is based in Ireland and has offices located in the UK. A full scale procurement exercise was undertaken with approximately 5 other providers.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the Council's intention to move to the WCCIS as a suitable replacement for the Authority's existing Social Care IT system and as a key driver to Integration of Health and Social Care Information be noted.

The meeting closed at 7.45 pm.

Approved as a correct record, subject to any amendments agreed and recorded in the minutes of the meeting held on 13th September 2016.

CHAIR



HEALTH SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 13TH SEPTEMBER 2016

**SUBJECT: HEALTH SOCIAL CARE AND WELLBEING SCRUTINY
COMMITTEE FORWARD WORK PROGRAMME**

**REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & SECTION
151 OFFICER**

1. PURPOSE OF REPORT

- 1.1 To report the Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme.

2. SUMMARY

- 2.1 Forward Work Programmes are essential to ensure that Scrutiny Committee agendas reflect the strategic issues facing the Council and other priorities raised by Members, the public or stakeholders.

3. LINKS TO STRATEGY

- 3.1 The operation of scrutiny is required by the Local Government Act 2000 and subsequent Assembly legislation.

4. THE REPORT

- 4.1 The Health Social Care & Wellbeing Scrutiny Committee forward work programme includes all reports that were identified at the scrutiny committee meeting on 21st June 2016. The work programme outlines the reports planned for the period September 2016 to April 2017.
- 4.2 The forward work programme is made up of reports identified by officers and members and has been prioritised into three priority areas, priority 1, 2 or 3. Members are asked to consider the work programme alongside the cabinet work programme and suggest any changes before it is published on the council website. Scrutiny committee will review this work programme at every meeting going forward alongside any changes to the cabinet work programme or report requests.
- 4.3 The Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme is attached at Appendix 1. The Cabinet Forward Work Programme is attached at

Appendix 2.

5. EQUALITIES IMPLICATIONS

5.1 There are no specific equalities implications arising as a result of this report.

6. FINANCIAL IMPLICATIONS

6.1 There are no specific financial implications arising as a result of this report.

7. PERSONNEL IMPLICATIONS

7.1 There are no specific personnel implications arising as a result of this report.

8. CONSULTATIONS

8.1 There are no consultation responses that have not been included in this report.

9. RECOMMENDATIONS

9.1 That Members consider any changes and agree the final forward work programme prior to publication.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To improve the operation of scrutiny.

11. STATUTORY POWER

11.1 The Local Government Act 2000.

Author: Catherine Forbes-Thompson Interim Head of Democratic Services
Consultees: Gail Williams, Interim Head of Legal Services and Monitoring Officer

Appendices:

Appendix 1 Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme

Appendix 2 Cabinet Work Programme

Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme

Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme May 2016 to April 2017			
Meeting Date: 13 September 2016			
Subject	Purpose	Key Issues	Witnesses
Performance Management (P1)			

Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme

Meeting Date: 25 October 2016			
Subject	Purpose	Key Issues	Witnesses
Annual Safeguarding Board Report – Childrens & Adults (P1)	To provide Committee with an overview of the work of the Gwent Wide Adult Safeguarding Board (GWASB) and the South East Wales Safeguarding Children Board (SEWSCB).	The report will describe the key functions of the regional Safeguarding Boards Business Unit hosted by Caerphilly. The report will identify the key achievements of both Boards and the challenges faced. It will also identify future priorities going forward	Mel Roach Business Unit Manager
Budget Monitoring Period 5 (P2)			
ABUHB 6 monthly visit (P2)			ABUHB
Information Advice and Assistance Service	Member request	The progress and impact since the creation of the merged service. To include successes, any issues encountered and how they were resolved. To include the performance of new team compared to previous teams.	

Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme

Meeting Date: 6 December 2016			
Subject	Purpose	Key Issues	Witnesses
SSWB Act Update (P1)			
Update Hospital Discharge Task and Finish Group			

Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme

Meeting Date: 7 February 2017			
Subject	Purpose	Key Issues	Witnesses
CSSIW Annual Performance Evaluation (P2)			
Budget Monitoring Period 9 (P2)			

Health Social Care & Wellbeing Scrutiny Committee Forward Work Programme

Meeting Date: 21 March 2017			
Subject	Purpose	Key Issues	Witnesses
Aneurin Bevan University Health Board (ABUHB) 6 monthly visit (P1)			ABUHB

(key: P1,2,3 – Priority 1,2 or 3)

Gadewir y dudalen hon yn wag yn fwriadol

Cabinet Forward Programme

7TH SEPTEMBER 2016	Key Issues	Service Area
Land at Upper Cefn Road, Deri Tir ar Heol Cefn Uchaf, Deri	To seek approval to dispose of Land at Upper Cefn Road, Deri.	Property and Asset Management
Authorisation of Officers – Community/Partnership Grant Schemes Awdurdodiad Swyddogion – Cynlluniau Grant Cymunedol/Partneriaeth	To seek Cabinet approval to authorise officers in relation to the operation of community/partnership grant schemes within the Public Protection Division and endorsement of a subsequent change to the Council’s Constitution prior to presentation to Council for approval.	Public Protection

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21ST SEPTEMBER 2016	Key Issues	Service Area
Fochriw Community Centre – Youth Service Provision Canolfan Gymunedol Fochriw – Darpariaeth Gwasanaeth Ieuenctid	To consider a proposal to undertake adaptations to the community centre to enhance Youth Service provision on site. Report to consider utilising the £126,000 set aside in the 2013/14 Education capital programme to develop the centre by providing a building extension.	Education

Cabinet Forward Programme

5TH OCTOBER 2016	Key Issues	Service Area
Performance Report Adroddiad Perfformiad	To present to Cabinet the Council's Performance Report for 2015/16 and to seek the views and approval of Cabinet prior to its presentation to Council on 11th October 2016.	Public Protection
Collaboration of Visual Impairment Service, Hearing Impaired Service and Speech and Language Service (ComIT) Cydweithrediad y Gwasanaeth Nam ar y Golwg, y Gwasanaeth Nam ar y Clyw a'r Gwasanaeth Iaith a Lleferydd	Currently Torfaen host the hearing impaired service and speech & language service (ComIT) and Caerphilly host the visual impairment service. Over the past three years all three services have moved to share the same location (Brecon House in Llantarnam) and in 2015 an overall manager of the three services was appointed. SEWC Directors have already agreed in principle to a full amalgamation, with one local authority hosting the three services.	Education
Welsh Government Town Centre Loans Benthyciadau Canol Trefi Llywodraeth Cymru	The purpose of the report will be to seek approval from Cabinet for the expansion of the current WG town centre loan scheme currently targeted at Rhymney into an additional two town centres	Planning and Regeneration

Cabinet Forward Programme

19TH OCTOBER 2016	Key Issues	Service Area
Winter Service Plan Endorsement. Cymeradwyaeth Cynllun Gwasanaeth y Gaeaf	To seek endorsement of the council's annual approach to Winter Maintenance.	Engineering Service
Highway Maintenance Plan Cynllun Cynnal a Chadw'r Priffyrdd.	To seek endorsement of the Council's approach to maintaining its highway network	Engineering Services
Capital Outturn Report 15/16 Adroddiad Aildro Cyfalaf 15/16	This report will provide details of actual capital expenditure against the approved Capital Programme for the 2015/16 financial year. The report will include details of overspends on a small number of schemes along with proposals to fund these overspends. These proposals will require Cabinet approval.	Corporate Finance

Cabinet Forward Programme

ND NOVEMBER 2016	Key Issues	Service Area
<p>Write-off of Debts above £20,000 (Possibly Exempt, subject to PIT)</p> <p>Dileu Dyledion dros £20,000</p>	<p>In accordance with the Council's previously approved write-off procedure, Cabinet will be asked to consider a report recommending the write-off of 3 individual outstanding debts each exceeding £20,000.</p>	<p>Corporate Finance</p>

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16TH NOVEMBER 2016	Key Issues	Service Area
<p>Highway Asset Management Plan</p> <p>Cynllun Cynnal a Chadw'r Priffyrdd.</p>	<p>To update on the current All Wales approach to Asset Management and seek endorsement for CCBC's development of its Highways Asset Management Plan</p>	<p>Engineering Services</p>
<p>Mid-Year Budget Monitoring (Whole Authority)</p> <p>Monitro Cabol Blwyddyn Cyllideb 2015/16</p>	<p>This report will provide details of projected whole-Authority revenue expenditure for 2016/17 along with details of any significant issues arising. The report will also update Cabinet on progress in delivering approved savings for the 2016/17 financial year.</p>	<p>Corporate Finance</p>

Cabinet Forward Programme

14TH DECEMBER 2016	Key Issues	Service Area
Council Tax Base Sylfaen Treth y Cyngor		Corporate Finance
Treasury Management - Review of MRP Policy. Rheolaeth Y Trysorlys – Adolygiad o’r Polisi Isafswm y Ddarpariaeth Refeniw.	This report will set out options for revising the Minimum Revenue Provision (MRP) Policy to identify potential savings to support the Medium Term Financial Plan (MTFP).	Corporate Finance

Gadewir y dudalen hon yn wag yn fwriadol



HEALTH, SOCIAL CARE AND WELL BEING SCRUTINY COMMITTEE 13TH SEPTEMBER 2016

SUBJECT: BUDGET MONITORING REPORT (MONTH 3)

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform Members of projected revenue expenditure for the Social Services Directorate for the 2016/17 financial year.
- 1.2 To update Members on the progress made against the savings targets built in to the 2016/17 revenue budget for the Directorate.

2. SUMMARY

- 2.1 The report summarises the projected financial position for the Social Services Directorate for the 2016/17 financial year based on information available as at month 3 (June 2016). Full details are attached at Appendix 1.
- 2.2 The report also identifies the 2016/17 savings targets that have been achieved by the Directorate and identifies the progress that has been made towards delivering the targeted savings that have not yet been achieved.

3. LINKS TO STRATEGY

- 3.1 The expenditure of the Directorate is linked directly to its ability to shape and deliver its strategic objectives, which in turn assists the achievement of the Authority's stated aims.

4. THE REPORT

- 4.1 The 2016/17 month 3 position is a projected Directorate overspend of £1,047k as summarised in the table below: -

Division	2016/17 Current Budget (£000's)	2016/17 Projection/ Commitment (£000's)	2016/17 Over/(Under) Spend (£000's)
Children's Services	19,571	19,784	213
Adult Services	51,304	52,115	811
Service Strategy & Business Support	2,529	2,552	23
Totals: -	73,404	74,451	1,047

- 4.2.1 The projections included in the above table include increases in care provider fees linked to the National Living Wage and increased demand for commissioned packages of care and placements for both children and adults linked to demographic changes amounting to around £2.059m. However, Members will recall that the 2016/17 budget approved by Council on 24th February 2016 included a contingency of £2.5m for Social Services cost pressures. This funding is currently held corporately and will be released at the end of the financial year once the full year actual costs of the impact of the National Living Wage and demographic pressures are known.
- 4.2.2 If this contingency were to be drawn down at this stage to fund the £2.059m cost pressure identified in paragraph 4.2.1 then the Directorate would be reporting an underspend of around £1m. An underspend of this order at this stage of the year would be welcomed if recent trends in demand for services are to be replicated through the remainder of the financial year.
- 4.3 Full details of the month 3 budgets and projections are provided in Appendix 1 and the following paragraphs summarise the key issues arising.

4.4 **Children's Services**

- 4.4.1 The Children's Services Division is currently projected to overspend by £213k as summarised in the following table: -

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	8,870	8,593	(277)
External Residential Care	1,420	1,874	454
Fostering & Adoption	6,706	6,854	148
Youth Offending	395	395	0
Families First	177	154	(23)
After Care Support	246	199	(47)
Other Costs	1,757	1,715	(42)
Totals: -	19,571	19,784	213

Management, Fieldwork and Administration

- 4.4.2 In response to the anticipated reductions in Welsh Government funding over the forthcoming financial years, a prudent approach to vacancy management has been adopted. This has led to a projected underspend of £277k against Management, Fieldwork and Administration posts within the Division.

Child Care Placement Costs

- 4.4.3 An overall overspend of £555k is projected in respect of residential placements, fostering, adoption and aftercare support. This reflects the demographic changes and additional cost pressures experienced within the financial year with more children presenting with more complex and challenging behaviour than in previous years. As mentioned in paragraph 4.2.1 these pressures will be funded from funds held corporately once the full year actual costs have been determined.

Families First

- 4.4.4 The underspend of £23k in respect of Families First is due to temporary staffing vacancies that are expected to be filled in the near future.

Other Costs

- 4.4.5 The projected £42k underspend for 'Other Costs' can largely be attributed to the renegotiation of contracts with voluntary organisations.

4.5 Adult Services

- 4.5.1 The Adult Services Division is currently projected to overspend by £811k as summarised in the following table: -

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	7,452	7,411	(41)
Own Residential Care	5,833	5,501	(332)
External Residential Care	10,818	11,771	953
Own Day Care	4,402	4,088	(314)
External Day Care	872	1,011	139
Sheltered Employment	71	68	(3)
Aid and Adaptations	967	853	(114)
Home Assistance and Reablement (excl. Frailty)	10,265	10,622	357
Gwent Frailty Programme	2,228	2,177	(51)
Other Domiciliary Care	8,636	8,691	55
Resettlement	(1,020)	(1,020)	0
Supporting People	51	248	197
Other Costs	729	694	(35)
Totals: -	51,304	52,115	811

Management, Fieldwork and Administration

- 4.5.2 The £41k underspend in Management, Fieldwork and Administration can be attributed to structural savings delivered in advance of the Medium Term Financial Plan requirements.

Own Residential Care

- 4.5.3 The underspend of £332k within our Own Residential Care service is largely due to short term staffing vacancies and lower than anticipated use of casual staff to cover absences.

Own Day Care

- 4.5.4 The underspend of £314k within our own day care services is due to a combination of short term vacancies and efficiency savings delivered in advance of the Medium Term Financial Plan requirements.

Aids and Adaptations

- 4.5.5 The underspend of £114k is due to a repayment from GWICES in respect of unspent funding from 2015/16.

Gwent Frailty Programme

- 4.5.6 Underspending across the Gwent Frailty Programme largely resulting from short term vacancies is likely to result in a £51k reduction in the contribution required from Caerphilly Social Services.

Supporting People

- 4.5.7 An overspend of £197k is currently projected against the Supporting People budget. The Supporting People Manager will continue to review existing contracts in order to reduce this over commitment.

Costs of Care Packages

- 4.5.8 Financial information in respect of external residential care, external day care, home assistance and reablement and other domiciliary services is captured separately for each of these services. However, demand for these services is inter-dependent as it is difficult to predict the exact needs and preferences of future service users. If these services are considered as a whole then we see an overall overspend of £1,504k is projected for 2016/17 as demonstrated in the table below:-

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
External Residential Care	10,818	11,771	953
External Day Care	872	1,011	139
Home Assistance and Reablement (excl. Frailty)	10,265	10,622	357
Other Domiciliary Care	8,636	8,691	55
Totals: -	30,591	32,095	1,504

- 4.5.9 This pressure has occurred due to demographic changes and provider fee increases linked to the National Living Wage. These cost pressures will be funded from the funds held corporately once the full year actual costs have been determined.

Other Costs

- 4.5.10 An underspend of £35k is predicted against other Adult Services budgets largely as a result of the maximisation of the Wales Independent Living Grant.

4.6 Service Strategy & Business Support

- 4.6.1 This service area is currently projected to overspend by £23k as summarised in the following table: -

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Management and Administration	1,211	1,257	46
Office Accommodation	448	449	1
Office Expenses	207	207	0
Other Costs	663	639	(24)
Totals: -	2,529	2,552	23

- 4.6.2 The overspend of £23k in respect of Business Support is due to one off early retirement and severance costs incurred in 2016/17 that will deliver recurring savings in future years.

4.7 Progress Made Against the 2016/17 Revenue Budget Savings Targets

4.7.1 The 2016/17 revenue budget settlement for Social Services included targeted savings of £1.342m. The projected overspends and underspends discussed in the above paragraphs take account of these savings targets. All of the targeted savings have now been delivered as demonstrated in the following table:-

Ref:	Description	Savings Target	Details
SS06	Child Care Support Workers	168	1 post holder awaiting a redeployment opportunity but other vacancy savings achieved to deliver full saving
SS08	Review managerial and staffing structures across Children's Services.	102	Vacant posts removed from structure w.e.f.1/4/16
SS09	Business Support - further review of business support staffing establishment across Children's Services	95	New structure implemented in July 2016 but earlier vacancies ensured that full saving will be achieved in year
SS31	Management and administration – Adult Services	176	Vacant posts removed from structure w.e.f.1/4/16
SS40	Financial Services savings target to be achieved through staff restructuring	54	Vacant posts removed from structure w.e.f.1/4/16
SS41	Performance Management Unit savings target to be achieved through staff restructuring	68	Recurring savings have been delivered but one-off severance and early retirement costs have been incurred in 2016/17 resulting in a potential overspend in year
SS43	Office Expenses 20% savings target	28	Underspend achieved in 2015/16 so budget realigned in 2016/17
SS44	Remove provision for shortfall in transport funding	101	Underspend achieved in 2015/16 so budget realigned in 2016/17
SS46	Long term care - client contributions	550	Underspend achieved in 2015/16 so budget realigned in 2016/17
		1,342	

5. EQUALITIES IMPLICATIONS

- 5.1 This report is for information purposes, so the Council's Equalities Impact Assessment (EqIA) process does not need to be applied.

6. FINANCIAL IMPLICATIONS

- 6.1 As identified throughout the report.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no direct personnel implications arising from this report.

8. CONSULTATIONS

- 8.1 There are no consultation responses that have not been reflected in this report.

9. RECOMMENDATION

- 9.1 Members are asked to note the projected overspend of £1.047m for 2016/17.
- 9.2 Members are asked to note that the projected overspend includes around £2.059m relating to demographic changes and fee uplifts linked to the National Living Wage.
- 9.3 Members are asked to note the progress made against the savings targets included in the 2016/17 budget settlement for the Directorate.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 To ensure that the Directorate manages its budget effectively.

11. STATUTORY POWER

- 11.1 Local Government Acts 1972 and 2000.

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Consultees: Social Services Senior Management Team
Stephen Harris (Interim Head of Corporate Finance)

Appendices:
Appendix 1 – Social Services 2016/17 Budget Monitoring Report (Month 3)

APPENDIX 1 – Social Services 2016/17 Budget Monitoring Report (Month 3)

	Revised Budget 2016/17 £	Actuals £	Projection £	Over/ (Under) Spend £
<u>SUMMARY</u>				
CHILDREN'S SERVICES	19,570,638	4,763,855	19,783,856	213,218
ADULT SERVICES	51,304,475	12,190,585	52,115,214	810,739
RESOURCING AND PERFORMANCE	2,528,896	608,958	2,552,422	23,526
SOCIAL SERVICES TOTAL	73,404,009	17,563,398	74,451,491	1,047,482

	Revised Budget 2016/17 £	Actuals £	Projection £	Over/ (Under) Spend £
CHILDREN'S SERVICES				
Management, Fieldwork and Administration				
Children's Management, Fieldwork and Administration	9,020,473	2,152,260	8,743,537	(276,936)
Intermediate Care Fund Contribution	(150,842)	0	(150,842)	0
Sub Total	8,869,631	2,152,260	8,592,695	(276,936)
External Residential Care Including Secure Accommodation				
Gross Cost of Placements	1,665,812	427,440	2,027,785	361,973
Contributions from Education	(246,281)	0	(153,702)	92,579
Contributions from Health	0	0	0	0
Sub Total	1,419,531	427,440	1,874,083	454,552
Fostering and Adoption				
Gross Cost of Placements	5,969,306	1,220,479	6,063,353	94,047
Other Fostering Costs	117,104	27,958	117,104	0
Adoption Allowances	161,277	43,028	153,148	(8,129)
Other Adoption Costs	130,980	(14,029)	208,980	78,000
Professional Fees Inc. Legal Fees	327,649	51,879	311,272	(16,377)
Sub Total	6,706,316	1,329,314	6,853,857	147,541
Youth Offending				
Youth Offending Team	395,152	133,161	395,152	0
Sub Total	395,152	133,161	395,152	0
Families First				
Families First Team	267,008	30,913	230,789	(36,219)
Other Families First Contracts	2,657,197	38,333	2,670,782	13,585
Grant Income	(2,747,197)	0	(2,747,197)	0
Sub Total	177,008	69,246	154,374	(22,634)
Other Costs				
Equipment and Adaptations	31,623	308	36,731	5,108
Preventative and Support - (Section 17 & Childminding)	96,000	14,753	96,000	0
Local Safeguarding Children Board	11,209	184,700	11,209	0
Aftercare	246,027	(87,832)	199,161	(46,866)
Respite Care	214,678	162,941	212,781	(1,897)
Agreements with Voluntary Organisations	1,118,225	161,225	1,082,081	(36,144)
Other	285,238	216,338	275,731	(9,507)
Sub Total	2,003,000	652,433	1,913,694	(89,306)
TOTAL CHILDREN'S SERVICES	19,570,638	4,763,855	19,783,856	213,218

	Revised Budget 2016/17 £	Actuals £	Projection £	Over/ (Under) Spend £
ADULT SERVICES				
Management, Fieldwork and Administration				
Management	120,499	31,616	121,936	1,437
Protection of Vulnerable Adults	187,531	37,767	180,489	(7,042)
OLA and Client Income from Client Finances	(190,314)	(77,863)	(190,314)	0
Commissioning	708,693	157,247	661,160	(47,533)
Section 28a Income Joint Commissioning Post	(17,175)	2,862	(17,175)	0
Older People	2,387,531	641,523	2,551,689	164,158
Less Wanless Income	(95,862)	7,458	(95,862)	0
Physical Disabilities	1,503,807	430,059	1,517,242	13,435
Provider Services	379,018	97,237	388,777	9,759
Learning Disabilities	754,680	169,336	735,217	(19,463)
Contribution from Health and Other Partners	(39,928)	0	(39,928)	0
Mental Health	1,257,774	353,990	1,297,402	39,628
Section 28a Income Assertive Outreach	(94,769)	15,804	(94,769)	0
Drug & Alcohol Services	335,211	96,227	344,962	9,751
Anticipated Further Vacancy Savings	0	0	(205,269)	(205,269)
Emergency Duty Team	255,897	224,301	255,897	0
Sub Total	7,452,593	2,187,565	7,411,454	(41,139)
Own Residential Care				
Residential Homes for the Elderly	6,219,909	1,236,936	6,096,114	(123,795)
Intermediate Care Fund Contribution	(97,387)	0	(97,387)	0
-Less Client Contributions	(1,947,000)	(773,563)	(2,013,275)	(66,275)
-Less Section 28a Income (Ty Iscoed)	(115,350)	19,225	(115,350)	0
-Less Inter-Authority Income	(62,000)	0	(39,527)	22,473
Net Cost	3,998,172	482,598	3,830,576	(167,596)
Accommodation for People with Learning Disabilities	2,401,242	446,748	2,236,601	(164,641)
-Less Client Contributions	(63,437)	(3,974)	(63,437)	0
-Less Contribution from Supporting People	(273,003)	0	(273,002)	1
-Less Inter-Authority Income	(230,000)	0	(230,000)	0
Net Cost	1,834,802	442,774	1,670,161	(164,641)
Sub Total	5,832,974	925,372	5,500,737	(332,237)
External Residential Care				
Long Term Placements				
Older People	7,043,013	1,631,416	7,744,878	701,865
Less Wanless Income	(303,428)	55,258	(303,428)	0
Less Section 28a Income - Allt yr yn	(151,063)	25,178	(151,063)	0
Physically Disabled	428,729	89,747	374,377	(54,352)
Learning Disabilities	2,547,098	788,851	2,809,303	262,205
Mental Health	852,419	208,763	875,591	23,172
Substance Misuse Placements	53,523	51,999	53,523	0
Net Cost	10,470,291	2,851,211	11,403,181	932,890

	Revised Budget 2016/17 £	Actuals £	Projection £	Over/ (Under) Spend £
Short Term Placements				
Older People	192,000	33,065	192,000	0
Physical Disabilities	73,200	9,800	73,200	0
Learning Disabilities	74,800	9,896	74,800	0
Mental Health	8,000	9,504	28,157	20,157
Net Cost	348,000	62,265	368,157	20,157
Sub Total	10,818,291	2,913,476	11,771,338	953,047
Own Day Care				
Older People	894,302	159,661	806,751	(87,551)
-Less Attendance Contributions	(16,869)	(11,873)	(30,000)	(13,131)
Learning Disabilities	2,958,031	565,307	2,748,733	(209,298)
-Less Attendance Contributions	(20,691)	(5,406)	(20,691)	0
-Less Inter-Authority Income	(45,523)	0	(29,798)	15,725
Mental Health	713,868	131,498	694,659	(19,209)
-Less Section 28a Income (Pentrebane Street)	(81,366)	13,561	(81,366)	0
Sub Total	4,401,752	852,748	4,088,288	(313,464)
External Day Care				
Elderly	6,919	4,380	27,728	20,809
Physically Disabled	148,306	13,509	167,030	18,724
Learning Disabilities	783,282	107,455	848,874	65,592
Section 28a Income	(72,659)	24,248	(72,659)	0
Mental Health	6,238	(1,798)	40,483	34,245
Sub Total	872,086	147,794	1,011,457	139,371
Supported Employment				
Mental Health	70,543	0	68,088	(2,455)
Sub Total	70,543	0	68,088	(2,455)
Aids and Adaptations				
Disability Living Equipment	621,300	5,507	508,288	(113,012)
Adaptations	335,967	0	335,967	0
Chronically Sick and Disabled Telephones	10,053	2,257	8,933	(1,120)
Sub Total	967,320	7,764	853,187	(114,133)
Home Assistance and Reablement				
Home Assistance and Reablement Team				
Home Assistance and Reablement Team (H.A.R.T.)	3,086,474	802,284	3,221,700	135,226
Wanless Funding	(67,959)	11,327	(67,959)	0
Independent Sector Domiciliary Care				
Elderly	5,700,794	813,996	5,939,133	238,339
Physical Disabilities	932,558	110,076	912,405	(20,153)
Learning Disabilities (excluding Resettlement)	255,993	39,335	271,209	15,216
Community Living	76,609	5,274	64,278	(12,331)
Mental Health	280,549	13,640	281,016	467
Gwent Frailty Programme	2,227,800	680,685	2,177,088	(50,712)
Sub Total	12,492,818	2,476,617	12,798,869	306,051

	Revised Budget 2016/17 £	Actuals £	Projection £	Over/ (Under) Spend £
Other Domiciliary Care				
Supported Living				
Adult Placement Scheme	609,849	273,581	515,106	(94,743)
-Less Contribution from Supporting People	(138,670)	0	(138,671)	(1)
Net Cost	471,179	273,581	376,436	(94,743)
Supported Living				
Older People	924	8,544	46,002	45,078
-Less Contribution from Supporting People	0	0	0	0
Physical Disabilities	738,825	118,311	727,318	(11,507)
-Less Contribution from Supporting People	(69,299)	0	(68,028)	1,271
Learning Disabilities	5,953,734	1,069,601	5,762,687	(191,047)
Less Section 28a Income Joint Tenancy	(28,987)	4,832	(28,987)	0
-Less Contribution from Supporting People	(794,070)	0	(799,921)	(5,851)
Mental Health	2,040,678	94,605	2,114,434	73,756
-Less Contribution from Supporting People	(39,108)	0	(39,107)	1
Net Cost	7,802,697	1,295,893	7,714,396	(88,301)
Direct Payment				
Elderly People	192,166	154,078	162,265	(29,901)
Physical Disabilities	382,560	492,587	522,433	139,873
Learning Disabilities	284,378	388,758	465,092	180,714
Section 28a Income Learning Disabilities	(20,808)	0	(20,808)	0
Mental Health	3,425	3,421	3,524	99
Net Cost	841,721	1,038,844	1,132,506	290,785
Other				
Sitting Service	457,081	53,726	415,247	(41,834)
Extra Care Sheltered Housing	512,561	43,844	512,493	(68)
-Less Contribution from Supporting People	(14,308)	0	(14,240)	68
Net Cost	955,334	97,570	913,500	(41,834)
Total Home Care Client Contributions	(1,435,161)	(1,348,261)	(1,446,204)	(11,043)
Sub Total	8,635,770	1,357,626	8,690,634	54,864
Resettlement				
External Funding				
Section 28a Income	(1,020,410)	170,068	(1,020,410)	0
Sub Total	(1,020,410)	170,068	(1,020,410)	0

	Revised Budget 2016/17 £	Actuals £	Projection £	Over/ (Under) Spend £
Supporting People (including transfers to Housing)				
Elderly Supported People	681,778	37,092	730,986	49,208
Physically Disabled Supported People	82,795	8,442	101,826	19,031
Learning Disabilities Supported People	317,555	24,491	351,748	34,193
Mental Health Supported People	1,366,404	(4,978)	1,368,677	2,273
Families Supported People	2,577,196	(13,382)	2,664,451	87,255
Contribution to Independent Sector Supported Living	547,327	0	552,393	5,066
Contribution to In-House Supported Living	273,003	0	273,002	(1)
Contribution to Resettlement	355,150	0	354,664	(486)
Contribution to Adult Placement	138,670	0	138,671	1
Contribution to Extra Care	14,308	0	14,240	(68)
Less supporting people grant	(6,302,790)	0	(6,302,790)	0
Sub Total	51,396	51,666	247,868	196,472
Other Costs				
Telecare Gross Cost	579,315	125,070	590,170	10,855
Less Client and Agency Income	(353,985)	(59,960)	(353,985)	0
-Less Contribution from Supporting People	(83,476)	0	(83,476)	0
Agreements with Voluntary Organisations				
Elderly	249,807	23,000	246,844	(2,963)
Physically Disabled	28,433	7,033	26,873	(1,560)
Learning Difficulties	111,286	7,601	111,286	0
Section 28a Income	(52,020)	0	(52,020)	0
Mental Health & Substance Misuse	136,185	(4,981)	136,185	0
MH Capacity Act / Deprivation of Libert Safeguards	61,831	62,566	62,566	735
Other	51,966	28,705	51,966	0
Wales Independent Living Expenditure	0	925,027	949,732	949,732
Wales Independent Living Grant	0	0	(992,439)	(992,439)
Gwent Enhanced Dementia Care Expenditure	279,692	(14,171)	279,692	0
Gwent Enhanced Dementia Care Grant	(209,692)	0	(209,692)	0
Intermediate Care Fund Contribution	(70,000)	0	(70,000)	0
Sub Total	729,342	1,099,890	693,702	(35,640)
TOTAL ADULT SERVICES	51,304,475	12,190,585	52,115,214	810,739

	Revised Budget 2016/17 £	Actuals £	Projection £	Over/ (Under) Spend £
<u>SERVICE STRATEGY AND BUSINESS SUPPORT</u>				
Management and Administration				
Policy Development and Strategy	190,371	48,229	188,320	(2,051)
Business Support and Learning & Development	946,472	275,233	994,979	48,507
Performance Management Consortium	74,358	65,769	74,358	0
Sub Total	1,211,201	389,231	1,257,657	46,456
Office Accommodation				
All Offices	543,498	116,373	544,433	935
Less Office Accommodation Recharge to HRA	(95,613)	0	(95,613)	0
Sub Total	447,885	116,373	448,820	935
Office Expenses				
All Offices	207,244	10,301	207,244	0
Sub Total	207,244	10,301	207,244	0
Other Costs				
Training	291,718	85,387	329,007	37,289
Publicity/Marketing/Complaints	39,400	60	27,150	(12,250)
Staff Support/Protection	58,362	938	9,457	(48,905)
Information Technology	10,794	0	10,794	0
Management Fees for Consortia	(55,558)	0	(55,558)	0
Insurances	254,439	0	254,439	0
Other Costs	63,411	6,668	63,411	0
Sub Total	662,566	93,053	638,700	(23,866)
TOTAL RESOURCING AND PERFORMANCE	2,528,896	608,958	2,552,422	23,526

Gadewir y dudalen hon yn wag yn fwriadol



HEALTH SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 13TH SEPTEMBER 2016

SUBJECT: ANNUAL DIRECTOR'S REPORT ON THE EFFECTIVENESS OF SOCIAL CARE SERVICES 2015-16

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform scrutiny committee of the key messages that have been identified in the preparation of the seventh Annual Directors Report on the effectiveness of social care services in Caerphilly CBC (Appendix 1).
- 1.2 To seek the views of the committee on the report prior to the presentation of the report to Council on the 11th October 2016.
- 1.3 To inform members of the future requirements of the Social Services & Wellbeing (Wales) Act 2014 (SSWBA) in terms of the content of annual reports.

2. SUMMARY

- 2.1 In June 2009, the Welsh Assembly Government issued Statutory Guidance on the Role and Accountabilities of the Director of Social Services. The Guidance sets out a requirement for Directors of Social Services to report annually to the Council on the performance of Social Services functions, and plans for further improvement. The process of compiling the report has been undertaken in accordance with the Annual Council Reporting Framework. This framework has been devised by the Social Services Improvement Agency, in conjunction with the Welsh Government, and provides a structure for the compilation of the Annual Report.

3. LINKS TO STRATEGY

- 3.1 Statutory Guidance on the Role and Accountabilities of the Director of Social Services (Welsh Government, June 2009).
- 3.2 Annual Council Reporting Framework (Social Services Improvement Agency, 2009).
- 3.3 Local Authority Social Services Inspection, Evaluation and Review Framework (Care and Social Services Inspectorate, April 2009).
- 3.4 Social Services & Wellbeing (Wales) Act 2014; Well-being of Future Generations (Wales) Act 2015.
- 3.5 The functions of the Social Services Directorate contribute to the Safer, Healthier and Learning Caerphilly Priorities within the Single integrated Plan, Caerphilly Delivers. As part of its Corporate Plan for 2016/17 the Council has set eight corporate priorities, two of which relate to Social Services. These are:

- CP1- Peoples social care needs are identified and met in a
- timely and appropriate way.
- CP2 – Children and Adults are safeguarded from abuse.

4. THE REPORT

- 4.1 This will be the seventh Annual Director's Report for Caerphilly County Borough Council. The aim of the report is to provide a summary outlining the effectiveness of how Caerphilly County Borough Council delivers Social Services to its citizens. The Report provides details on the Directorate's performance for 2015-16 and the priority areas for development in 2016-17.
- 4.2 In 2015-16 the Directorate set itself a number of specific divisional priorities. The progress achieved in relation to these priorities is shown throughout the document.
- 4.3 The Directorate has also identified a number of priority areas for development in 2016-17. These are also shown throughout the document and have informed the Directorate's Annual Service Plan for 2016-17.
- 4.4 The report put significant focus on our preparation for the introduction of the Social Services & Wellbeing (Wales) Act 2014 as well as highlighting a number of key issues which the Directorate dealt with in 2014-15 but remain significant issues moving forward, namely;
- Our response to Operation Jasmine
 - The current fragility of the care sector
 - Ongoing financial pressures
 - A focus on integrated services with Aneurin Bevan University Health Board
 - Responding to the Public Law Outline
 - Our links to Corporate Priorities
- 4.5 Following presentation to Council on the 11th October 2016, the Annual Director's Report will be made available to members of the public, partner agencies and stakeholders.
- 4.6 This will be the last time that Directors Of Social Services report performance / effectiveness this way. Part 8 of the SSWBA sets out specific requirements of Directors of Social Services in terms of the way that performance must be evaluated and reported moving forward. These requirements are set out in Appendix 2 of this report.

5. EQUALITIES IMPLICATIONS

- 5.1 This report is for information purposes and therefore the Council's Equality Impact Assessment process does not need to be applied.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no specific financial implications arising from this report.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no specific financial implications arising from this report. However, considerable work will need to be done to collate the future information requirements set out in Appendix 2. Where possible this work will be considered regionally but inevitably there will need to be a heavy local focus on data and evidence collection.

8. CONSULTATIONS

- 8.1 In order to produce the Annual Director's Report a wide range of information sources are taken into account. For 2015-16 the Social Services Self Evaluation document was a major contributor. Information captured as part of the self-evaluation process includes feedback from our customers and regulators/inspectors. This feedback has been incorporated into the Annual Directors Report where relevant.

9. RECOMMENDATIONS

- 9.1 The HSCWB Scrutiny Committee are requested to note the contents of the Annual Director's Report on the Effectiveness of Social Care Services 2015-2016 and offer its view(s) prior to submission to Council on 11th October 2016 for their adoption.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 To ensure that Scrutiny Committee is fully informed on issues pertaining to the Annual Director's Report on the Effectiveness of Social Care Services 2015-16.
- 10.2 Statutory guidance requires the Corporate Director Social Services to present the Annual Report to Council for their adoption.

11. STATUTORY POWER

- 11.1 Social Services & Wellbeing (Wales) Act 2014.

Author: Dave Street, Corporate Director Social Services
Consultees: Councillor Robin Woodyatt, Cabinet Member
Social Services Senior Management Team

Appendices:

Appendix 1 - Annual Directors Report on the effectiveness of Social Care Services 2015-2016
Appendix 2 - Statutory Guidance on the Director's Annual Report

Gadewir y dudalen hon yn wag yn fwriadol

APPENDIX 1

ANNUAL DIRECTOR'S REPORT ON THE **EFFECTIVENESS OF SOCIAL CARE SERVICES**

2015-2016



Page 09

A greener place to live, work and visit
Man gwyrdach i fyw, gweithio ac ymweld



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Director's Introduction



Dave Street
Corporate Director
Social Services

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I am pleased to present the seventh Annual Directors report for Caerphilly Council's Directorate of Social Services. The purpose of this report is to outline the achievements of the Directorate in 2015/16, explain how the changing face of social care legislation is impacting on the way we deliver services and to highlight the challenges faced in providing services to a changing population at a time of significant financial austerity for our communities and the public sector in general.

The introduction of the Social Services & Well-being (Wales) Act 2014 is a landmark for Social Services across Wales. Throughout 2015 the Directorate has been preparing for its introduction with significant training events for staff. A key element of our preparation for the Act has been our joint work with the four local authorities in the 'Gwent' region and other key partners, particularly in terms of the ongoing development of our population needs assessment. The Act means that the way our performance will be measured will change significantly and the work we do in 2016/17 will be fundamental in ensuring that we have mechanisms in place to move to these new performance measures.

In my report for 2014/15 I referenced the impact of the current financial climate on the provision of Social Services. It is clear that financial austerity will be with the public sector for the foreseeable future and will continue to present a formidable challenge to the provision of quality services. In 2015/16 the Social Services Directorate made savings of around £3.1million and was able to do this in a way that minimised the impact on the public by targeting back office areas and general efficiencies. Despite these budget reductions, it is of great credit to staff that they have been able to maintain performance levels throughout the year.

The safeguarding of children and adults in our communities has been, and will remain, our most significant objective as a Directorate. In July 2014, Dr. Margaret Flynn published 'In Search Of Accountability - A review of the neglect of older people living in care homes investigated as Operation Jasmine'. These events occurred in South East Wales and many of them within the geographical boundaries of Caerphilly. Whilst work has been ongoing to improve the care of older people in care settings, the publication of Dr. Flynn's report has brought about the opportunity for further reflection on our position. Accordingly, as a result of this report, two learning events for managers and practitioners were held and the Gwent Wide Adult Safeguarding Board has made residential care for older people one of its three key priorities. Internally, the authority has established a Corporate Safeguarding Group which brings key representatives from all parts of the authority together. This reinforces the message that safeguarding is the responsibility of all staff within the local authority.

One major area of concern at the moment is the fragility of the care sector across Wales. Caerphilly, like almost all other authorities, is experiencing a series of service closures that appear to have occurred as a result of Providers experiencing financial difficulty, and finding it difficult to recruit and retain particular groups of staff. These issues are by no means unique to Caerphilly and we are working hard in partnership with the Welsh Government to identify a sustainable solution. In addition, whilst the implementation of the increases in the National Minimum Wage from April 2016 is welcomed, it has increased the financial pressures on Providers. To this end the authority has uplifted its fees to providers by around £1.4million to help ease the difficulties in this area.

Director's Introduction



Gave Street
Corporate Director
Social Services

A stable provider market is essential in allowing the authority to maintain the improvement it has made in Delayed Transfers of Care (DToC). 2015/16 has seen significant pressures in this area with substantial staff resources being utilised to keep DToC numbers as low as possible. It is to the credit of all staff involved that numbers have been able to be maintained at the level achieved.

The focus on integrated services with Aneurin Bevan University Health Board continues to be strong and 2015/16 saw the implementation of the Regional Partnership Board for Health and Social Care. Whilst still in its early stages, the Board will be the key mechanism for progressing integrated working.

We know that one of the fundamental difficulties in integrated working is information sharing between partner agencies. Consequently, Health Boards and Local Authorities across Wales are currently beginning to implement the Welsh Community Care Information System (WCCIS). This will be a single IT system giving Health and social care practitioner's access to shared information and help to avoid situations where users of our services have to provide the same information on more than one occasion. We will continue to work with other agencies to develop this system with implementation likely to take place in 2017.

Whilst a lot of our focus in 2015/16 has centred on the requirements of the Social Services & Well-being (Wales) Act 2014, it is by no means the only piece of legislation that has called for our attention. Firstly, the Welsh Language Act has required us to review the way we provide services to people who wish to converse with us in Welsh, and I am grateful for the work of our two Welsh language champions. Secondly, the Well-being of Future Generations Act, which has brought with it significant responsibilities for local authorities that will need to be factored into the

way we work, and finally, in April 2017 the Regulation and Inspection of Social Care (Wales) Act will come into force which will significantly change the way Social Care Services are inspected across Wales.

I hope my report provides a flavour of the challenges and achievements of Social Services in Caerphilly throughout 2015/16. As always, I am indebted to the work of all staff, Carers and Elected Members for their support over the past year and their commitment to delivering high quality services in increasingly challenging times.



Section 2

Cabinet Member for Social Services



Robin Woodyatt
Councillor
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April 2016 saw the introduction of the Social Services and Well-being (Wales) Act into the Local Authority. This Act will fundamentally change the way in which we deliver our social care services. Throughout 2015-16, the Social Services Directorate has been working hard to develop and transform our services in readiness, and making sure that the decisions we make now and for the future are compliant with the new Act. I am confident that the structured and planned approach we have taken to this work has positioned us well to take on the challenges that the new Act will bring.

The costs of providing quality social care services are increasing year on year. To help meet these growing costs, additional growth money of £2.5m was agreed by Cabinet for Social Services. Growth is essential to maintain the quality services we provide, and while this may seem like a large amount of money, it is essential in order to meet the increase in demand and to provide protection to the service in the years ahead.

The need for foster carers never goes away, and we are always looking for people in the county borough who are interested in caring for a child or children. Throughout 2015-16 there has been an active push towards the recruitment of new foster carers and over the course of the year the Directorate recruited 26 new foster carers. Unfortunately, however the service lost 31 carers due to retirement and resignation. Recruitment is a constant priority for our Children's services and the Foster Care Recruitment Strategy will continue to be monitored closely to ensure adequate numbers of carers are approved to meet the demand.

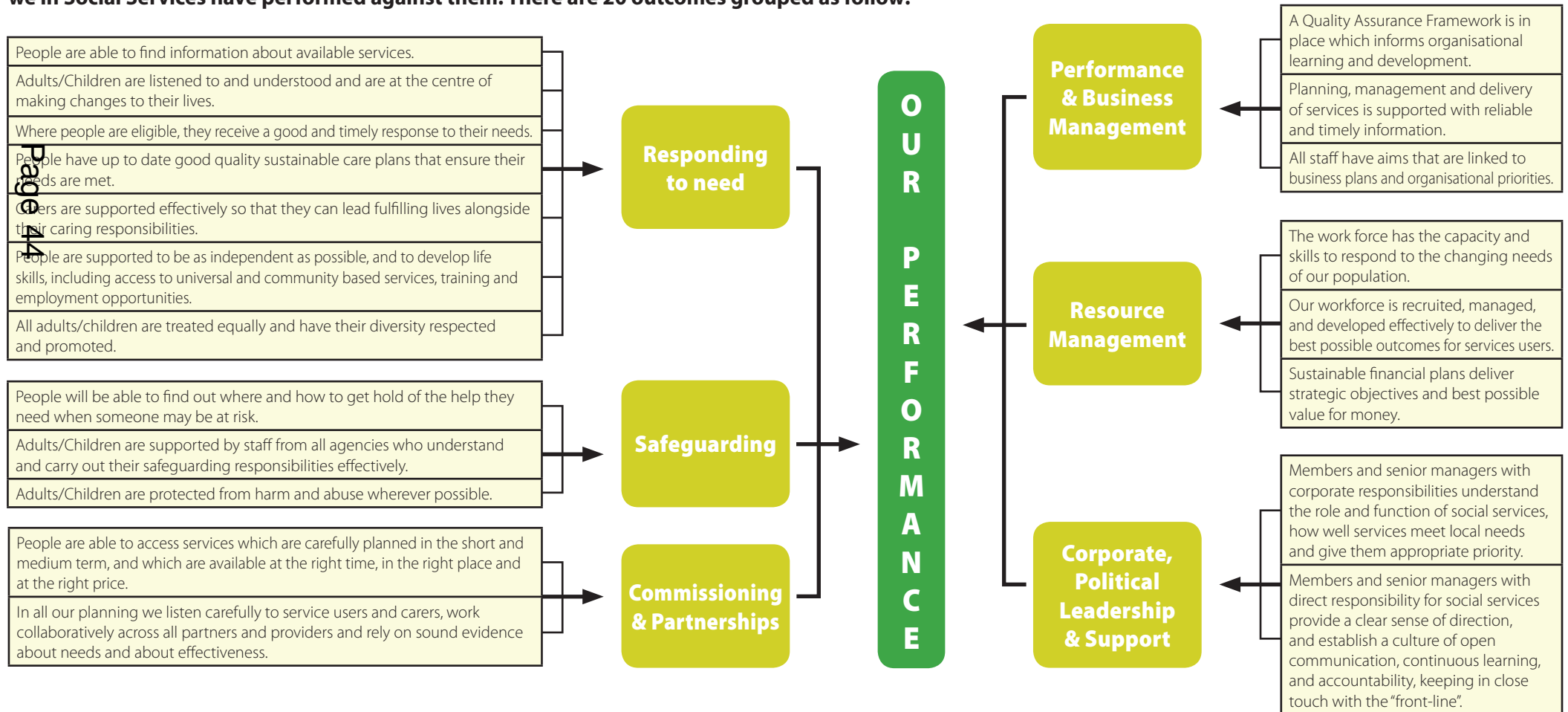
Looking forward, 2016-17 will continue to present challenges for the Directorate, such as implementation of the new Social Services and Well-being (Wales) Act and managing the demand for services in the face of an ageing population at a time of reducing public sector finances. However, I am confident that through playing an active part in pan Gwent activities and embracing collaborative working we can continue to provide the best possible services to those in need, when they need it, across Caerphilly county borough.

Finally, on behalf of residents of the county borough I wish to thank all members of staff for the services they provide to our most vulnerable people.



Social Services Outcomes

Over the past few years we have been working hard towards the achievement of a set of specific outcomes. These outcomes are 'conditions of well-being' that we want to achieve for our service users, carers and staff. My report this year has been developed around these outcomes and I hope to show you how we in Social Services have performed against them. There are 20 outcomes grouped as follow:



Our Performance & Priorities

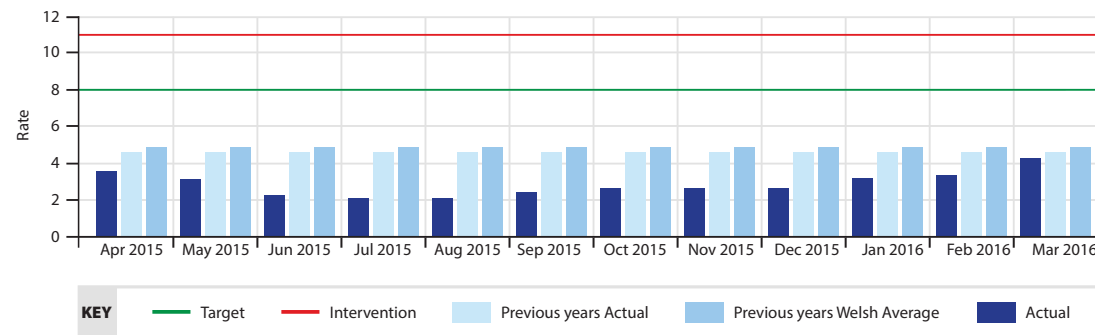
Fact:

Did you know in 2015-16 there were 14,041 contacts recorded by the Information, Advice and Assistance Team (IAA). 8,974 for Adult Services and 5,067 for Children's Services.

4.1 Responding to Need

The Directorate of Social Services has 18 National Indicators that are comparable across the 22 Local Authorities in Wales. Of the 18 indicators, 14 of them are in the upper or middle quartiles, which equates to 77%. We have listed below some examples of our performance from the national suite of performance measures and where we are working to improve our performance.

SCA/001 Rate of Delayed Transfer of Care (DToC) for social care reasons aged 75 plus



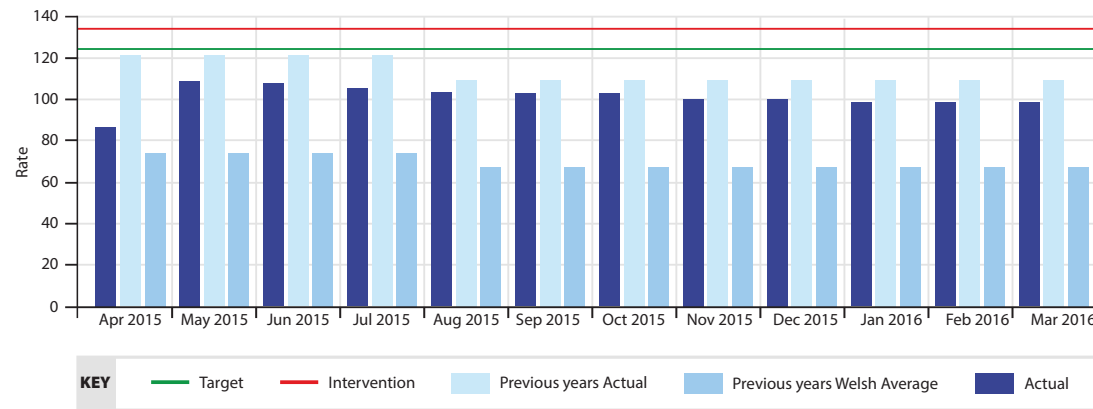
There were 58 delays coded to social care in total for 2015/16, this is a sustained improvement over the last few years. Figures in 2014/15 were 61. A number of changes have been made to the reporting process by Welsh Government, which has resulted in a change in practice, for example, the introduction of regional validation has helped to ensure consistency.

Additional Intermediate Care Funding was made available by the Welsh Government for use between 1st January and 31st March to address delays in the system. As a result, specialist equipment was purchased along with additional assessment capacity and money allocated to Care and Repair to provide minor adaptations in order to reduce the length of stay in hospital. This area will remain a priority for the Directorate given the national focus and need to improve outcomes for people.



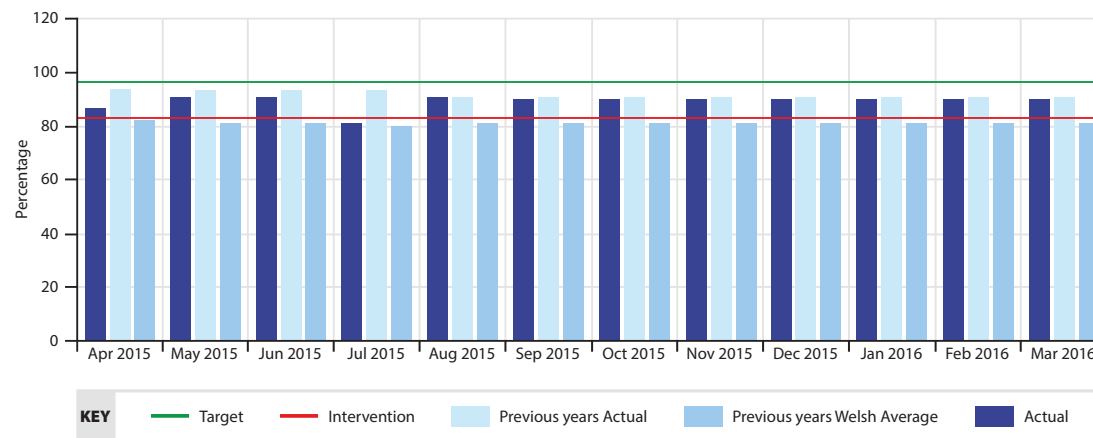
Our Performance & Priorities

SCA/002a The rate of older people supported in the community aged 65 or over



The rate of older people supported in the community has reduced slightly from the previous year and is going in the right direction. This illustrates the impact that working differently with people is having in terms of enabling them to be independent and meeting their own needs rather than being reliant on statutory services. This target will be reduced in accordance with the implementation of the Social Services and Well-Being Act, which looks to provide more information advice and assistance to promote independence, choice and control.

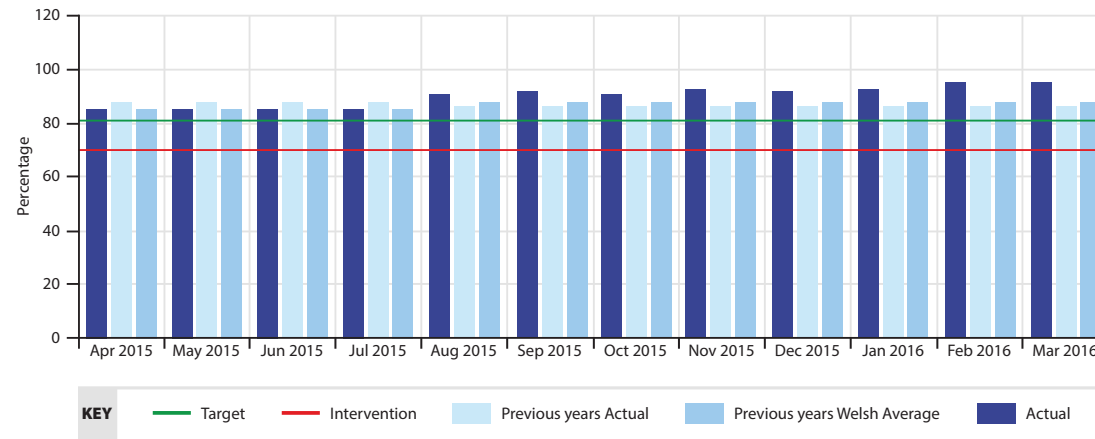
SCA/007 The percentage of clients whose care plans should have been reviewed that were reviewed during the year



The Directorate has reviewed 91% of their clients care plans, which is an improvement on last year (90%). Performance in this area remains consistently good.

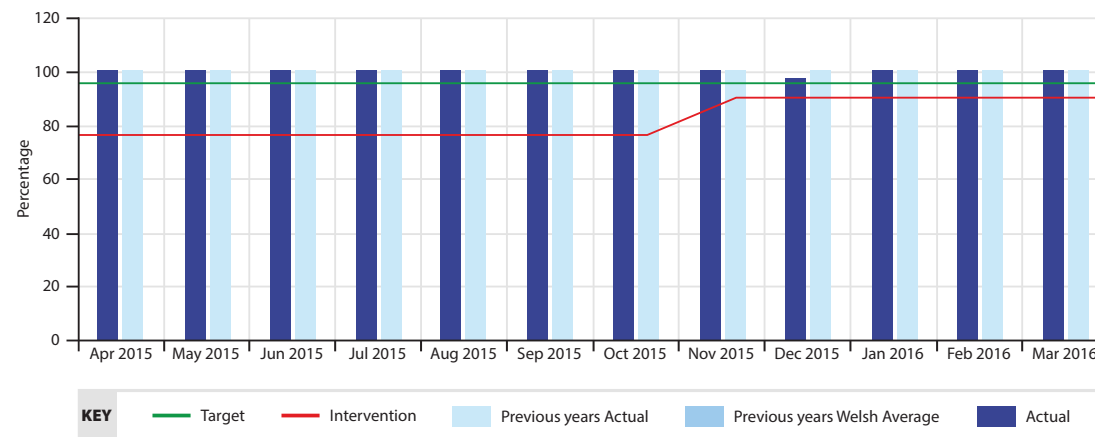
Our Performance & Priorities

SCA-018a The percentage of adult carers who were offered an assessment



The Directorate has offered an assessment and/or reviewed the needs of 94% of adult carers, which is an improvement on last years figure of 87%. In line with the development of the Information, Advice and Assistance service we are developing our processes in relation to recording information on the Carer's record and will be reviewing our management information reports to monitor in line with these developments.

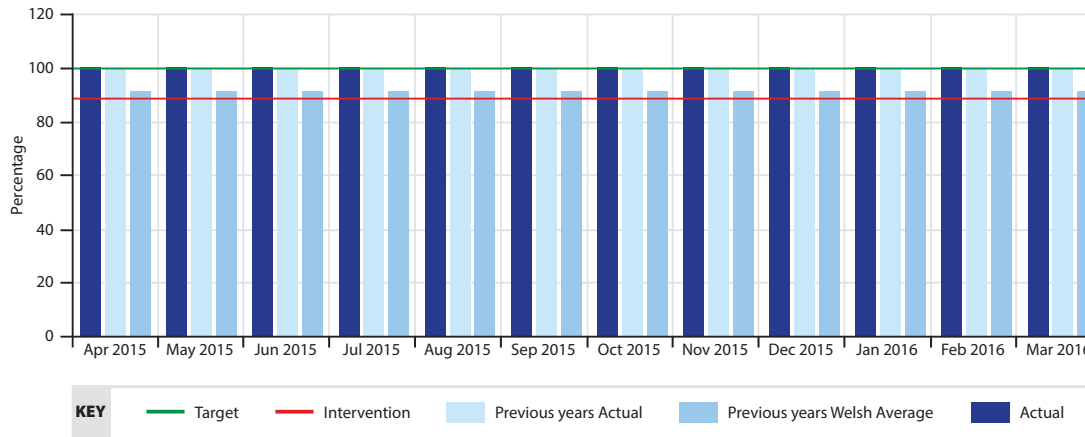
SCC/030a % of young carers who were assessed



100% of young carers were assessed in 2015/16 continuing the previous years performance and placing the Local Authority in the top quartile in Wales.

Our Performance & Priorities

SCC/041a % of eligible children that have pathway plans



The Directorate has maintained its performance at 100% compliance ranking the Local Authority as 1st in Wales.

Out of the 11 National Indicators for Children services, 3 have been ranked 1st in Wales and 5 fall into the Upper quartile. The 3 ranked 1st are:

- The % of former LAC in contact at age of 19
- The % of former LAC in suitable accommodation at 19
- The % of eligible children that have pathway plans



Out of the 7 National Indicators for Adult services, 3 fall into the Upper quartile within Wales. These are:

- The rate of older people supported in the community aged 65 or over.
- The rate of older people supported in care homes aged 65 or over.
- The % of clients whose care plans should have been reviewed that were reviewed during the year



Our Performance & Priorities

4.1 Responding to Need

What we've done in 2015 - 2016

Within **Children's Services** we have continued to implement practice improvements to reduce challenges in the Courts, to improve Social Worker's confidence and to improve business processes. This has included leading on the implementation of the Connected Person's Assessment template across 10 South Wales Local Authorities in partnership with the Local Family Justice Board.

As mentioned previously, the Foster Care Recruitment Strategy is continually reviewed and revised. There is a consistent marketing campaign across the county borough using a variety of methods including; Facebook, the media, adverts in all public buildings and Health Centres, banners in parks and on school railings, leaflet drops and coffee morning drop-ins in key locations. This work will continue in 2016/17.

The Welsh Government/Social Services Improvement Agency (SSIA) National Outcomes Framework (NOF) Pilot concluded in September 2015 and Caerphilly was chosen to present their experiences at a National Conference. Training is being rolled out across Wales with the aim that all staff will be trained over the next two years. However, within Caerphilly, the NOF continues to be operated within the North Cluster area i.e. Bargoed and Rhymer.

Within **Adult Services** it was anticipated that funding for the Supporting People programme would be cut considerably. Fortunately this was not the case. However, the priorities have changed to focus on homelessness, tackling poverty and older people.

Adult services continues to embed practice regarding the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act and are an active partner in the pan Gwent consortium for DoLS and work with the agreed prioritisation tool. Caerphilly staff have been seconded to the team to embed practice and 23 staff have undertaken accredited training to become Best Interest Assessors (BIA's).

One of the priorities in Adult Services for 2015 was to actively work towards achieving the standards set out by the Older People's Commissioner in her national report 'A Place to call home'. The service has since developed a comprehensive Action plan and submitted this to the Welsh Government. The action plan details how we will respond to and monitor the standards set out in the report. In addition, Contract Monitoring staff are using the Dementia Care Matters 50 point Check List when undertaking monitoring in care homes.

In 2015-16 the Gwent Frailty Board agreed to the recruitment of a Frailty Director post. This will be a fixed term position for 2 years to progress the actions identified in the Gwent Frailty Review undertaken by Cordis Bright and work towards further integration of the service. Regionally, the Section 33 document has been reviewed, revised and endorsed by Cabinet, which reaffirms the payback model. Locally, we have integrated twilight District Nurses with the Community Resource Team and agreed the criteria for admission and evaluation to the assessment beds which are funded by the Intermediate Care Fund (ICF).



Our Performance & Priorities

Adult services commissioned and participated in an independent review which focused on Community Connectors, Assessment Beds and the Rapid Assessment Interface Discharge scheme in hospital for people with dementia with an aim to facilitate better discharges. The review was very positive on all schemes and subsequently ICF investment was maintained, albeit at a reduced level for community connectors. In addition, non-recurring ICF was made available at the end of December 2015 for use between 1st January and 31st March 2016 to improve the position across the region in relation to delayed transfers of care (DToc). The money was spent on additional assessment capacity, provision of equipment and minor adaptations via the Care and Repair service.

What our Regulators Told Us

In the 2014-15 Performance Evaluation Report prepared by our Regulators the Care and Social Services Inspectorate Wales (CSSIW) they highlighted that we should:

- ◆ **Take forward recommendations outlined in CSSIW's report following a site visit to the 'Learn Engage Act Participate' (L.E.A.P) team and the relevance of these for other services within social services.**

In response to their comments, in 2015-16:

- ✓ CSSIW attended the Gwent Mental Health and Learning Disabilities Partnership Board to feedback their observations on their site visit to LEAP which is being run in Caerphilly on behalf of the region. Key messages were very positive in terms of the governance arrangements in place and the proportionate approach being taken. They were clear that this was both safe and well managed in terms of clear escalation points. CSSIW were very clear that they were committed to engage with us and learn going forward regarding the new options for service

delivery. CSSIW will look to engage Healthcare Inspectorate Wales (HIW) in future inspections/site visits.

The challenge going forward is one of the cultural change required and the capacity for this, including rolling this out across the borough and other local authorities. This will be the responsibility of the Partnership Development Officer, who is currently leading LEAP phase 2.

- ◆ **Ensure the new quality assurance framework reflects methods of monitoring progress of the children's strategy.**

In response to their comments, in 2015-16 we have:

- ✓ The Quality Assurance Framework developed and adopted by the Directorate in 2014 and was piloted in Children's Services through 2015-16 with the aim of being rolled out during 2016-17. Within Children's Services a series of thematic audits were undertaken driven by issues identified in practice and performance. These audits have included: LAC Care Plans, Professional Strategy Meetings, Cancelled Assessments and IAA Lateral Checks.

In 2015 the Blaenau Gwent and Caerphilly Youth Offending Service (YOS) underwent a thematic inspection looking at accommodation options for young people. The Inspection provided positive feedback in terms of the operational working of the YOS and the commitment of the partner agencies. The Inspection team reflected that it was one of the best YOS' they had visited. Some areas for improvement were identified and an action plan has been developed. One area for immediate action related to the use of supported accommodation across the county borough and the need to ensure children under the age of eighteen are not placed in any establishment where there are adults in placement. A Corporate Task Group has been established and will be developing plans to address this during 2016/17.

Our Performance & Priorities

What we're going to do in 2016 – 2017

Our priorities for the year ahead in connection with this area will be:

Priority	Why is this a priority?	What effect will it have?
Implementation of the Social Services and Well-being (Wales) Act from April 2016. This is a Directorate wide priority.	National change to legislation in Wales effective from April 2016.	The intention of the legislation is to empower people to help themselves to promote their independence. It requires a culture change for LA's and society in terms of expectations and the delivery of services. Implementation of the legislation will be incremental throughout 2016-17.
Participation in external evaluation of Intermediate Care Fund schemes.	This is a requirement of the grant funding.	The evaluation will impact on which schemes will continue to be funded and shape future provision and investment for ICF fund for 16/17.
Responding to Public Law Outline.	UK wide change to Family Justice Legislation.	Reduction in timescales for conclusion of court proceedings relating to children and young people - maximum 26 weeks. Aimed at improving outcomes for children and achieving permanence in a more timely way.

4.2 Safeguarding

Safeguarding remains at the very heart of everything we do. Social care plays an important role in helping children, young people and adults with care and support needs to live full lives, free from abuse and neglect. This includes preventing abuse, minimising risk and responding proportionately where abuse or neglect has occurred.

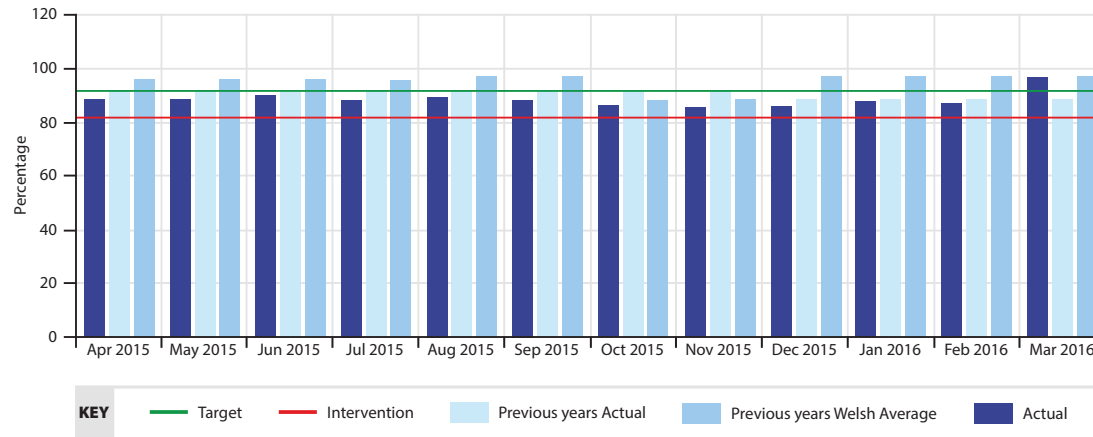
We have listed below some examples of our performance from the National suite of performance measures:

Our Performance & Priorities

Fact:

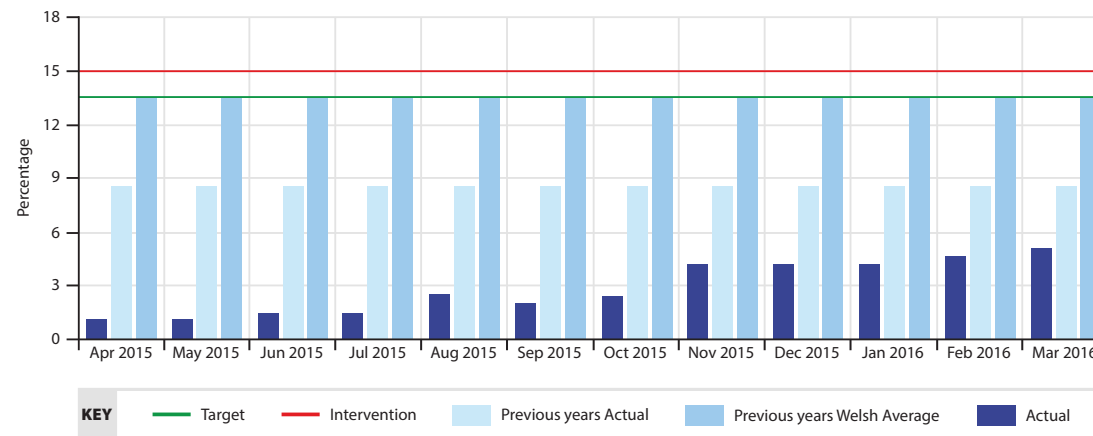
Did you know that over the last 3 years the percentage of Looked After Children achieving the core subject indicator in key stage 2 and 3 has increased year on year.

SCA/019 % of adult protection referrals completed where the risk has been managed.



Out of a total 190 adult protection referrals, 181 referrals were managed for risk which equates to 95%. This is an improvement on last years figure of 87%. Over the last 4 years there has been a year on year decrease in the number of POVA referrals that have met the threshold of significant harm.

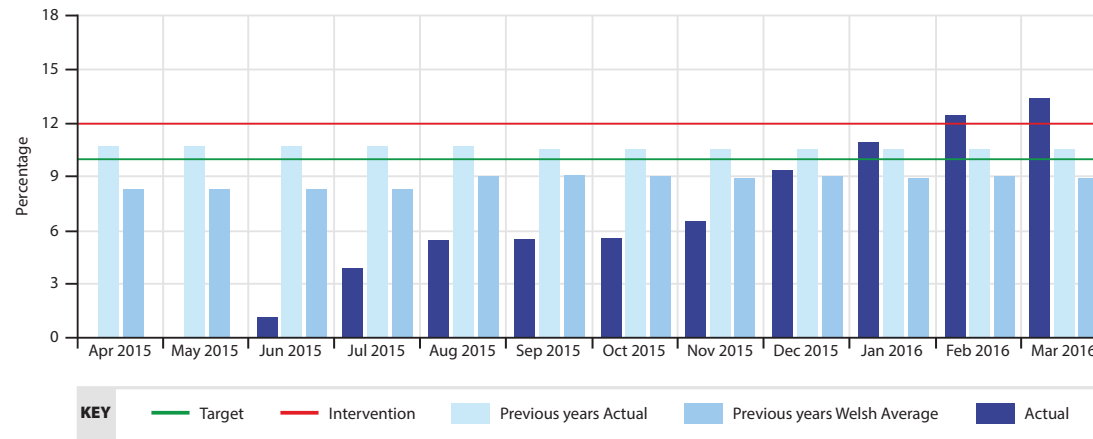
SCC/002 % of Looked After Children (LAC) with one or more changes of school.



5% of Looked After Children experienced a change of school during the year. This is a positive reduction on the previous year (8.5%) and is even more significant when considered in the context of the reported increase in placement moves (below). Although some children are experiencing placement moves, they are being maintained in their school placement to ensure a level of stability in their lives.

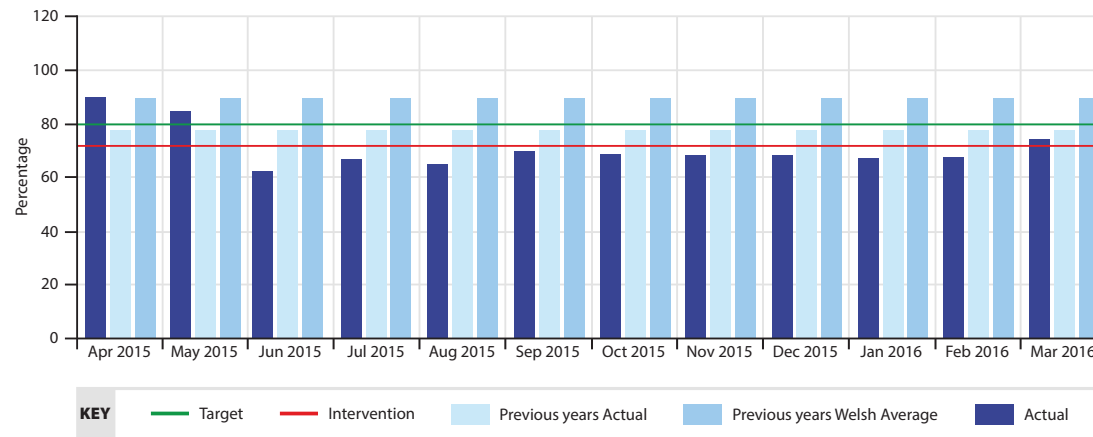
Our Performance & Priorities

SCC/004 % of LAC who have had more than 3 placements during the year



13.4% represents an increase on last year's performance of 10.6% and places the Local Authority above the Welsh Average. However, this relates to a very small number of particularly challenging young people who have experienced multiple moves due to their violent or risk taking behaviours.

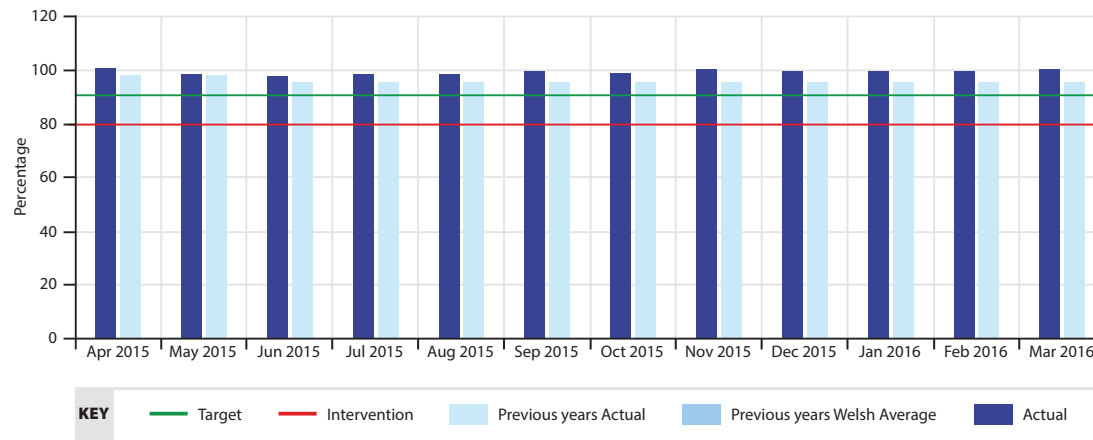
SCC/011b % initial assessments completed - child seen alone by Social Worker



91% of children were seen as part of their assessment and 36% of children were seen alone. The reasons for not seeing a child alone are all recorded and include; child too young, disabled child, referral concerns not substantiated or parents refused.

Our Performance & Priorities

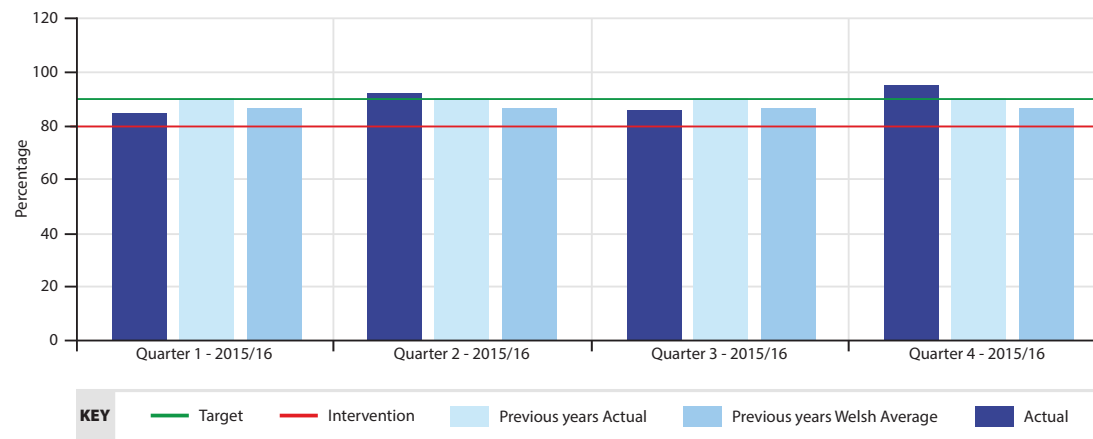
SCC/021 % of LAC reviews carried out within statutory timescales



The Directorate has carried out 99% of LAC reviews within the statutory timescales.

This is an improvement compared to last years figure of 95%.

SCC/025 % of statutory visits to LAC due in the year that took place

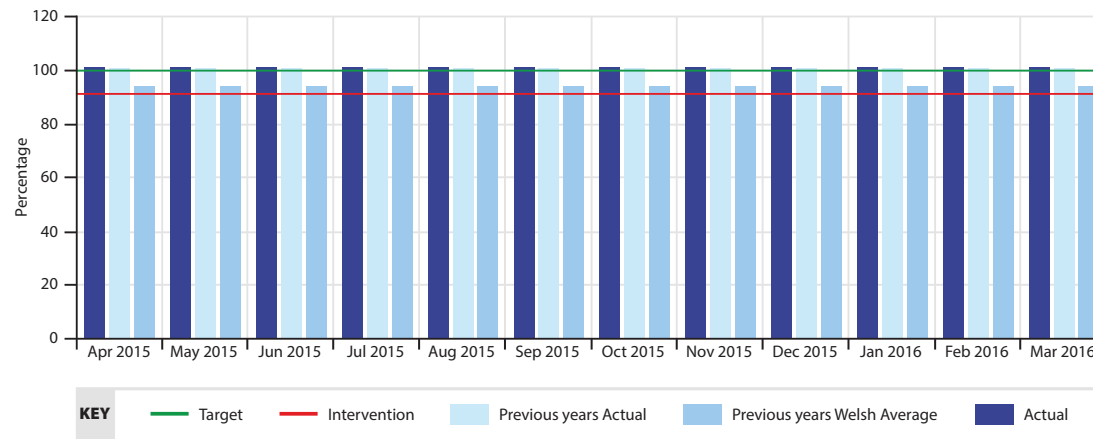


95.8% statutory visits were undertaken in 2015/16. This is an improvement from 91% in the previous year.

This places the Local Authority in the top quartile in Wales.

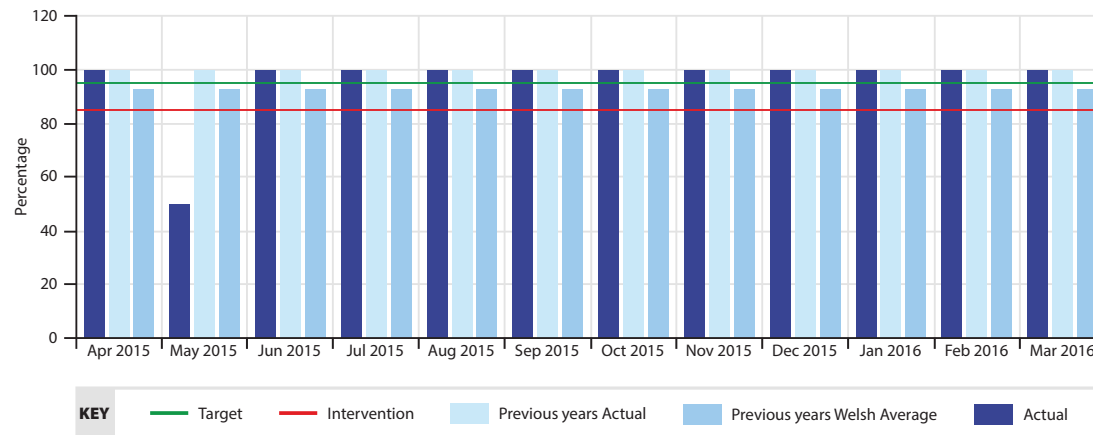
Our Performance & Priorities

SCC/033d % of former LAC in contact at the age of 19



Continued 100% performance ranking the Local Authority as 1st in Wales.

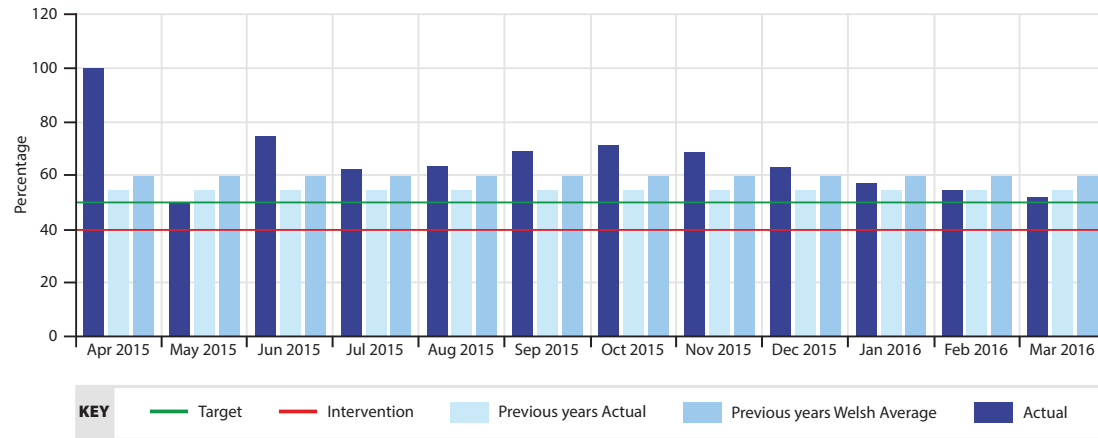
SCC/033e % of former LAC in suitable accommodations at the age of 19



Continued 100% performance ranking the Local Authority as 1st in Wales.

Our Performance & Priorities

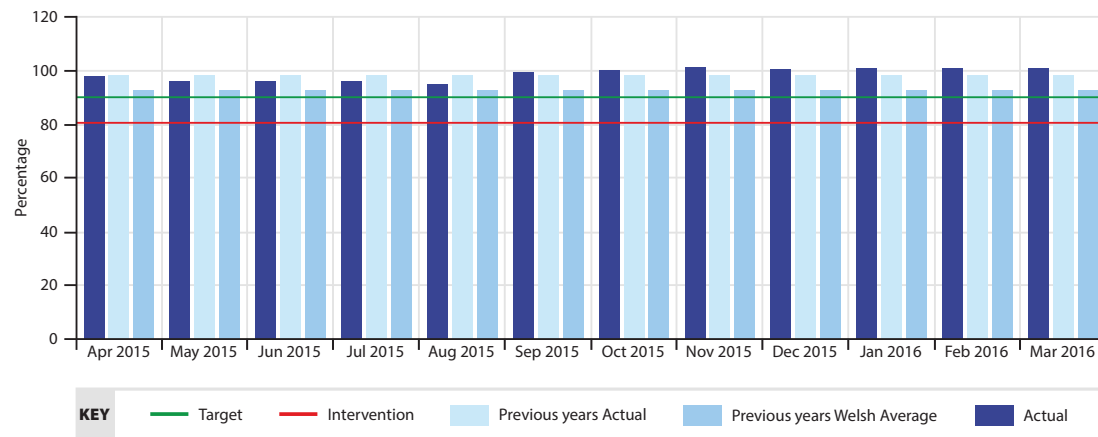
SCC/033f % of former LAC in education/training/employment at 19



52% of former LAC were engaged in education, training or employment. Numbers in this data cohort are small and as a result percentages can appear skewed.

This represents 13 out of 25 young people and the reasons for non-engagement are: 5 young people have a chronic illness or disability, 6 young people were either pregnant, young parents or full time carers leaving only 2 young people who were non-engaging.

SCC/045 % of reviews of LAC, Children on the Child Protection Register (CPR) and Children in Need (CiN) carried out in line with the statutory timetable.



96% represents a small improvement on the previous year's performance (94%) and places the Local Authority in the top quartile in Wales.

Section 4

Our Performance & Priorities

What we've done in 2015 - 2016

The Operation Jasmine Report – 'In Search of Accountability' was published with 12 clear recommendations for statutory agencies. As a result, the Gwent-wide Adult Safeguarding Board responded accordingly with a conference held for over 120 front line practitioners from across the region and all agencies. The aim of the conference was to learn the lessons from the report, put safeguarding firmly on the agenda and enable staff to understand the role and work of the Board and to inform the future strategic direction and work plan.

Plans were agreed to implement a Safeguarding Unit consisting of Child Protection, Adult Protection & Education Safeguarding under the management of one Service Manager within Children's Services. The transition of services across will be incremental and will conclude in the first half of 2016/17.

Following the National Review of Local Authority Safeguarding Arrangements undertaken by the Wales Audit Office, a Corporate Safeguarding Group was established with the main task of developing a Corporate Safeguarding Policy. The final Policy was presented to Corporate Management Team and Cabinet during early autumn 2015 and was ratified by full Council in November 2015.

What our Regulators Told Us

In 2014-15 our Children's Services Division underwent a National Inspection in relation to 'Safeguarding and Care Planning of Looked After Children and Care Leavers Who Exhibit Vulnerable or Risky Behaviours'. The findings of the Inspection report for Caerphilly identified many positive areas of practice, however a number of areas for improvement were also noted. A comprehensive Action plan was developed to address these issues in 2015-16 and all outstanding actions were completed by the end of March 2016.

What we're going to do in 2016 – 2017

Our priorities for the year ahead in connection with this area will be:

Priority	Why is this a priority?	What effect will it have?
Responding to legislative changes that impact on practice.	Changes in legislation have to be reviewed in terms of any potential impact on both practice and budget to ensure compliance.	Identified cost pressures which inform budget setting 16/17, and informing training needs analysis and subsequent training priorities.
Responding to the Operation Jasmine report- In Search of Accountability.	Long standing area of concern.	Improved outcomes and quality of life for those people living in residential care.
Implementation of a Joint Safeguarding Unit. This is a Directorate wide priority.	Initially driven by MTFP managerial savings target but also provides potential for service efficiencies and practice improvement.	Single management of Adults, Children's and Education Safeguarding. Consistency around thresholds for intervention, quality assurance, practice standards and engagement with partners.

Our Performance & Priorities

4.3 Performance & Business Management

The impact of reducing public sector finances continues to present challenges to the directorate. In addition to this, the implementation of the Social Services and Well-being (Wales) Act introduced in April 2016, will impact on the threshold for services to individuals, who will be assessed on their ability to secure their own support rather than relying on services. It is envisaged that these factors may result in an increase in representations and complaints from customers and their representatives. Ensuring appropriate engagement activities around service redesign and alternative models of delivery will require even more planning and attention in order to ensure members of the public and professional bodies are fully aware of the changes that lay ahead.

What we've done in 2015 - 2016

The Quality Assurance Framework developed and adopted by the Directorate in 2014 and was piloted in Children's Services through 2015-16 with the aim of being rolled out across Adult Services during 2016-17. Within Children's Services a series of thematic audits were undertaken driven by issues identified in practice and performance. These audits have included: LAC Care Plans, Professional Strategy Meetings, Cancelled Assessments and IAA Lateral Checks.

The Welsh Community Care Information System (WCCIS) was agreed and a system has been procured for roll out across Wales. Implementation has commenced in Bridgend and is anticipated to be introduced into Caerphilly in 2017. The new system will improve information sharing across Health and Social Care and should contribute to integration and better joint working in terms of achieving outcomes for people.

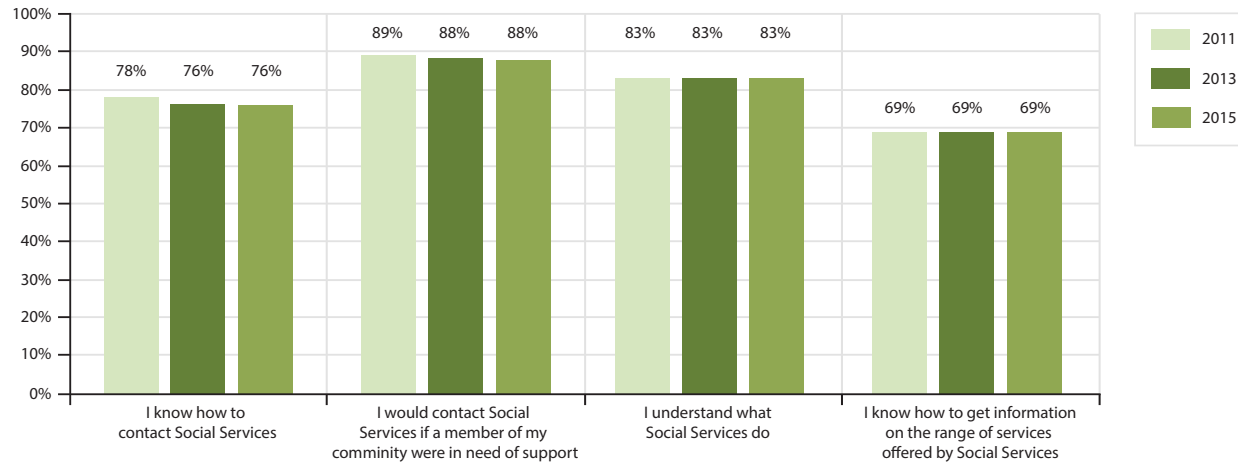
Recognising and responding to equality issues is inherent in good social work/social care practice. Responding to the challenges of promoting the Welsh language in a community where Welsh is not a first language is a key objective for the directorate. Section 44 of the Welsh Language (Wales) Measure 2011 applies to the Authority as a whole and meeting the 174 standards contained within it will also result in the 'More than Just Words' agenda being met. Accordingly, in 2015-16 the Welsh Language Champions in Social Services along with the Corporate Equalities Officer considered how these areas of work could be amalgamated in order to have a workable tool to progress implementation. This will be a priority area of work for the Directorate in 2016-17 and will require us to consider the needs of the local and regional population in terms of equalities and welsh language, engage in effective and meaningful consultation with service users and identify priorities for training and development of future services.

What our Service User Told Us

The graph below illustrates the finding from the Local Authority Household Survey 2015 and the percentage of respondents who strongly agreed or tended to agree with the statements made in relation to Social Services in the questionnaire. The responses have been consistent since 2011 with a high percentage of respondents agreeing that they would contact Social Services if a member of their community were in need of support (88%), understand what Social Services do (83%) and know how to contact Social Services (76%). A lower proportion of respondents (69%) agreed that they know how to get information about the range of services offered by Social Services.

Our Performance & Priorities

Figure 1: Percentage of respondents who agreed with the statements...(2011-2015)



A significant tool in obtaining service user feedback is the statutory complaints procedure and the resulting quarterly and annual reports that the Directorate uses to identify themes and trends in areas of practice. In 2014, the Welsh Government undertook a review of the "Listening & Learning" complaints guidance which resulted in the introduction in August 2015 of the "Guide to handling complaints and representations by local authority social services".

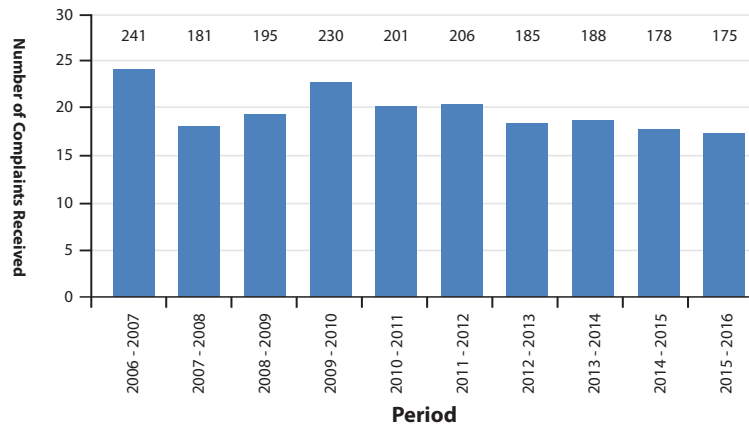
To ensure that all staff are acting in line with the revised guidance, the Customer Services Team delivered a complaints workshop to every team within Adult and Children's Services.



Our Performance & Priorities

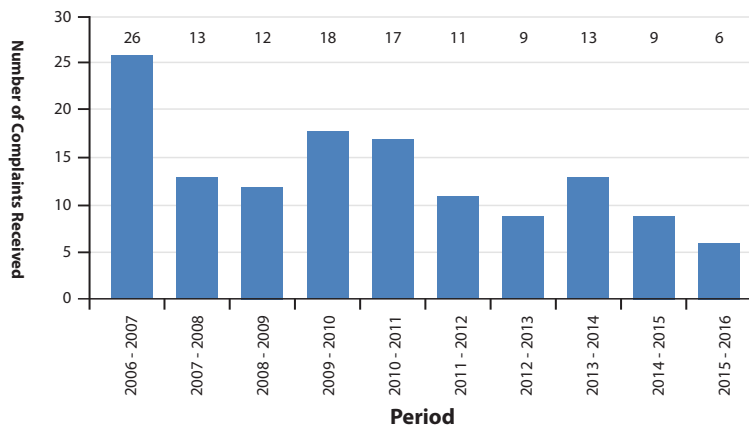
Figure 2: Stage 1 - Annual Complaints Trend 2006-2015

The following information outlines the number of complaints received at Stage 1 and Stage 2 by the Directorate during 2015-16:



During 2015/16 the Directorate received 175 Stage 1 complaints. Of the 175 complaints received at Stage 1, 82 (47%) related to Adult Services, 87 (49%) to Children's Services and 06 (04%) to Service Strategy and Business Support.

Figure 3: Stage 2 - Annual Complaints Trend 2006-2015



During 2015-16 the Directorate received 6 requests to progress complaints to Stage 2. Of these, 3 (50%) related to Adult Services and 3 (50%) to Children's Services. The reduction in the number of stage 2 requests being made is deemed to be due to the continued commitment to ensuring that all stage 1 matters are fully considered with responses identifying the evidence to support the findings.

The Customer Services team also record whether complaints are upheld, partially upheld or not upheld. This enables the Directorate to note themes and trends from the findings of complaints to improve future practice and can act on isolated incidents of poor practice that need immediate attention.

As well as listening and responding to service users when things go wrong, the Directorate also receives a number of compliments. During 2015-16 the Directorate received 179 compliments in total - 18 related to Children's services; 158 for Adult Services, and 3 for our Business Support Unit.

Our Performance & Priorities

What we're going to do in 2016 - 2017

Our priorities for the year ahead in connection with this area will be:

Priority	Why is this a priority?	What effect will it have?
Improve Quality Assurance processes to include consultation and engagement, and continue to improve practice through listening and learning. This is a Directorate wide priority.	Directorate Quality Assurance Framework developed.	Piloted in Children's Services with a series of thematic audits driven by issues identified in practice and performance. These audits have included: LAC Care Plans, Professional Strategy Meetings, Cancelled Assessments and IAA Lateral Checks.
Implementation of the follow on strategy for 'More than Just Words' and the 'Active Officer'. This is a Directorate wide priority.	Implementation of Welsh Government Statutory Guidance.	'More than just words' provides a strategic framework to spread good practice in a systematic way and mainstream the welsh language into all aspects of service planning and delivery within Social services. Rolling this out will be a significant challenge for the authority as well as its commissioned services, given the scope of the Framework and the size of the Directorate.
Implementation of the Welsh Community Care Information System (WCCIS).	Effective information sharing is fundamental to our aspirations of integrated working by other local authorities and health boards.	When implemented this will have a significant impact in terms of sharing information with Health to reduce duplication and improve outcomes for people by improved communication.

Section 4

Our Performance & Priorities

4.4 Resource Management

The Directorate has managed its budget well in recent years with a cumulative underspend for the 5 year period 2010/11 to 2014/15 of around 1.8% of its budget for the period. A significant proportion of this underspend has been the result of delivering savings in advance of the Medium Term Financial Plan through strategies such as a prudent approach to vacancy management. This places the directorate in a relatively secure financial position and is a particularly noteworthy achievement in light of the fact that almost £8.8m of efficiency savings have been made from the directorate budget between 2009/10 and 2015/16.

The savings agreed for the Social Services Directorate by Council in February 2016 was circa £1.5m for the 2016-17 financial year. These savings have been identified as having no impact on the public.

An analysis of the spend per head of population for 2014/15 indicates that Caerphilly's spend on Children's Services, Adults with Learning Disabilities and Adults aged 65+ is less than the average for Wales. Spend on Adults with Physical Disabilities is just above the Welsh average but spend on Adults with Mental Health Needs in Caerphilly is significantly higher than the Welsh average (see Figure 4 below).



Our Performance & Priorities

Figure 4: Spend per Head of Population 2014-15

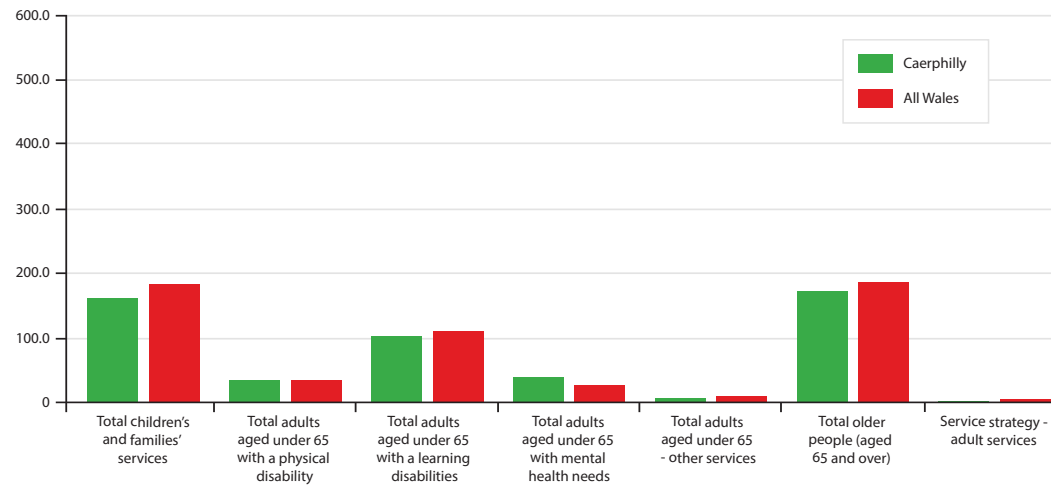
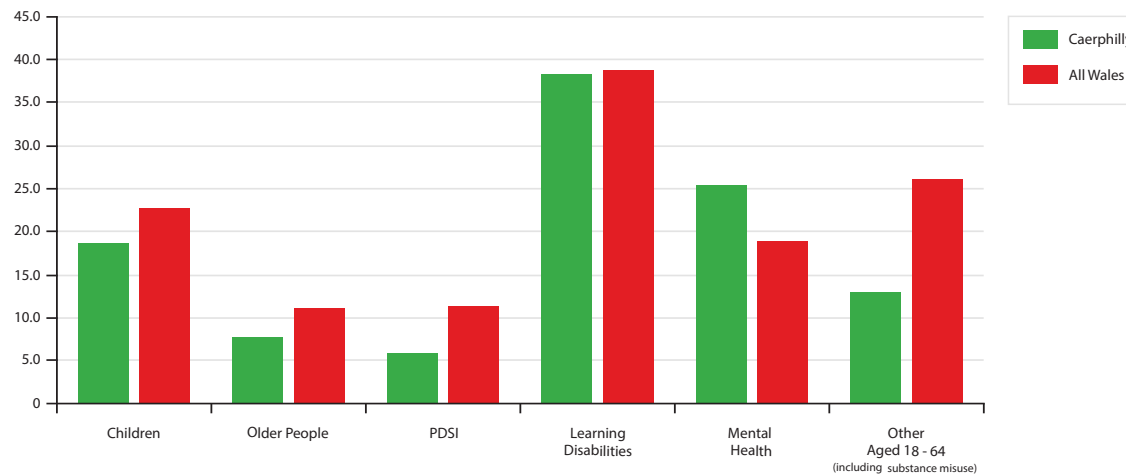


Figure 5: Average Annual Spend per Service Recipient 2014-15

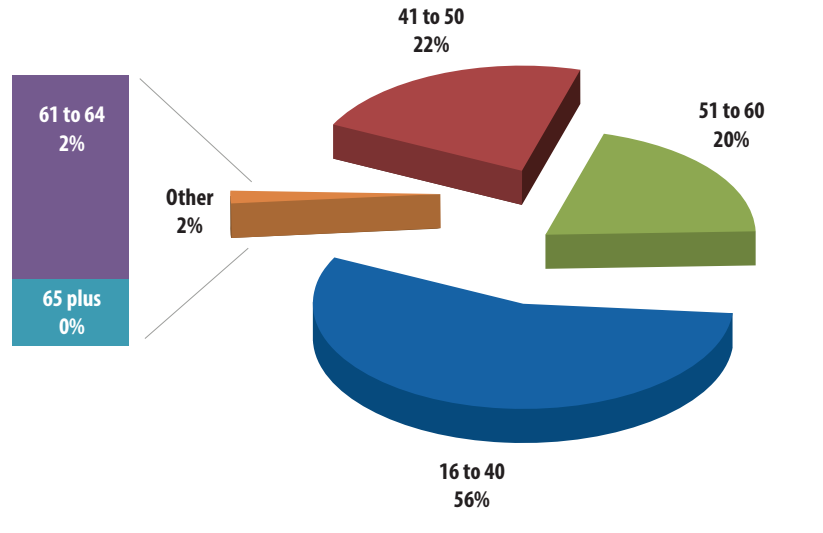


Our Performance & Priorities

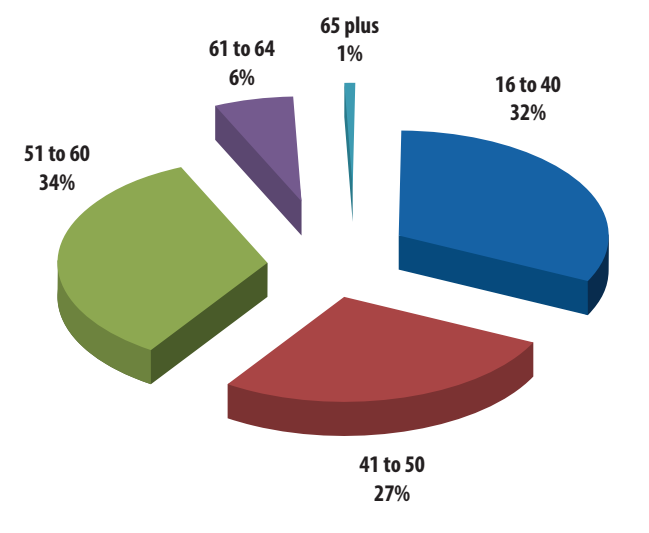
Figure 6: Workforce Profiles for Children's Services and Adult Services

The workforce data for the Directorate illustrates a staff group that is largely female (87.0%) and working part-time. The majority of these staff work within the direct care sector. The age profile of staff within our Children's services division shows that a significant proportion (56%) are aged between 16-40, while those working within Adult services (68%) are aged 41+, with over a third of the workforce aged 51-60 (see figure 6).

Children Services Age Profile



Adult Services Age Profile



The implementation of the Social Services and Well Being (Wales) Act is providing challenges and extensive capacity has been invested to provide awareness and detailed training to support the successful implementation of the Act. The workforce continues to be supported in their development to meet the changes, and investment in attaining the correct skills and knowledge has been maintained.

The impact on services and staff has been minimised through robust financial planning and continuous review and reshaping of service models and structures. Careful adherence to vacancy management procedure and use of the council's redeployment policy has meant that the Directorate has avoided compulsory redundancy situations.

Section 4

Our Performance & Priorities

What we've done in 2015 - 2016

The savings proposals for adult services were subject to scrutiny from the Health, Social Care Well-Being Scrutiny Committee and through public consultation. The savings were formally agreed by Council and subsequently fully implemented with limited impact on front line services and staff posts. Positive feedback has been received regarding the reconfiguration of day services from users, carers and staff in terms of the outcomes for people.

What our Regulators Told Us

In recent years, financial management within the social services directorate has proved effective. Internal audits of various establishments and services have concluded that the majority of key controls are in place and operating effectively. This assessment was reinforced for all service areas in the 2014/15 Annual Improvement Report which found that "The Council had a good track record of operating within its budget and had developed a framework to monitor the delivery of its proposed savings...".

What we're going to do in 2016 – 2017

Our priorities for the year ahead in connection with this area will be:

Priority	Why is this a priority?	What effect will it have?
Continuing to deliver the savings and service redesign required by the Medium Term Financial Plan.	Corporate priority in response to cuts in public spending.	Budget reductions will require service redesign and staffing reconfiguration with the potential for cuts to frontline services and a drop in performance.

Section 4

Our Performance & Priorities

4.5 Commissioning & Partnership

An important part of the implementation of the Social Services and Well-being (Wales) Act requires the creation of a Regional Partnership Board, and sets out the required minimum membership which includes a representative of providers in the region, representatives of both national and local third sector organisations, a representative of citizens who access care and support and a representative of carers (of those who access care and support). In the Gwent region we have had a shadow Partnership Forum who have met on a five weekly basis since June 2015, and a regional Citizen Panel which first met in July 2015.

There are some key themes that run through the Act - People, Wellbeing, Prevention and Collaboration. The collaboration theme signals the importance of working at a regional level as well as at a local level. Local collaboration will develop through the Neighbourhood Care Networks in the region, of which there are 12 across the 5 local authority areas. At the regional level, a Regional Joint Commissioning Group has been established which brings together commissioning leads from across social services and the Aneurin Bevan University Health Board. Already a number of regional priorities have been identified and work streams established, drawing on the statutory requirement of the Act and on locally identified priorities.

Workstreams established so far are:

- **Accommodation for older people, including care homes**
- **Third sector contracts and service level agreements**
- **Domiciliary care provision**

What we've done in 2015-2016

The development of a Commissioning Strategy for Older people has now started in Adult Services. It is envisaged this will be an interim strategy until a Regional Needs Assessment has been completed, at which time the strategy will become a joint approach with Health.

A 'Better Outcomes for Learning Disabilities (BOLD) team' has been established in Blaenau Gwent to run an experiment on behalf of the region. BOLD is a multi-agency team of Social Workers, Occupational Therapists and Nurses with access to Psychologists, Psychiatrists, Housing staff and the Third Sector. The team are applying a different way of working using the Systems Thinking Model and Vanguard Principles. Feedback on eligible criteria, interventions, skills and outcomes is shared across the partnership. Work has commenced in respect of reviewing people who live in the small hospitals across the region with a view to developing alternative models of care.

What our Regulators Told Us

- ◆ **Progress the joint commissioning of services for older people and this should be prioritised with health partners**

In response to their comments, in 2015-16 we have:

- ✓ A regional commissioning group was established in the last quarter of 2015/16 and is looking to develop a work plan.

CSSIW undertook thematic inspections of Learning Disabilities and Domiciliary Care selecting one authority per health region. Caerphilly wasn't selected for either inspection visit, however will learn from the national reports that will be published in June 2016.

Our Performance & Priorities

What we're going to do in 2016 – 2017

Our priorities for the year ahead in connection with this area will be:

Priority	Why is this a priority?	What effect will it have?
Supporting the expansion of regional collaborative working around Mental health and Learning disabilities.	Integrated working with partners is a priority as any additional funds that are made available are allocated on a regional footprint.	Working differently with people and partners aims to improve individual outcomes. Training requirements for staff.
Development of an intensive therapeutic fostering service.	To avoid demand for high cost out of area residential placements.	The provision of intensive support to maintain children and young people within their foster placements will reduce costs for residential care and improve outcomes for LAC by keeping them within their communities.



Section 4

Our Performance & Priorities

4.6 Corporate, Political Leadership and Support

What our Regulators Told Us

In the 2014-15 Performance Evaluation Report prepared by our Regulators (CSSIW) they highlighted that:

- ◆ **The Corporate Parenting Board demonstrate clear methods for consulting with children and young people**

In response to their comments, in 2015-16 we have:

- ✓ Continued to use the corporate parenting board as the principle mechanism for ensuring the corporate parenting role remains firmly established as one of the main priorities of the authority. Membership of the board continues to be consistent and strong, and provides a very solid platform for our work in this area.

- ◆ **We should continue to develop scrutiny arrangements**

In response to their comments, in 2015-16 we have:

- ✓ Recently undergone a formal review of all of our scrutiny arrangements within the Council. Our work programmes are established in advance, as far as is practicably possible. The Cabinet members statements focusses on the key policy objectives for the Directorate and we are increasingly using outside speakers to supplement the expertise of officers.

What we're going to do in 2016 – 2017

Corporate and political support for the Directorate remains strong. As part of its Corporate Plan for 2016/17 the Council has set eight corporate priorities, two of which relate to Social Services.

These are:

- **CP1- Peoples social care needs are identified and met in a timely and appropriate way.**
- **CP2 – Children and Adults are safeguarded from abuse.**

The Directorate will be required to report progress against these priorities to Council on a regular basis.

In addition, as part of its budget for 2016/17 the Council allocated a sum of £2.5 million in growth for Social Services, the only area of growth in any part of the Council. This is to help meet the increasing costs of social services and to help offset some of the demographic pressures that are arising from our ageing population.

There are no specific priorities for the Directorate in this area for 2016-17.

Section 5

Links to Corporate Priorities

In 2015 the Corporate Plan for the Authority was reviewed and updated. The Plan has 8 specific priorities for the next 3 years that will help us to concentrate on the achievement of specific outcomes. Of the 8 corporate priorities, 2 specifically relate to Social Services.

These priorities are:

1. People's social care needs are identified and met in a timely and appropriate way.

We said success would look like:

- The timeliness of assessments would improve; all Care Plans are current and reflect the needs of our service users.
- Users of our service would receive a more-timely and appropriate response.
- The number of assessments completed within the timescale would increase and the quality of assessments completed by our Social Workers will continue to be high.
- We would speed up how long a client has to wait from the time they were assessed to the time they receive the services agreed.
- The standards of care we provide would improve the quality of life for all service users.

What we've done in 2015 - 2016

Improving the timeliness and quality of care will always be of paramount importance to the Directorate and the efforts made throughout 2015/16 is a reflection of its continued importance to all those who work within adult social care.

Our performance in this area was as follows:

- **The % of adult services assessments started on time**
Performance in this area has been consistent over several years and has shown a slight increase from 2014/15 to 78.8% from 77.9%.
- **The number of adults waiting for an assessment outside of the time scale (28 days).** This was an area of concern in relation to mental health services. Performance here has shown a significant improvement from 82.7% in 2014/15 to 87.6% in 2015/16.
- **% of all adult reviews started on time.**
Performance in this area remains consistent at 76.30% in 2015/16.
- **Number of people awaiting personal care for more than 14 days.**
Nobody waited more than 14 days for provision of personal care following an assessment.

Taking account of the work that has been outlined throughout 2015/16, the Directorate would conclude that we have been partially successful in achieving the priority. The systems thinking approach has been applied to the Occupational therapy team which has seen a significant reduction in waiting time by the removal of unnecessary processes. This has created capacity within administration and enabled all target times to commence assessments to be met.

Work commenced at the front door within our Information, Advice and Assistance Team to enable staff to have a better conversation and sign post people appropriately, enabling them to meet their own needs, retain their independence and choice and control. Therefore reducing the need for statutory interventions, which is a key feature of the Social Services and Well-being (Wales) Act which was introduced in April 2016.

Links to Corporate Priorities

2. Children and Adults are safeguarded from abuse.

We said success would look like:

- Our commitment to prevent abuse to vulnerable children and adults within the community will ensure a quick and effective response to allegations of abuse when they occur and our awareness raising will help.
- Increased awareness of safeguarding responsibilities by all partners and an increased community understanding of safeguarding.

What we've done in 2015 - 2016

Safeguarding remains at the very heart of what we do. This includes preventing abuse, minimising risk and responding proportionately where abuse or neglect has occurred.

As a directorate we believe that we are responding well to safeguarding concerns, and in a timely manner. The evidence we have that supports this is:

In Children's Services:

- 100% of referrals to Children's Services had a decision made within 24 hrs;
- 99% of Child Protection Conferences were held within timescales;
- 100% of Children's Services Core Groups were held within timescale;
- A Corporate Safeguarding Policy has been developed in response to the Wales Audit Office National Review of safeguarding arrangements, and

- 100% of children who are on the child protection register have an allocated social worker.

In Adult Services:

- A Regional Adult Safeguarding Conference was held in response to "In Search of Accountability" following Operation Jasmine;
- The number of protection of vulnerable adults (POVA) cases being received referrals for 2014/15 was 276, this reduced in 2015/16 to 224. This has been a steady 4 year trend in reduction in the number of referrals, and
- The number of adult protection referrals completed where risk has been managed for 2015/16 is 95.3% against the Directorate target of 93%.

In addition to the above, plans are in place to develop a joint Safeguarding Unit across Adult Services, Children's Services and Education, and regional discussions are underway to consider the development of a Multi-agency Safeguarding Hub (MASH) across the Gwent Police and Aneurin Bevan University Health Board region.

The continued effectiveness of the regional Safeguarding Boards – Gwent Wide Adult Safeguarding Board (GWASB) and South East Wales Safeguarding Children Board (SEWSCB) – play a critical role in supporting and promoting the safeguarding agenda, with the co-ordination of regional multi-agency training and awareness raising sessions for all staff and partner agencies.

Conclusion

In my report I have shown the progress that we have made with our services, highlighted our strengths and identified areas that we need to focus on in 2016-17.

Throughout the year we have continued to give priority to ensuring that front line services to those who are vulnerable and in need are maintained and improved upon and there is good evidence to support this. At the same time, services are changing and being reshaped to meet changing needs and for the foreseeable future this will continue to be the case, with emphasis being placed on prevention, early intervention and promoting independence and well-being.

Services for vulnerable adults and children remain a clear priority for the Directorate and the Council continues to afford social care services a high degree of relative protection. However, the financial context is still a challenging one and is likely to remain so in the years to come.

The Social Services and Well-being (Wales) Act has been the focus of attention for the Directorate throughout 2015-16 and there are many examples throughout my report where we have secured real progress towards meeting the requirements that the new Act places upon us. 2016-17 will see the continuation of the work we have started and our services gradually moving away from the traditional dependency model of social care to one where the emphasis is on what people can do, rather than what they cannot do.

Finally, I would like to take this opportunity to thank those who work tirelessly for the Social Services Directorate. Your hard work and dedication is invaluable in ensuring that we secure the best possible outcomes for the most vulnerable people in our county borough.



Further Information

If you would like further information on any aspect of this report please contact:

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This report is also available in large print, Braille or other language formats upon request.

If you would like more general information about Social Services or are interested to find out more about a particular development, there are various ways you can do this. You can:

Visit the Caerphilly County Borough Council Website at:

www.caerphilly.gov.uk

Contact our Social Services Customer Services Department by:

Telephone: **0800 328 4061** or email: **socialservices@caerphilly.gov.uk**

Read our Social Services Committee reports at:

www.caerphilly.gov.uk/My-Council/Meetings,-agendas,-minutes-and-reports

Watch the Digital stories that we have produced on:

www.youtube.com/user/CaerphillyCBCTV

www.caerphilly.gov.uk/socialservicesacrf

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Gadewir y dudalen hon yn wag yn fwriadol

STATUTORY GUIDANCE ON THE DIRECTOR'S ANNUAL REPORT
(Ref. Part 8 code of practice for Directors of Social Services of the Social Services & Wellbeing (Wales) Act 2014)

1. The annual report must evaluate the performance of the Local Authority in relation to the delivery of its social services functions in respect of that year and include lessons learned (S.8. para 80)
2. The report must evaluate the performance of the Local Authority in relation to the delivery of its social services functions and also set out objectives in relation to promoting well-being of people who need care and support and carers for the forthcoming year (S.8. para 81)
3. The report must be presented in such a way as to set out how the Local Authority has achieved the six quality standards in relation to well-being outcomes (S.8. para 82)
 - **Securing rights and entitlements and for adults – control over day-to-day life**
 - Local Authorities must work with people who need care and support and carers who need support to define and co-produce personal well-being outcomes that people wish to achieve
 - **Physical and mental health and emotional wellbeing and for children physical, intellectual, emotional, social and behavioural development**
 - Local Authorities must work with people who need care and support and carers who need support and relevant partners to protect and promote people's physical and mental health and emotional wellbeing
 - **Protection from abuse and neglect**
 - Local Authorities must take appropriate steps to protect and safeguard people who need care and support carers who need support from abuse and neglect from any other kinds of harm
 - **Education, training and recreation and contribution to society**
 - Local Authorities must actively encourage and support people who need care and support carers who need support to learn and develop and participate in society
 - **Domestic Family and Personal relationships**
 - Local Authorities must support people who need care and support carers who need support to safely develop and maintain healthy domestic, family and personal relationships
 - **Social and economic well-being and for adults participation in work and suitability of living accommodation**
 - Local Authorities must work with and support people who need care and support and carers who need support to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.
4. The annual report must set out how the Local Authority has promoted the well-being of people who need care and support and carers who need support, identified in the Population Assessment Report (S.8. para 83)
5. The report must include details of the extent to which the authority has acted in accordance with the relevant requirements relating to the code on assessing the needs of an individual in accordance with Part 3 and 4 of the Act. (S.8. para 84)

6. The report must set out how the Local Authority has exercised the relevant requirements contained in the code of practice (S.8. para 85) so as to provide:
 - Assurances in terms of the structural arrangements within the local authority that enable good governance and strong accountability
 - Assurances in relation to effective partnership working via partnership boards
 - Assurances in relation to safeguarding arrangements
 - Information relating to the performance of the handling and investigation of complaints and representations
 - A response to any inspections undertaken
7. Directors are required an update on Welsh Language provision and the implementation of 'More than just Words' (S.8. para 86)
8. The report must set out how the local authority has engaged with people in its production and reflect the experiences of service providers and service users (S.8. para 87)
9. The report must be accessible and not overly long and written in a clear and concise way (S.8. para 88)



HEALTH SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 13TH SEPTEMBER 2016

**SUBJECT: YEAR END PERFORMANCE REPORT FOR SOCIAL SERVICES AND
PUBLIC PROTECTION 2015-16**

REPORT BY: CORPORATE DIRECTOR, SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To provide Members with a performance update for Social Services. This involves taking a look back over the last twelve months of our performance highlighting the exceptions and then looking forward i.e. future challenges, setting out our key objectives/priorities for the next twelve months, identifying areas for improvement.

2. SUMMARY

- 2.1 Overall 2015/16 offered a generally positive year in terms of service performance. However, a number of future challenges have been identified and action plans have been developed and captured in 16/17 service improvement plans. The biggest challenge across the service area remains, how to balance the demands of increasing legislation and rising public expectations against reducing budgets. Whilst challenging, the service area is well placed to respond to them.

3. LINKS TO STRATEGY

- 3.1 Statutory Guidance on the Role and Accountabilities of the Director of Social Services (Welsh Government, June 2009).
- 3.2 The Well-Being of Future Generations Act 2015 places a number of legal duties on public bodies in Wales to meet the legally binding 'common purpose' for 7 national Well-being goals.

4. THE REPORT

- 4.1 A summary is provided for each service area of Social Services below.

4.2 Adult Services

4.2.1 Overview

The following table provides a summary of the key performance measures for Adult Services:-

Key PIs	2015/16		Comments
	Target	Result	
The rate of delayed transfers of care for social care reasons per 1000 population aged 75 or over.	8	4.20	There were 58 delayed transfers of care in total for 2015/16; this is an improvement on the previous year's figure of 61.
The rate of older people (aged 65 or over) Supported in the community per 1,000 population aged 65 and over.	125	98.33	3214/32686
The rate of older people (aged 65 or over) Whom the authority supports in care homes per 1000 population aged 65 or over	21	16.34	534/32686
% Of adult protection referrals completed where the risk has been managed	90	95.30	181/190
The percentage of clients with a care plan at 31st March whose care plans should have been reviewed that were reviewed during the year.	95	91.20	1808/1983
The percentage of identified carers of adult service users who were offered an assessment or review of their needs in their own right during the year	90	94.20	69/73
Number of people waiting for an assessment outside of the timescale	70	54	54 service users
% Of assessments started on time	85	79.70	4281/5374 - This reason for not hitting the target relates mainly to the increase in demand for specialised assessments
% Of mental health reviews completed on time	90	67.10	243/362 – Collection of data continues to be a challenge where the key worker is a member of health's staff
% Of mental health assessments completed on time	85	88.60	704/795
% Of all reviews started on time	85	76.70	2162/2820
Number of people awaiting personal care for more than 14 days	0	0	0 services users

4.2.2 What Went Well

Performance in adult services remains consistent

- a) The rate of delayed transfer of care for a social care reason has improved from 14/15, this was augmented by a Members Task and Finish Group which improved knowledge and understanding of process and performance indicators;

- b) The rate of older people supported in the community continues to decline, illustrating the impact of Independence Advice, Assistance (IAA), Community Connectors and Social Workers based in GP practices, all of whom are promoting people's independence to enable them to meet their own needs;
- c) Nobody has been waiting for personal care service for over 14 days for the past two years, which is excellent given the fragility of the independent sector care market;
- d) Percentage of Mental Health Assessments completed on time has exceeded the target, evidencing the focus that has been placed on this part of the service during this time;
- e) In addition to the national data performance indicators, the following should be recognised as working well:
 - Social Workers have been based in GP practices as a pilot, positive quarterly evaluations of this initiative have led to an increase in numbers for 16/17 funded by the Intermediate Care Fund (ICF). These posts are fixed term to look at potential to expand this way of working across the Health Board footprint.
 - Four Residential Homes within the borough have been awarded the prestigious "Butterfly Status" by Dementia Care Matters (DCM) testament to the strides that have been made in terms of improving the quality of care for residents living with Dementia.
 - Positive inspections by the regulator CSSIW have been received on the Council's registered services. These are available to view on their web site.

4.2.3 Future Challenges/Risks & Areas for improvement

- a) **The Social Services & Wellbeing (Wales) Act 2014** will change fundamentally the way performance is measured in Social Services throughout Wales. The Act introduces qualitative and quantitative measures and will require changes to the way information is collected within the Directorate. This is particularly pertinent in Adult Services, 16/17 is being seen as the transition year as most of the quantitative measures are changing and quality ones are being introduced, hence we need to establish a baseline before any targets can be set to know what good looks like.
- b) **Carers** The focus of the Act is on identification of Carers, Carers Assessments being offered and Carers receiving services in their own right. There are specific performance indicators for Carers to cover these duties. This will be a significant challenge and we need to improve on our current performance, this will be looked at both locally and regionally, with our partners.
- c) **Delayed Transfer of Care** Whilst performance is very good, this area will always be a challenge given the demands on the health boards and high profile put on this area of work by Welsh Government.
- d) **Mental Health** Integrated working with Health has impacted on the ability to accurately reflect performance due to the use of two separate IT systems. It is hoped this will be overcome by the introduction of the new Integrated IT system. To prepare for this significant focus during 16/17 will be on improving both performance and data capture for people in receipt of mental health services.
- e) **Financial** The Social Services and Wellbeing (Wales) Act will introduce new legislation in respect of charging for social care. The Act will necessitate a move to new models of social care which will need to be supported by costed business cases and sound financial governance.

4.3 Children's Services

4.3.1 Overview

The following table provides a summary of the key performance measures for Children's Services: -

Key PIs	2015/16		Comments
	Target	Result	
% of LAC with one or more changes of school	13.70	5	11/220
% of LAC who had more than 3 placements during the year	10	13.40	37/276 (compared to 29/272 the previous year). Please see 4.3.3 below.
% of assessments that were completed where there is evidence that the child has been seen alone by the Social Worker	40	36.90	676/1832 Please see 4.3.3 below
% of former LAC in contact at age of 19	100	100	25/25
% of former LAC in suitable accommodation at 19	95	100	25/25
% of former LAC in education/training/employment at 19	50	52	13/25
Average external points score for LAC	200	239	4297/18
% of eligible children that have pathway plans	100	100	84/84
% of statutory visits to LAC that took place	90	95.80	1774/1851
% of young carers who were assessed	95	100	45/45
The % of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable.	90	96.90	2241/2313

4.3.2 What Went Well

a) Performance across Children's Services has continued to improve this year including:

- 100% of referrals having a decision made within 1 working day,
- 100% of young carers assessed and provided with a service,
- 100% of Looked After Children having a Plan for Permanence in place,
- 100% of Looked After Children and children on the Child Protection Register allocated to Qualified Social Workers and
- 100% of initial Child Protection Core Groups being held on time.

Overall, the performance demonstrates that services being provided are effectively safeguarding and promoting outcomes for vulnerable children in Caerphilly.

b) **Care Leavers:** 100% performance reported again this year in relation to keeping in touch with young people, ensuring every young person has a Pathway Plan in place and that young people are in suitable accommodation. Whilst those young people not in education, employment or training (NEET's) has increased slightly, performance remains above target. Of the 13 young people not engaged, 5 have an illness or disability preventing them from engaging and 7 are either pregnant or young parents.

- c) **Statutory Visits to LAC:** Performance has continued to increase year on year and places the Council in the top quartile of Local Authorities in Wales.
- d) **Statutory Reviews:** Reviews of all cases carried out within statutory timescales has also continued to improve to 96.9% this year and exceeds the 90% target set.

4.3.3 Future Challenges/Risks & Areas for improvement

- a) **Placement stability:** Placement stability for Looked After Children is an ongoing challenge for the Service and is dependent upon the cohort of LAC at any given time. The 10% target set is the national target agreed by Welsh Government. Despite the drop in performance it is important to note that 86.6% of LAC are in stable placements with a small minority of particularly challenging children and young people experiencing three or more moves. The main reasons for placement breakdowns are violent and aggressive behaviour towards carers, persistent absconding and safeguarding concerns in relation to risky behaviours. The circumstances relating to each of these children/young people are regularly reviewed by the Divisional Management Team and are overseen by the Independent Reviewing Officers (IRO's).
- b) **Children seen alone as part of the assessment:** A number of assessments are undertaken by skilled and experienced Support Workers and if these were able to be included, performance would be 47%. Reasons why children are not seen alone are clearly recorded and include; children under the age of 4 yrs (accounting for 25% of all assessments undertaken), refusal by child, refusal by parent and where the referral concern is clearly unsubstantiated through the observation of the worker. 96% of children are seen as part of their assessment.

4.4 Public Protection

4.4.1 Overview

The following table provides a summary of the key performance measures for Public Protection: -

Key PIs	2015/16		Comments
	Target	Result	
Overall client satisfaction receipt of a very good survey result for Registrars	95%	99.51%	Customers are asked to rate Excellent, very good, good, poor. In all areas of work 99.51% of customers who responded to the surveys stated the service received was very good with 87% stating it was excellent. Birth Registration 99% ≥ Very Good with 79% stating Excellent Death Registration 100% ≥ Very Good with 87% stating Excellent Marriages 99% ≥ Very Good with 95% stating Excellent Legal Notice Taking 100% ≥ Very Good with 89% stating Excellent Certificate Services 100% stated Excellent.

Number of under age test purchases undertaken for Alcohol Purchases	50	49	Test purchase attempts are reliant on receipt of intelligence, therefore if no intelligence received the service cannot attempt test purchases
The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Food Hygiene	100%	100%	423 businesses were inspected.
The percentage of food establishments which are broadly compliant with food hygiene standards	85%	96%	1435 out of 1498 food establishments were broadly compliant.
The percentage of high risk businesses that were liable to a programmed inspection that were inspected for Health and Safety	100%	100%	73 businesses were inspected.
The percentage of businesses that were liable to a programmed inspection that were inspected for the Pollution Prevention and Control Act 1999.	100%	100%	24 businesses were inspected.
The percentage of high risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected or subject to alternative enforcement activity for Trading Standards.	100%	100%	40 businesses were inspected
The percentage of significant breaches that were rectified by intervention for Trading Standards.	100%	65%	149/231 =65% There has been a major change in Food Legislation, which has resulted in an increase in the number of significant breaches detected, therefore creating a backlog of workload, which has been further compounded due to staff resource issues.
The percentage of high risk businesses that were liable to a programmed inspection or alternative inspection activity that were inspected or subject to alternative enforcement activity for Animal Health	100%	100%	8 businesses were inspected
The percentage of significant breaches that were rectified by intervention for Animal Health.	100%	47%	8/17 = 47% Of the outstanding breaches the majority relate to 1 premises which has required repeated revisits in conjunction with Animal and Plant Health Agency (APHA).
Primary Free Meals Uptake %	70%	71.13%	The number of children accessing free school meals in primary schools has risen.
Primary Paid Meals Uptake %	32%	38.17%	The number of children accessing paid school meals in primary schools has risen.

Secondary Free Meals Uptake %	64%	66.88%	The number of young people accessing free school meals in secondary schools has risen.
Secondary Paid Meal Uptake %	45%	45.52%	The number of young people accessing paid school meals in secondary schools has risen.
Number of childcare settings in Healthy Early Years Scheme (schools)	45	52	100% of settings engaged in Phase 1 have achieved the Gold Standard Healthy Snack Award. 21 Settings recruited onto the scheme.
Response rates to Pest and Straying Animal Control service requests.	99%	98.65%	4854 of 4919 service requests were responded to within our target response time of 5 working days (or 24 hours where rats are inside a house).
Number of fixed penalty notices issued for litter.	Not appropriate.	190	
Number of fixed penalty notices issued for Dog Fouling	Not appropriate.	44	
Number of prosecutions for fly tipping	Not appropriate	8	
Total Number of Community Safety Wardens visits to hotspot locations within Caerphilly County Borough.	4400	4456	
ASB Drop-off rate between strike 1 and 4 intervention stage of the ASB process	99%	98.38%	Throughout 2015/16 the following number of interventions were carried out: Strike 1 – 434 Strike 2 – 139 Strike 3 – 59 Strike 4 – 7

4.4.2 What Went Well

- a) The Registration Service continues to achieve excellent levels of customer satisfaction and a consistent theme from the comments and letters received, and in response to surveys, is the high standard of customer service provided by officers at all levels within the service. In all areas of work 99.51% of customers who responded to surveys stated the service received was very good with 87% stating it was excellent, the remaining 0.49% stated it was good. An electronic booking system for appointments and ceremonies was introduced in June 2015. This creates a much improved database of customers and has significantly assisted office procedures in the gathering and updating of information. In June 2016, the system will allow for new parents wishing to make an appointment to register a birth to do so via an online booking option. Looking forward our reporting to the General Registration Office will have a focus on the Public Protection Counter Fraud aspects of the work of the registration service to meet Home Office control and compliance requirements.
- b) 100% of high risk businesses that were liable to a programmed inspection were inspected for Food Hygiene, Food Standards, and Health & Safety. The percentage of food establishments which are broadly compliant with food hygiene standards has continued to increase rising to 96% from 95% in 2014/15 and 92% in 2013/14. The service operates the Welsh Food Hygiene Rating Scheme which made it mandatory for businesses to display the hygiene rating awarded to the business from 28th November 2014. All businesses within the scope of the scheme are issued with a food

hygiene rating following an unannounced inspection. All businesses inspected under the voluntary scheme have been migrated to the mandatory scheme during 2015/16. Our food law enforcement activity was the subject of an audit by the Food Standards Agency in January 2016; the findings were positive and the final report is still awaited.

- c) The number of children accessing school meals across both the Primary and Secondary sectors, paid and free, has increased. More children are enjoying eating a nutritious balanced meal which will benefit them throughout the school day. Evidence shows that eating a healthy school meal improves children's concentration during lessons and can have a positive impact on classroom behaviour. Nutritious school meals for disadvantaged children can also help children to develop healthy eating habits and have the potential to decrease health inequalities.
- d) We were able to invest in our CCTV system in transferring town centre CCTV cameras which were transmitted via BT fibre onto the Public Sector Broadband Aggregation (PSBA) network, reducing annual running costs in the process, for which we won the Recognising Excellence – CCTV Management and Innovation award. CCBC CCTV Control Room continues to be accredited by the National Security Inspectorate (NSI) for The Management and Operation of a CCTV scheme following its latest inspection in July 2016. It is also the first to be accredited under BS7958:2015. The Control Room will also be looking for Accreditation of the Surveillance Camera Commissioners certification scheme against the Surveillance Camera Code of Practice in November 2016. This is normally a 2 step process with a 1 year 12 month certification followed by a full 5 year accreditation at step 2. Following the recent NSI audit, they recommend that CCBC apply for the 5 year accreditation as we are more than sufficiently placed to achieve it, without the need for stage 1.
- e) Some organisational changes were implemented to bring together a number of roles within a strengthened Corporate Policy function within Public Protection. This has already proved beneficial in addressing the requirements of the Well-being of Future Generations (Wales) Act 2015. Also, as part of these changes the Community Safety Warden service now operates within Environmental Health allowing the opportunity to identify and take advantage of synergies with the General Enforcement Team.

4.4.3 Future Challenges/Risks & Areas for improvement

- a) Whilst 100% of high risk businesses that were liable to a programmed inspection were inspected for Food Hygiene and Food Standards not all inspections or assessments were completed in relation to medium and low risk businesses, or new businesses for Food Standards. This was due to increasing demands upon the service and a vacancy due to staff turnover. The introduction of new legislation requiring food businesses to provide allergy information on food resulted in an increase in the number of significant breaches for and a reduction in the percentage that were rectified by Trading Standards.
- b) IT provision remains a risk with slow progress in relation to agile/remote working etc. Meeting the requirements of all stakeholders and completion of preparatory work in readiness for transfer to a new Public Protection database continues to prove to be a challenge. Services wish to work with ICT to identify service requirements and priorities including enhancements to mobile working, but availability of sufficient ICT resource is a risk.
- c) Addressing enviro-crime remains a priority particularly with regard to dog fouling, which in the 2015 Household Survey 45% of respondents felt was a big problem affecting the appearance of streets in their neighbourhood and local town centre (49% in 2011 and 45% in 2013). We need to move forward with proposals for additional dog control measures in the shape of Public Space Protection Orders following the completion of the informal public consultation. We intended to sustain our enforcement resource and take advantage of organisational changes which have seen

the Community Safety Wardens service brought together with the General Enforcement Team within Environmental Health. We are also developing a new campaign to promote responsible dog ownership.

5. EQUALITIES IMPLICATIONS

5.1 An Equalities Impact Assessment is not required as the report is for information.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications to this report.

7. PERSONNEL IMPLICATIONS

7.1 There are no personnel implications to this report.

8. CONSULTATIONS

8.1 There are no consultations that have not been included in this report.

9. RECOMMENDATIONS

9.1 The Committee is asked to consider the content of the report and where appropriate question and challenge the performance presented.

10. REASONS FOR THE RECOMMENDATIONS

10.1 Performance Management Scrutiny affords members the opportunity to challenge, inform and shape the future performance of the services that are presenting their priorities for 2016/17

11. STATUTORY POWER

11.1 Local Government Measure 2009.

Author: Dave Street, Corporate Director, Social Services
Jo Williams, Assistant Director, Adult Services
Gareth Jenkins, Assistant Director, Children's Services
Rob Hartshorn, Head of Public Protection

Consultees: Cllr R. Woodyatt, Cabinet Member for Social Services
Cllr N. George, Cabinet Member for Community & Leisure Services
Ros Roberts, Performance Manager

Gadewir y dudalen hon yn wag yn fwriadol



HEALTH SOCIAL CARE & WELLBEING SCRUTINY COMMITTEE - 13TH SEPTEMBER 2016

SUBJECT: IMPROVEMENT OBJECTIVE: CLOSE THE GAP IN LIFE EXPECTANCY FOR RESIDENTS BETWEEN THE MOST AND LEAST DEPRIVED AREAS IN THE BOROUGH (ANNUAL REPORT – YEAR END)

REPORT BY: CORPORATE DIRECTOR, SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 The Local Government Measure 2009 requires all local authorities in Wales to set and publish a set of Improvement Objectives. The Wales Audit Office (WAO) will use these Improvement Objectives to evaluate the council's likelihood of improvement and following that, the level of actual improvement that is achieved for the citizens of Caerphilly.
- 1.2 At the beginning of 2015/16, it was recommended that the Improvement Objective: Close the gap in life expectancy for residents between the most and least deprived areas in the Borough, would be reported to this Committee for regular performance monitoring.
- 1.3 This report highlights key progress for the period April 2015 to March 2016.

2. SUMMARY

- 2.1 This Improvement Objective aims to improve the lifestyles of our local population so that people recognise and take responsibility for their own health and well being. In turn this will reduce the variation in healthy life expectancy so that health and well being of individuals experiencing disadvantage improves to the levels found among the advantaged.
- 2.2 The year end progress report at Appendix 1 summarises the activity undertaken. Implementation, delivery and impact of the objective priorities for 2015/16 are deemed to be partially successful.

3. LINKS TO STRATEGY

- 3.1 The local Government Measure 2009 requires each authority to publish priorities for improvement called Improvement Objectives.
- 3.2 This Improvement Objective scheme supports the Single Integrated Plan, Caerphilly Delivers, and in particular contributes to the Prosperous, Healthier, and Greener Caerphilly themes. The Improvement Objective also supports the Council's Anti Poverty Strategy.
- 3.3 The Improvement Objective also contributes to the following Well-being Goals within the Well-being of Future Generations Act (Wales) 2015:

- A resilient Wales
- A prosperous Wales
- A healthier Wales
- A more equal Wales

The Improvement Objective is also consistent with five ways of working set out in the sustainable development principle, as defined in the Act. The scheme is integrated in that it contributes to a number of the Well-being goals and supports the objectives of other stakeholders working towards the same outcomes within the community. Many of the actions depend upon collaboration across organisational boundaries; working together for the good of our communities in pursuit of shared objectives. This objective has to take a long term view with many improvements in health only demonstrable over a generation. Many interventions also rely on and promote a broad opportunity for involvement, encouraging individuals to take responsibility for their own health. Overall, there is a clear emphasis on prevention to secure a sustainable healthy future for our communities.

4. THE REPORT

- 4.1 In Caerphilly County Borough there is a difference in life expectancy between the more affluent areas when compared to the least affluent areas of the borough. For healthy life expectancy there is a difference, of 19.2 years for males and 17.4 years for females, between those people living in the most and least deprived communities across our county borough. This has increased in recent years and we wish to empower residents to improve their lifestyles. The overwhelming evidence shows that a handful of health behaviours influenced by the wider determinants of health, cause the vast majority of premature mortality and morbidity. Smoking, obesity, poor diet, physical inactivity, alcohol and substance misuse, are the major causes of years of life lost or of years lived with a disability.
- 4.2 Caerphilly county borough has some of the poorest levels of health in Wales, and significant inequalities exist between and within individual wards. 26.3% of the population are living with a limiting long-term illness. Premature (under 75 years of age) death rates remain significantly higher than the Welsh average.
- 4.3 In the main, population based health data can only demonstrate trends over the medium to long term. Welsh Government has recently released trend data (Welsh Health Survey) from 2007 – 2014 based on local authority area. Data for Caerphilly county borough shows:
- A steady decrease in adult smoking rates although we remain above the Welsh average;
 - % of adults overweight or obese remaining as one of the highest in Wales;
 - A decrease in the amount of people eating 5 or more fruit and vegetables remaining below the Welsh average;
 - Adult physical activity rates having little change and remaining lower than the Welsh average.
- 4.4 Activity in relation to this Improvement Objective is delivered on a partnership basis and focuses on helping people to recognise and take responsibility for their own health and wellbeing to improve lifestyles. A good example of this is the Community Health Champions scheme which has successfully recruited new Champions within our most deprived communities. In 2015/16 39 new Champions joined the network and there were 179 attendees at awareness raising training sessions. We now have 170 Champions active within the county borough - to improve health literacy and increase social support for changing behaviours.
- 4.5 Smoking prevalence continues to reduce in Caerphilly borough, in line with targets set by Welsh Government to reduce smoking to 16% by 2020 across Wales. 21% of adults smoke in Caerphilly, down from 29% 10 years ago, and above the Welsh average. Caerphilly Tobacco Control Action Plan 2015/16 was developed to include elements of prevention, smoking cessation and the promotion of smoke free environments.

- 4.6 A high number of people are accessing lifestyle changing projects in our most deprived communities. Projects such as weight management (Food Wise), prevention of diabetes, cooking skills, schemes to improve mental well being are available on a regular basis, and opportunities to undertake physical activity in the local community have been promoted. A new programme, Large Scale Change, has started across the Heads of the Valleys area to encourage inactive women (age 14-40) to be more physical active. This is a 3 year programme, targeting residents in communities of high multiple deprivation to make a visible community wide change.
- 4.7 The Living Well Living Longer Programme started in the north of the county borough in Dec 2015 and is being delivered on a pilot basis by Aneurin Bevan University Health Board and Public Health Wales with the support of partners, in particular Communities First. The programme invites residents, age 40 – 64 (who are not currently on a chronic disease register), who live in the most deprived areas of ABUHB, to receive a cardiovascular risk assessment – a midlife MOT. Point of care testing is undertaken, supported by customised software, to enable full results to be available within the session including calculation of diabetes risk score, cardiovascular risk score, cholesterol, blood pressure and heart age. All test results are sent back to GP practices within 24 hours. Individuals are then supported to identify lifestyle changes to lower their identified risks and signposted to local services. The programme will continue throughout 2016/17.
- 4.8 Although trends in health outcomes can only be seen over extended periods of time (years) much has been achieved in relation to this Improvement Objective as detailed in the report. However, a local response to the Childhood Obesity Strategy is still under development, the number of schools achieving some levels of Healthy Schools accreditation was below target, and the number of smokers treated remains below the national target of 5%. Overall therefore this Improvement Objective is considered to be **partially successful** for the year 2015/16 in view of the programme of activities delivered.

5. EQUALITIES IMPLICATIONS

- 5.1 There are no equalities implications to this report that have not been considered or would adversely affect any individual or group who fall under one of the protected characteristics or wider issues as shown in the Council's Strategic Equality Plan.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no financial implications arising from this report.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no personnel implications arising from this report.

8. CONSULTATIONS

- 8.1 This report has been sent to the Consultees listed below and all comments received are reflected in this report.

9. RECOMMENDATIONS

- 9.1 The Scrutiny Committee consider the content of the report and note the progress made in meeting the actions set out in the year end report.

- 9.2 The Committee discuss and reach agreement on the officer judgement of 'partially successful' delivery of this objective.
- 9.3 Endorse the continuation of the objective into 16/17.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 That the Council undertakes effective scrutiny for setting and monitoring of performance improvement.
- 10.2 To inform members of progress made in meeting the improvement objective and the impact on our organisation and staff.

11. STATUTORY POWER

- 11.1 Local Government Measure 2009.

Author: Rob Hartshorn, Head of Public Protection

Consultees:

Cllr Nigel George	Cabinet Member for Communities & Leisure
Cllr David Hardacre	Cabinet member for Performance & Asset Management
Dave Street	Corporate Director, Social Services
Sian Wolf-Williams	Policy Officer
Ros Roberts	Performance Manager
Ioan Richards	Performance Management
Anwen Rees	Senior Policy Officer (Equalities and Welsh Language)
David Roberts	Principal Group Accountant
Shaun Watkins	HR Manager

Appendices:

Appendix 1 End of Year Report 2015/16: IO3 - Close the gap in life expectancy for residents between the most and least deprived areas in the Borough

IO3 - Close the gap in life expectancy for residents between the most and least deprived areas in the Borough

Outcomes

The main intention of this priority is to improve the lifestyles of our local population so that people recognise and take responsibility for their own health and well being. In turn this will reduce the variation in healthy life expectancy so that health and well being of individuals experiencing disadvantage improves to the levels found among the advantaged.

Why have we chosen this?

The CCBC vision is that Caerphilly Borough is a better place to live, work and visit. This must be for all residents. Residents living in areas of high deprivation have statistically significant higher levels of ill-health including deaths from chronic obstructive pulmonary people living in the most and least deprived communities across our borough.

The gap for healthy life expectancy is 19.2 years for males and 17.4 years for females. This has increased in recent years and we wish to empower residents to improve their lifestyles. Unhealthy lifestyle choices are significantly higher in more deprived areas and this creates risk factors that could impact upon the health of our residents, especially smoking, obesity, physical activity and an unhealthy diet.

It is a priority of Welsh Government (Fairer Outcomes for All 2011) that by 2020 we improve health life expectancy for everyone and close the gap between each level of deprivation by an average of 2.5%. There are 5 levels in total, 1 being the most affluent and 5 being the most deprived.

2015-16 – end of year Progress Summary

We assessed this objective and judged it to be successful for the year 2015/16.

NB : Trends in health outcomes can only be seen over extended periods of time (years) so it will not be possible to determine if this priority has been fully successful within the 12 month timeframe.

Because:

What have we done well over the last 12 months?

Smoking prevention continues to reduce in Caerphilly County Borough in line with targets by Welsh Government to reduce smoking rates to 16% by 2020 across Wales. In 2014/15 smoking prevalence was 21% in Caerphilly and 20% for Wales . The Caerphilly Tobacco Action Plan 2015/16 was developed and implemented to include elements of prevention, smoking cessation and the promotion of smoke free environments. This work will continue through 2016/17.

A high number of people are now accessing lifestyle changing projects in our most deprived communities. Projects such as weight management (Food Wise), prevention of diabetes, cooking skills, physical activity opportunities and schemes to improve mental well being, are now available, on a regular basis. Good relationships are being developed with GP surgeries. Demand for community classes on both managing and preventing diabetes has increased.

The opportunities to undertake physical activity, in the local community has increased.

2298 individuals took part in 585 led walks in 2015/16. Of these 299 people were new participants. In May 2015, the annual Caerphilly Challenge Series once again proved to be an incredibly popular event this year, with 531 people from as far afield as Ireland coming together recently to take on the mammoth 'Twmbarlwm Trek'. The event, which offered a variety of routes from the monstrous 21 mile self-led route down to the more gentle one to five mile routes, were supported by over 70 volunteers from various walking groups across Caerphilly county borough including Caerphilly Adventure Group, Islwyn Ramblers, Caerphilly Ramblers and the Pengam, Bedwas and Penallta Strollers.

38 schools within Caerphilly County Borough have received the National Standards School Cycling Programme. This is offered to all Year 6 pupils within the school. Bedwas Junior School and Ty Isaf Infants achieved the Welsh Network of Healthy School Schemes National Quality

Award in 2015/16 – the highest award in Wales for helping to support pupils and other members of the school community in becoming healthier. This brings to total number of schools achieving this top award to 7 (5 primary, 1 infants and 1 secondary). This is the 3rd highest achievement rate in Wales and the highest in Gwent. In the past 12 months 21 new settings have joined the Healthy + Sustainable Pre School Schemes, bringing the total number of settings engaged in the scheme to 52.

The Community Health Champions scheme has successfully recruited new Champions within our most deprived communities. In 2015/16 39 new Champions joined the network and there were 179 attendees at awareness raising training sessions. We now have 170 Champions active within the county borough - to improve health literacy and increase social support for changing behaviours.

The Living Well Living Longer Programme started in the north of the county borough in Dec 2015. This is a Welsh Government Tackling Poverty priority and is being delivered on a pilot basis by Aneurin Bevan University Health Board and Public Health Wales. The programme invites residents, age 40 – 64 (who are not currently on a chronic disease register), who live in the most deprived areas of ABUHB, to receive a cardiovascular risk assessment – a midlife MOT. In Caerphilly CB it is anticipated this will be around 7000 residents. Assessments take place in local community venues. Point of care testing is undertaken, supported by customised software, to enable full results to be available within the session including calculation of diabetes risk score, cardiovascular risk score, cholesterol, blood pressure and heart age. All test results are sent back to GP practices within 24 hours. Individuals are then supported to identify lifestyle changes to lower their identified risks and signposted to local services. 669 patients have received a health check in a community based clinic. The programme will continue throughout 2016/17.

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What areas do we need improve on, and how are we going to do it?

Gwent Childhood Obesity Strategy - “Fit for Future Generations – a childhood obesity strategy for Gwent to 2025”

This draft strategy, and action list, presents a vision of healthier, fitter future generations – where obesity will not be harming children and limiting the well being of future generations of Gwent as it is today. It recommends areas for action for ABUHB, Local Authorities and Public Service Boards. The strategy is a ‘call to co-ordinate’ and suggests shared governance and accountability and scrutiny within both organisations and Local/Public Service Boards.

Included is the case that childhood obesity should be a well being objective, for both Public Service Boards and organisations because of it’s relevance to the Well Being of Future Generations (Wales) Act 2015 and the significant harm childhood obesity causes right across the well being goals.

Childhood obesity harms children and young people now and damages the life chances of future generations. It causes a range of poor physical, mental and social health amongst children and young people and causes more severe chronic ill health in adulthood. In addition to health impact, childhood obesity also damages education, equality, prosperity, productivity and social inclusion.

In Caerphilly county borough it is estimated that 11,614 children and young people (age 0-18) are overweight or obese of whom 5950 are obese.

The causes of obesity are wide ranging and complex, yet reveal areas for joint action. There is no one single organisation or policy area, let alone one single intervention which will provide the solution. Sustained, effective action on many of the key causes at the same time is required.

This draft strategy has been presented, by Public Health Wales, to the Health, Social Care and Well Being Scrutiny Committee, Local Service Board and Caerphilly Well Being Delivery Group. It has been agreed that Childhood Obesity will be a key priority taken forward by the Caerphilly Well Being Delivery Group in 2016/17.

❖ **Tobacco Control**

We need to continue to implement all actions within the Caerphilly Tobacco Action Plan to continue to see a reduction in our local smoking prevalence, to meet the WG target of 16% in 2020. A specific target for next year is :

Reducing uptake of smoking in young people – Just B Initiative

The Just B programme has three core elements drawn from international evidence of effective interventions to reduce the uptake of smoking in children and young people.

1. Whole School approach to tobacco control with links to the Welsh Network of Healthy Schools
2. Peer influence model
3. Young people become aware of the tactics the tobacco industry uses to recruit smokers and incorporates elements of successful America 'Truth' campaign.

The programme will work with 60-70 schools across Wales using a targeted approach, 17 of which are in the ABUHB area and 6 within Caerphilly borough. The smoke free playgrounds initiative has also engaged to support smoke free environments for our children and young people.

Actions

Period	Title	Comment	RAG	Overall Status	% complete
Q4 15-16	Develop and implement a Caerphilly response to achieving the actions set out in the Gwent Childhood Obesity Plan	<p>ABUHB Public Health Wales facilitated a consultation programme on the Gwent Childhood Obesity strategy “Fit for Future Generations” in 2015/16. As part of this process presentations were received at :</p> <ul style="list-style-type: none"> • The Health, Social Care and Well Being Scrutiny Committee (Oct 2015) • The Local Health Board (Dec 2015) • The Well Being Delivery Group (Jan 2016) <p>It has been agreed that Childhood Obesity will be a key priority taken forward by the Well Being Delivery Group in 2016/17</p>	Amber	In progress	30%
Q4 15-16	Increase residents knowledge by developing the Community Health Champions initiative	<p>For 2015/16 the total number of new Champions trained was 39. This brings the total number of Champions within the county borough to 170</p> <p>Throughout the year 23 Awareness Raising training sessions were delivered with 176 attendees.</p> <p>On 8th March 2016, Caerphilly CBC hosted the Gwent CHC Annual Network event. Located in Llancaiach Fawr this was a huge success. Professor Peter Elwood was the guest speaker discussing healthy lifestyles and the evidence from the ground breaking Caerphilly Cohort study. 58 champions attended as well as 38 stakeholders.</p>	Green	Completed	100%
Q4 15-16	Promote broader participation in physical activity including walking, gardening, street	In 2015/16 opportunities to undertake physical activity in the local community have increased.	Green	Completed	100%

	<p>games and play, as well as increasing community based opportunities</p>	<p>Communities First now have a team of officers that deliver door step activity opportunities. Additional opportunities have also been created through the development of programmes such as Streetgames, Us Girls and Positive Futures.</p> <p>A new programme – Large Scale Change has started across the Heads of the Valleys area to encourage inactive women (age 14-40) to be more physical active. This is a 3 year programme, targeting residents in communities of high multiple deprivation to make a visible community wide change.</p>			
<p>2015-16 Page 96</p>	<p>Reduce smoking prevalence by increasing the uptake of smoking cessation programmes</p>	<p>Smoking prevention continues to reduce in Caerphilly County Borough in line with targets by Welsh Government to reduce smoking rates to 16% by 2020 across Wales. In 2012/13 smoking prevalence was 22% in Caerphilly and 23% for ABUHB . The Caerphilly Tobacco Action Plan 2015/16 was developed and implemented to include elements of prevention, smoking cessation and the promotion of smoke free environments. This work will continue through 2016/17.</p> <p><u>Stop Smoking Champions Initiative</u></p> <p>Smoking cessation was identified as a GP Cluster Network Plan priority in 2014/15. All NCN surgeries have been asked to nominate a Stop Smoking Champion/s to represent to improve systematic referral of patients to Stop Smoking Wales on a regular weekly basis using a designated e-referral system.</p> <p>In excess of 90 Stop Smoking Champions have been trained across ABUHB with 21 of these from Caerphilly borough.</p>	<p>Green</p>	<p>Completed</p>	<p>100%</p>

Community Pharmacy Level 3 Enhanced Service

Trained and accredited Community Pharmacists and technicians are now offering specialist advice on stop smoking treatments and intensive behavioural support on a one to one basis. The Community Pharmacy Level 3 smoking cessation service has been expanded with a total of 17 pharmacies now delivering the scheme in Caerphilly, compared with 4 in 2015/16.

Help 2 Quit Campaign

The Aneurin Bevan Gwent Public Health Team launched a Gwent wide Help 2 Quit Campaign. The 10 week campaign aimed at the general public was designed to raise awareness across Gwent of smoking cessation services available to help and support an individual to successfully stop smoking.

The campaign was developed following insight and focus group work with a range of target groups. The theme of the campaign reinforced stopping smoking and saving money, to be able to afford aspirational items, such as a dream car or a luxury holiday.

Smoking cessation services available include groups, telephone support and on-line support provided by Stop Smoking Wales, and a 1 to 1 service provided by participating Community Pharmacies.

The campaign was designed to appeal to a range of target groups, using a variety of different mediums which included digital/social media, outdoor media, radio adverts and pop up shops.

The campaign ran from Monday 25th January – 31st March 2016 and is currently being evaluated.

Q4 15-16	<p>Support Aneurin Bevan University Health Board and Public Health Wales to implement the Living Well Living longer programme (LWLL) in the Upper Rhymney Valley (URV) area</p>	<p>This programme started in the north of the county borough in Dec 2015. The programme will cover GP Practices in Rhymney, New Tredegar, Bargoed, Gelligaer, Markham, Nelson, Ystrad Mynach, Pengam, Fleur De Lys and Lansbury Park. The pilot scheme commenced in Caerphilly north in December 2015 with the three GP practices of Lawn Medical Practice, Bryntirion Surgery and Myddygfa Cwm Rhymney. Following a process of validating GP lists to identify eligible patients, <u>669</u> patients have received a health check in a community based clinic. Of these 669 patients:</p> <ul style="list-style-type: none"> • 15% (98) were identified as having an increased risk $\geq 10\%$ of cardio vascular disease in the next 10 years, • 79% (527) were overweight with a BMI over 25; 44% (297) were obese with a BMI >30 • 21% (138) stated they smoked and 30 patients were referred to Stop Smoking Wales • 43%(285) have had previously undiagnosed health conditions identified and been referred back to their GP • 14 patients were referred to the National Exercise Referral Scheme (NERS) • 6 patients were referred to the Adult Weight Management service • 2 patients were referred to the GDAS (Gwent Drug and Alcohol Service). <p>The programme will shortly commence in South Street Surgery, Markham Surgery and Bargoed Hall following the completion of practices clinically validating their patient lists.</p>	Green	Completed	100%
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How much did we do?

Title	Actual	Target	Comment	Updater
<p>Delivery of Community Health Champion initiative</p>	170	155	<p><i>Total number of Community Health Champions is 170</i></p> <p><i>Total number of new champions = 39</i></p> <p><i>Throughout the year 23 Awareness Raising training sessions have been delivered with a total number of 176 attendees</i></p> <p><i>New Champions are from geographical areas of highest deprivation</i></p>	
<p>Delivery of Healthy Hearts courses (5 weeks)</p>	2	4	<p>Two courses completed. Demand for this course has been low and thus staff focus has been redirected to other courses.</p>	
<p>Delivery of Xpod courses (pre Diabetes, 6 weeks)</p>	15	10	<p>Demand for community courses on diabetes has increased. Officers have worked closely with ABUHB to deliver community programmes to support residents to both, manage diabetes and prevent the onset of diabetes.</p>	
<p>Number of Argoed Level 1 Nutrition initiative</p>	1	8	<p>Demand for this course has been low and thus staff focus has been redirected to other courses.</p>	

Number of community cooking sessions	113	100+	There is a high demand for these sessions which are resource intensive. Where possible these sessions will be linked to other courses to improve lifestyle behaviours	
Number of 'Food Wise' courses (12 sessions including cooking)	22	16	These courses include 8 weeks of theory plus cooking sessions. Altogether over 250 training sessions have been delivered within this programme alone.	
Number of individuals taking part in led walks	2198	2900	2198 individuals took part in led walks in 2015/16. 299 of these were new participants while 585 led walks took place.	
Number of National Standards courses delivered within Schools Cycling programme	38	20	This is well above the target for the year.	
Number of participants taking part in StreetGames/US Girls	1871	1200	This is well above the target for the year.	
Number of people participating in community based exercise referral scheme (Communities First)	N/A	Under development	This scheme no longer exists. Focus has been redirected to providing more physical activity opportunities in local communities.	
Number of people taking part in community based physical activity opportunities	887	1350	NB. These figures do not include participants in Street Games or Us Girls as these are included as separate actions above. Physical activity measures have been reviewed and amended for 2016/17.	

How much did we do? (Metrics)

Title	Actual	Comment	Updater
Number of participants in delivery of community based self help support for people living with a mild to moderate mental health condition (COF24aa)	388	Participants are engaged via Self Help Groups Living Life to the Full programme Road to Wellbeing Programme Womens' Self Help Anxiety and Depression Group Gardening/Get Well Get Work Group Surf and Chat Group Mens' Sheds Project Luncheon Club Stress Control sessions.	
Promotion of Change4Life - Number signed up to initiative		No data provided from Welsh Government	

How well did we do it?

Title	Actual	Target	Comment	Updater
% Children aged 4/5 years categorised as overweight or obese in Caerphilly	27.1 2013/14	Not appropriate	The prevalence of those overweight or obese in Wales in reception year (26%) was significantly higher than that for England (23%). It was also significantly higher in Wales than in any of the individual English regions where the highest prevalence was 24%	

			<p>Caerphilly prevalence is higher than the Welsh average and thus higher than the English also.</p> <p>There was a strong relationship between levels of obesity and deprivation – 28.5% of children living in the most deprived areas of Wales were overweight or obese, compared to 22.2% in the least deprived areas.</p>	
% Schools that have achieved Healthy Schools accreditation at phase 3 or beyond	96%	95%		
% Schools that have achieved Healthy Schools accreditation at phase 5	63%	65%		
Illegal tobacco campaign - number of intelligence reports received and resulting enforcements	22	Not appropriate	22 Intelligences reports received in relation to 16 Individual Targets. Of the 16 x targets: 5 – Non actionable, 11– actionable (investigations ongoing)	
Number of childcare settings in Healthy Early Years Scheme - schools (Healthy and Sustainable Pre-School Scheme)	52	45	<p>29 SETTINGS COMPLETED PHASE 1</p> <p>19 SETTINGS COMPLETED PHASE 2</p> <p>4 SETTINGS COMPLETED PHASE 3</p> <p>NB. When settings have completed the scheme they are no longer counted.</p>	

Number of schools achieving the final phase of the Healthy Schools Scheme - 'the Welsh Governments National Quality Award' (Annual)	7	9	Bedwas Junior School + Ty Isaf Infants have achieved the Healthy Schools National Quality Award – the highest award in Wales for helping to support pupils and other members of the school community in becoming healthier. This brings the total number of schools achieving this award in Caerphilly CB to 7. (5 primary, 1 infants and 1 secondary school). 3 others are actively working their way towards this award.	
Number of smokers treated by smoking cessation service Page 103		5% of all smokers	Stop Smoking Wales Q1 2015/16 = 110 treated smokers Q2 2015/16 = 108 treated smokers Q3 2015/16 = 91 treated smokers Q4 2015/16 = not yet available Current estimates predict that the overall 2015/16 figure will be over 2% - this is an increase on 2014/15 677 people accessed Stop Smoking Wales 2012/13 501 people accessed Stop Smoking Wales in 2013/14	
Number of staff trained in Brief Interventions Training			Awaiting information from Public Health Wales	

Number of under age test purchases undertaken for other age restricted purchases	14	20	CCBC Trading Standards Team continues to implement test sales to young people. They have carried out 14 test purchases on tobacco products. 12 of these focused on Nicotine Inhaling Devices (E Cigs), 1 on cigarettes and 1 on butane lighters. No sales were recorded. As test purchases now need to be intelligence led, this amount of activity is to be taken as a positive – a low number of intelligence leads indicates a smaller problem restricted to a core number of premises.	
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How well did we do it? (Metrics)

Title	Actual	Comment	Updater
Adults who reported eating five or more fruit and vegetables the previous day (Age standardised) - Caerphilly	28% 2013/14	This has shown a decline over the past few years and we are below the Welsh average which is 32%	
Number of residents signposted from screening MOTs to additional services	337	<p><u>669</u> patients, so far, have received a health check in a community based clinic. Of these 669 patients:</p> <ul style="list-style-type: none"> • 15% (98) were identified as having an increased risk $\geq 10\%$ of cardio vascular disease in the next 10 years, • 79% (527) were overweight with a BMI over 25; 44% (297) were obese with a BMI >30 • 21% (138) stated they smoked and 30 patients were referred to Stop Smoking Wales • 43%(285) have had previously undiagnosed health conditions identified and been referred back to their GP 	

		<ul style="list-style-type: none"> • 14 patients were referred to the National Exercise Referral Scheme (NERS) • 6 patients were referred to the Adult Weight Management service • 2 patients were referred to the GDAS (Gwent Drug and Alcohol Service). 	
Overweight or obese - Age standardised percentage of adults - Caerphilly	63% 2013/14	Since 2008-09 this figure has stayed between 61 + 64%. This is one of the highest rates in Wales.	
Physically active on 5 or more days in the past week - Age standardised percentage of adults - Caerphilly	28% 2013/14	This rate has stayed pretty steady since 2008/09. This is lower than the Wales average (31%)	
Smoker - Adults who reported being a current smoker (age standardised - 16 plus) - Calendar year (two year calendar average)	22% 2013/14	We have seen a steady decrease in the rate of adults smokers since 27% in 2007/08. This remains slightly above the Welsh Average (20%). Welsh Government have set a target of 16% by 2020.	

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Is anyone better off? (Metrics)

Title	Actual	Comment	Updater
Gap in healthy life expectancy between the most and least deprived areas across Caerphilly for Females	17.4 years (2005-09)	This represents a worsening picture since 2001-05 when the figure was 16.8 years	
Gap in healthy life expectancy between the most and least deprived areas across Caerphilly for Males	19.2 years (2005-09)	This represents a worsening picture since 2001-05 when the figure was 18.7 years	
Premature death rates for Adults	374.8 persons per 100,000 population 2007	Caerphilly county borough has a substantially higher rate of premature deaths than the Wales (332.1) average (mortality rate in people less than 75 years old)	

Gadewir y dudalen hon yn wag yn fwriadol