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Date: 25th November 2015

Dear Sir/Madam,

A meeting of the **Health Social Care and Wellbeing Scrutiny Committee** will be held in the **Sirhowy Room, Penallta House, Tredomen, Ystrad Mynach** on **Tuesday, 1st December, 2015** at **5.30 pm** to consider the matters contained in the following agenda.

Yours faithfully,

A handwritten signature in blue ink that reads 'Chris Burns'.

Chris Burns
INTERIM CHIEF EXECUTIVE

A G E N D A

- | | Pages | |
|--|---|--|
| 1 | To receive apologies for absence. | |
| 2 | Declarations of Interest.
Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest (s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers. | |
| To approve and sign the following minutes: - | | |
| 3 | Health, Social Care and Wellbeing Scrutiny Committee Meeting held on the 20th October 2015 (Nos. 1 - 13). | |

1 - 6

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4 Consideration of any matter referred to this Committee in accordance with the call-in procedure.

5 To receive a verbal report from the Cabinet Member(s)

To receive and consider the following Scrutiny reports: -

6 Presentation - CCISW Annual Performance Evaluation for 2014 - 2015. 7 - 26

7 Presentation - Aneurin Bevan University Health Board - Update.

8 Improvement Objectives 2015/16 - Six Month Review. 27 - 42

9 To record any requests for an item to be included on the next available agenda.

To receive and note the following information items*: -

10 Summary of Members Attendance - Quarter 2 - 1st July 2015 - 30th September 2015. 43 - 46

11 Corporate Safeguarding Children and Vulnerable Adults Policy. 47 - 88

12 Rota Visits by Members to Social Services Establishments: 1st April 2015 - 30th September 2015. 89 - 92

**If a Member of the Scrutiny Committee wishes for the above information to be brought forward for discussion at the meeting please contact Amy Dredge, Committee Services Officer, Tel. No. 01443 863100, by 10.00am on Monday 30th November 2015.*

Circulation:

Councillors: L. Ackerman (Chair), Mrs E.M. Aldworth, A. Angel, J. Bevan, Mrs A. Blackman, Mrs P. Cook (Vice Chair), M. Evans, Ms J. Gale, L. Gardiner, C.J. Gordon, G. J. Hughes, L. Jones, A. Lewis, J.A. Pritchard, A. Rees and S. Skivens

Users and Carers: Mr C. Luke, Mrs J. Morgan, Miss L. Price and Mrs M. Veater

Aneurin Bevan Health Board: Mrs B. Bolt (Divisional Director Primary Care and Networks)

And Appropriate Officers



HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, TREDOMEN,
YSTRAD MYNACH ON TUESDAY, 20TH OCTOBER 2015 AT 5.30 P.M.

PRESENT:

Councillor L. Ackerman - Chair

Councillors:

Mrs E.M. Aldworth, A.P. Angel, Mrs A. Blackman, D.G. Carter, M. Evans, Ms J. Gale, C.J. Gordon, G.J. Hughes, Miss L. Jones, A. Lewis, J.A. Pritchard, A. Rees.

Cabinet Members: Councillors N. George and R. Woodyatt

Together with:

D. Street (Corporate Director Social Services), J. Williams (Assistant Director Adult Services), R. Hartshorn (Head of Public Protection), M. Jones (Interim Financial Services Manager), B. Manners (Solicitor), J. Morgan (Solicitor) and A. Dredge (Committee Services Officer)

Also Present -

Users and Carers – Mr C. Luke and Mrs J.M. Morgan

Aneurin Bevan University Health Board – G. Radcliffe (Midwifery Manager) and J. Evans, (Senior Public Health Practitioner)

1. **BEREAVEMENT – COUNCILLOR MRS G. BEVAN**

The Chair referred to the recent death of Councillor Gina Bevan. Members and Officers stood in silence as a mark of respect and extended their condolences to the bereaved family.

2. **WELCOME**

The Chair welcomed Councillor Lisa Jones to her first meeting of the Scrutiny Committee and all members of the Committee introduced themselves.

3. **APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Councillors Mrs P. Cook (Vice Chair), L. Gardiner and S. Skivens.

4. **DECLARATIONS OF INTEREST**

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

5. MINUTES — 8TH SEPTEMBER 2015

RESOLVED that subject to it being noted that the request for slides in relation to Hospital Beds had been discussed at the previous two meetings and had not been received, the minutes of the meeting of the Health, Social Care and Wellbeing Scrutiny Committee held on 8th September 2015 (minute nos. 1 - 12) be approved and signed as a correct record.

6. 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.

7. REPORT OF THE CABINET MEMBERS

The Scrutiny Committee received verbal reports from Councillor R. Woodyatt (Cabinet Member for Social Services) and Councillor N. George (Cabinet Member for Community and Leisure Services).

Councillor Woodyatt informed Members that two presentations would be given by the Aneurin Bevan University Health Board (ABUHB), in relation to 'Still Births and Cot Deaths' and 'Fit for Future Generations' that had been requested at a previous Scrutiny meeting.

Members were informed that the financial position of the Directorate at month 5, will be provided by officers and that the position remains positive.

A Scrutiny Meeting has been arranged for the 1st December 2015, where the Care and Social Services Inspectorate Wales (CSSIW) staff will be in attendance to give their annual evaluation of the progress of the Social Services Directorate. In addition the Chief Executive and Executive members of the ABUHB will attend the meeting as a follow up to the session held earlier this year.

The Cabinet Member reminded the Scrutiny Committee that a Special Scrutiny Meeting in relation to the Directorates' proposals for its Medium Term Financial Plan for 2016/17 has been arranged on Monday 23rd November 2015 and requested members make every effort to attend this extremely important meeting.

Following the report from Councillor Woodyatt, the Scrutiny Committee received a report from Councillor George.

Members were informed that the National School Meals Week will be celebrated during the week commencing 2nd of November 2015. Caerphilly catering school meals services will be celebrating the event by running a themed Bonfire night menu throughout all its kitchens. Kate Davies, Cook in Charge of St Gwladys Primary and the reigning National School Chef of the Year, will be given the opportunity to work across various kitchens and outlets including the Houses of Parliament and the National Assembly for Wales. This will showcase the quality of the modern school meal.

Caerphilly Trading Standards Officers joined forces with colleagues in other Local Authorities and Gwent Police in a crack-down on rogue trading and door step crime. During the National Week of Action (28th September to 2nd October 2015) 28 vehicles were stopped and checked, 3 people were arrested on suspicion of theft, 3 vehicles were seized, and 2 people were arrested on suspicion of Trading Standards offences.

Councillor George informed Members that Public Protection regularly work in partnership with Gwent Police and other agencies to police the night time economy and deal with problem licensed premises. At 2 recent hearings of Caerphilly's Licensing Sub-Committee, premises licences were revoked from premises that had been targeted during special joint operations in response to major concerns about how the premises were run and breaches of legislation and licence conditions.

The Cabinet Member was pleased to confirm that the Community Safety Partnership Team has successfully implemented new Public Space Protection Orders for the Local Authority bus stations and shelters. The Orders came into force on the 12th October 2015, following extensive consultation, to alleviate problems being experienced by the travelling public. The provision will be jointly enforced by Community Safety Wardens and Gwent Police. The Community Safety Team has secured the first Anti-social Behaviour Injunction in the Civil Court in Gwent, with a power of arrest attached. A report will be produced at the next meeting to consider the introduction of new Public Space Protection Orders in relation to dog control.

In closing, Councillor George advised that the Chief Medical Officer for Wales issued her Annual Report earlier this month in which she highlights the opportunity of linking the public health system across the NHS and local government as well as the challenge of ensuring sustainable environmental health services.

The Committee thanked both Cabinet Members for their informative reports.

REPORTS OF OFFICERS

Consideration was given to the following reports.

8. PRESENTATION: COT DEATHS AND STILL BIRTHS

The Scrutiny Committee received a presentation from G. Ratcliffe, Midwifery Manager, ABUHB on the Perinatal Study undertaken within the Caerphilly Borough and the ABUHB, dating back to 1995.

With the aid of a slide presentation, G. Ratcliffe gave an overview of the causes of perinatal deaths as of 2015 and the factors considered such as the age of the mother, ethnicity, ante natal care, obstetric history, consanguinity, BMI, smoking, alcohol, substances, gestational age and multiple births. Reference was made to the causation of still births in relation to the all Wales Perinatal Report. Statistics of still births and neonatal deaths were compared at both local and national levels.

Members were advised of the Welsh Initiatives and that ABUHB work closely with the Welsh Government. The Board are required to provide maternal indicators on a six monthly basis. A new health of Health Care Workers (Healthy Baby Advisors) has been appointed to work directly with mothers offering advice in relation to issues such as BMI, smoking, alcohol and substance misuse.

G. Ratcliffe responded to a number of questions raised that were highlighted in the presentation in relation to smoking, mental health and the reason why pregnancy care is started within ABUHB (Royal Gwent and Neville Hall Hospital's) and then transfers to Prince Charles Hospital in Merthyr Tydfil.

Members thanked G. Ratcliffe for her presentation and for responding to the questions raised.

9. PRESENTATION: FIT FOR FUTURE GENERATIONS – A CHILDHOOD OBESITY STRATEGY FOR GWENT TO 2025

The Scrutiny Committee received a presentation from J. Evans, Senior Public Health Practitioner, in relation to childhood obesity.

With the aid of a slide presentation, J. Evans informed members of the current and anticipated obesity levels in relation to children and adults and stated that obesity is a significant risk factor in Wales. The level of overweight and obesity amongst boys and teenage girls is higher in Wales than the rest of the UK and most other European countries.

She advised that the draft childhood obesity strategy and action plan (as appended to the report) presents a vision of healthier, fitter future generations – where obesity will not be harming children and limiting the wellbeing of future generations in Gwent as it is today. It outlines the important and wide ranging benefits to people, communities and public services from effective and coordinated action on childhood obesity.

The Strategy makes the case that childhood obesity should be included as a priority wellbeing objective, for both Public Service Boards and Organisations because of its relevance to the Wellbeing of Future Generations (Wales) Act 2015 and the significant harm childhood obesity causes right across the wellbeing goals.

Members were advised of the All Wales Obesity Pathway (Welsh Government) which sets out the action that should be happening on obesity on four different levels. Childhood obesity impacts on children in the short term but also harms life chances in the longer term, particularly as most obese children remain obese into adulthood. Childhood obesity can result in a range of physical and mental health issues, some of which until recently were only seen in adults. In addition to the health impact, childhood obesity can also impact of education, equality, prosperity, productivity and social inclusion.

J. Evans advised that the key areas for action are to disrupt obesogenic social norms, support a healthy start to life, coordinate and improve the efforts in early years and schools settings, influence healthy food choices in communities, encourage active recreation and play for families, create active and safe communities and provide community and healthcare based weight management interventions for families who need them.

Clarification was sought in relation to the financial implications of the strategy and members were advised that there are no financial implications at this stage. This strategy is not recommending new actions requiring investment. The focus is predominantly about the reorientation of existing activity but in line with the evidence aligning local authority corporate plans and local service board single integrated plan actions and as such, most of the actions in the accompanying action plan are low cost or no-cost.

A Member raised a query regarding legislation and the potential for placing taxes on sugared drinks and the psychological aspect in relation to eating as this for some is regarded as an addiction. Another Member asked about the role of domestic science in preventing obesity. J. Evans confirmed that the causes of obesity are wide ranging and complex and that action to increase knowledge and skills around healthy eating feature in the evidence based actions that support the strategy but there is no one solution and that all factors contained in the presentation should be considered as part of effective and coordinated action. This strategy is about reducing inequalities caused by childhood obesity. Implemented as directed it is predicted to have significant positive impact on child health and wellbeing and deprivation-linked health inequalities.

J. Evans was thanked for her informative presentation and for answering the questions raised by Members.

Members noted the draft strategy *“Fit for Future Generations – a Childhood Obesity Strategy for Gwent to 2025”* as appended to the report and supported the internal structure/process as detailed within the report to provide accountability for planning and delivery of relevant actions, as well as providing scrutiny of core business for impact or synergy on childhood obesity.

10. BUDGET MONITORING REPORT (MONTH 5)

M. Jones, Interim Financial Services Manager, provided an overview of the report, which informed Members of the projected revenue expenditure for the Social Services Directorate 2015/16 financial year.

The Officer summarised the projected financial position based on information available as at month 5 (August 2015) with a projected Directorate underspend of £324k. Children’s Services is projected to underspend by £286k, Adult Services is projected to underspend by £48k and Service Strategy and Business Support, currently projected to overspend by £10k.

The report also identifies the progress that has been made towards delivering the targeted savings that have not yet been achieved.

Clarification was sought in relation to vacant posts as detailed in paragraphs 4.4.1 and 4.4.2 of the report and Members were advised that in response to the anticipated reductions in Welsh Government funding over the forthcoming financial years, a prudent approach to vacancy management has been adopted. A number of vacant posts have now been withheld for the remainder of the current financial year pending consultation in respect of the 2016/17 corporate budget strategy. This has not affected the services provided.

A Member queried para 4.5.5. of the report and the underspend relating to aids and adaptations and the Officer advised that the underspend does not only relate to equipment it also includes minor works and that particular line is currently projected to come in fully spend.

Information was requested regarding savings made from the meals on wheels service and although there were no figures available, the Officer was able to confirm that numbers have declined however this cannot be totally attributed to the increase in cost.

The Director informed Members that the demand for services increases over the winter months and that the Department is facing difficult challenges as further funding reductions in 2016/17, are anticipated.

Members thanked the Officers for the report and noted its content.

11. PERFORMANCE MANAGEMENT 2014/15

D. Street informed the Members of the final position for 2014/15 of the performance management figures for both adult services and children’s services and gave an overview of forthcoming changes to the way that performance in social care will be managed from April 2016 in line with the requirements of the Social Services and Wellbeing (Wales) Act.

Members were reminded of the previous reports/presentations that social services and public protection have provided on a range of performance indicators. Some of these indicators are national indicators determined by Welsh Government while others are local indicators that have been created by senior managers to oversee areas not covered by the national indicators. The report provides the end of year position in terms of performance information for 2014/15 as well as the performance for the first quarter of 2015/16.

In April 2016 the Social Services and Wellbeing (Wales) Act will come into force. The Act will bring with it a change in emphasis in the way in which Social Services Performance is

managed. There will now be a much bigger focus on outcomes for service users and a move from quantitative indicators to qualitative indicators which can best be described as measuring how well the Department work with people as opposed to how quickly services are provided. It was explained that this will be achieved by consultation with service users and Mr Luke advised that the voluntary sector would assist in this process as required

There was a discussion regarding the number of fixed penalty notices issued for dog fouling and the general approach to dog fouling enforcement. A specific query was raised in relation to dog fouling and the use of private contractors by other certain Local Authorities to enforce fixed penalty notices. Mr Hartshorn advised that there is an effective and proactive Enforcement Team and a range of awareness raising activities delivered. There has been a reduction in the number of fixed penalty notices issued but Officers will issue a fixed penalty notice whenever a relevant offence is witnessed.

Members noted the detailed performance data for 2014/15 as well as the performance for the first quarter of 2015/16 as detailed in the report.

12. REQUESTS FOR ITEMS TO BE INCLUDED ON THE NEXT AVAILABLE AGENDA

Councillor A. Rees requested a report on the use of private contractors for issuing dog fouling notices.

13. ITEMS FOR INFORMATION

The following item was received and noted without discussion.

1. Fixed Penalty Notices for Dog Fouling and Littering.

The meeting closed at 7.45pm

Approved as a correct record, subject to any amendments agreed and recorded in the minutes of the meeting held on 1st December 2015.

CHAIR



HEALTH SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 1ST DECEMBER 2015

SUBJECT: CSSIW ANNUAL PERFORMANCE EVALUATION FOR 2014-15

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To advise elected Members of the Annual Performance Evaluation Report for 2014/15, which has been completed by the Care and Social Services Inspectorate (CSSIW) as part of the Inspectorate's response to the Annual Council Reporting Framework.

2. SUMMARY

- 2.1 As Members will be aware from previous reports, in June 2009 the then Welsh Assembly Government issued Statutory Guidance on the Role and Accountabilities of the Director of Social Services. The Guidance sets out a requirement for the Director of Social Services to report annually to the Council on the performance of Social Services functions and plans for further improvement.
- 2.2 The Annual Council Reporting Framework, which governs the production of the Annual Director's Report, requires CSSIW to review each local authority and provide an analysis of the Annual Director's Report and its supporting evidence.

3. LINKS TO STRATEGY

- 3.1 Statutory Guidance on the Role and Accountabilities of the Director of Social Services (Welsh Assembly 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).

4. THE REPORT

- 4.1 The introduction of the Annual Council Reporting Framework placed a responsibility on local authorities to analyse the effectiveness of the Social Services that they provide. In order to do so, it is an expectation of the Framework that CSSIW will review and analyse each local authority's Annual Report and its supporting evidence.
- 4.2 CSSIW have produced the appended Annual Performance Evaluation Report to summarise the conclusions that the Inspectorate has reached following analysis of the Annual Director's Report produced by Caerphilly County Borough Council for 2014/15. Within the report, CSSIW has identified what it believes are the key areas for improvement and areas for improvement for the local authority.

4.3 The areas for improvement in the report will be included in the respective Service Delivery Plans for 2014/15 and progress will be reported to Scrutiny committee as part of our performance management updates.

5. EQUALITIES IMPLICATIONS

5.1 There are no equalities implications arising from this report.

6. FINANCIAL IMPLICATIONS

6.1 The Annual Performance Evaluation Report 2014/15 does not have any specific financial implications for the local authority.

7. PERSONNEL IMPLICATIONS

7.1 There are no specific personnel implications arising from the Annual Performance Evaluation Report 2013/14.

8. CONSULTATIONS

8.1 All consultation feedback was incorporated into our response to the Draft Performance Annual Evaluation Report.

9. RECOMMENDATIONS

9.1 Elected Members are requested to note the contents of the Annual Performance Evaluation Report 2014/15.

10. REASONS FOR THE RECOMMENDATIONS

10.1 Statutory guidance requires the Director to present the Annual Performance Assessment Report to Elected Members.

11. STATUTORY POWER

11.1 Statutory Guidance on the Role and Accountabilities of the Director of Social Services (WAG June 2009).

Author: Dave Street, Corporate Director Social Services
Consultees: Social Services Senior Management Team

Appendices:
Appendix 1 Annual Performance Evaluation Report 2014/15

Performance Evaluation Report 2014–15

Caerphilly County Borough Council
Social Services

This report sets out the key areas of progress and areas for improvement in Caerphilly County Borough Council Social Services for the year 2014–15

Annual Review and Evaluation of Performance 2014 - 2015

Local Authority: Caerphilly County Borough Council

This report sets out CSSIW's evaluation of Caerphilly County Borough Council's performance in delivering its social services functions.

1. Summary

- 1.1. The council has continued to take a structured and planned approach to develop and transform services in readiness for the Social Services and Wellbeing (Wales) Act (SSWB Act), and this is also reflected in the objectives set out in the local single improvement plan. The annual report of the director of social services provides a comprehensive picture of the current status of social services in Caerphilly. This includes reflection on the previous year's priorities and achievements and areas for development in the year ahead. It identifies that the department is on track to achieve the medium term financial plan, although this is within recognised limited resource and has become more reliant on successful bids for additional funding and grants.
- 1.2. Solid foundations built in the previous year have enabled the council to make progress in both adult and children's services. Clear planning has set the direction for prioritising, review and development of new services reflecting local need and national legislative change. This has involved restructuring existing teams and services as well as exploration of new ways of working. This includes working with local authority, Aneurin Bevan University Health Board (ABUHB) and third sector partners.
- 1.3. The corporate management structure and governance arrangements provide support to enable social services to continue development, and the introduction of a new quality assurance framework should enhance oversight of the service as a whole.
- 1.4. The council works constructively with regulators and has made good progress in relation to areas for improvement in CSSIW's performance report 2014-2015. The council has continued to work with regional partners in both health and third sector to build on strengths and trial new ways of working. Continued development of these relationships will be crucial to successful working and implementation of the SSWB Act.
- 1.5. Continued support at corporate level for equality and the Welsh language is evident within the director's report and there is progress towards meeting the requirements of "More than Just Words", the Welsh

Government's strategic framework for Welsh language services in health and social care.

2. Response to last year's areas for improvement

Identified improvement last year:	Progress in 2014-15
The council should develop the commissioning strategy for older people	This has not yet progressed. Although in our engagement meetings CSSIW has been advised that there were discussions with ABUHB regarding the feasibility of an integrated commissioning strategy, this is no longer being progressed hence the authority will produce its own.
The council should interrogate the reasons for delayed discharge and put in place strategies to monitor and improve the progress of this	Significant improvement has been achieved in this. A range of causes of delayed discharge were identified and strategies adopted to improve this.
The council should continue to develop methods for supporting and developing skills of foster carers	The council has introduced a range of methods to increase recruitment of foster carers.
<p>The council should:</p> <ul style="list-style-type: none"> • examine factors contributing to the rise in children placed on the register; and • Continue to develop outcome measure for new services 	<p>This has been reviewed by the head of service and no specific reasons identified. A few large sibling groups potentially contributed to this.</p> <p>Participating in development of outcomes for children's services pilot area for national project.</p>
The council should continue to develop method/frameworks for quality review	A framework for quality assurance has been developed and due for implementation 2015-16.
The council should continue to develop mechanisms to improve corporate oversight	Improving governance board in place overseeing and monitoring the local authority action plan.

3. Visits and inspections undertaken during the year

- 3.1. Site visits and inspections provide CSSIW with an opportunity to speak with people who receive services, their families and staff who manage and work in the services. During 2014-15, site visits were made to:
- Listen Engage Act Participate (LEAP) project
 - Participated in the Wales Audit Office review: Independence of older people
- 3.2. CSSIW also met with senior officers of the council throughout the year to review social services performance and discuss progress with the areas for improvement identified in last year's performance evaluation. The council was helpful in its engagement with CSSIW and readily facilitated access to enable site visits to take place.
- 3.3. During the year, CSSIW also undertook inspections of regulated services run by the council and by independent operators. This included reviews of the in-house fostering service. Details on these are contained in published reports and available on CSSIW's website.

4. Areas for follow up by CSSIW next year

- 4.1. A number of specific areas for improvement have been identified in the body of this report. The council's progress in relation to these will be discussed with the council during regular engagement meetings in the coming year. Specific areas for follow up will include:
- Visit to children's disability team
 - Visit to the older people's team
 - Meeting with community connectors
 - Meeting with carers
 - Meeting with providers of services commissioned by the council.

5. CSSIW inspection and review plan for 2015 -16

- National review of domiciliary care
- National review of services for people with learning disabilities

- National review of care planning for looked after children.

6. The extent to which the experiences and outcomes for people who need care and support are improving their wellbeing

Adults

Overview

- 6.1. In order to ensure people obtain the appropriate support and advice in a timely manner, the council has continued to develop and reconfigure adult services in line with the annual priorities identified in the previous year's director's report. There is recognition of increased demand on services due to demographic change and identification of key areas of impact on resource, for example increased numbers of people with dementia care needs and people with complex care needs. There has been continued exploration and development of new ways of working to improve efficiency and efficacy of services provided and to support individual choice and independence, within a financially constrained environment. Examples include:
- A single point of contact for social care services was implemented at the beginning of the year. The name of the team 'Information, Advice and Assistance' provides a message regarding the aims of the contact centre: to direct and advice people in response to their needs and promoting independence. In support of this goal community connectors and carers support workers are also placed within the team with an aim to provide information and signposting to enable independence. The council should monitor progress with this.
 - A 'simple provisions tool' has been implemented enabling social work staff to provide basic aids to people without the need for more complex assessment and referral systems. This was implemented as a result of learning from a pilot project commenced in 2014, which aimed to provide a less bureaucratic and more responsive service. The council should consider methods of monitoring the success of this.
 - The council's website has been redesigned in consultation with local people. While this signposts people to support and advice from social services, navigating the website could be challenging for some groups due to the complexity and range of information available. Social services aims to provide a directory of information to signpost people to alternative services, and the council should consider follow up

consultation to determine whether this provides a suitable accessible route to information.

- 6.2. In 2013-14 the council had the highest rate of delayed transfers of care in Wales. This was an area which social services were aware of and had begun to interrogate in order to identify the underlying reasons and to improve discharge arrangements where social services support is required. This included work to improve communication with all the local discharging hospitals as the number of acute discharging hospitals was identified as a contributory factor. Dedicated practitioners were appointed within the joint hospital discharge service to provide assessment and liaison with health colleagues. In addition, monthly meetings were held between the assistant director for adult services and hospital discharge to identify specific delays for individuals. The local authority describes being more proactive in challenging health on 'coding' to ensure that reasons for delays are accurately recorded. The outcome of these interventions has been successful with delays substantially decreased from 12 per 1,000 population in 2013-14 to five in 2014-15.
- 6.3. In response to an increased need to support people in their own homes, there has been additional investment in development of existing services. The capacity of the community resource team has been increased to meet rising demand, with recruitment of a falls coordinator to the team to reduce falls and subsequent hospital admissions. Recruitment of additional staff to the emergency care at home team has also been undertaken as set out in local commissioning plan. Reablement facilities have increased through provision of assessment beds within a local authority care home.
- 6.4. The council retains a number of in-house services. Review of these has commenced in response to changing needs within the local community and in line with the independence agenda and budgetary priorities. Day service provision has been reconfigured as part of a review of discretionary services. Resources have been redirected to develop community connectors to work on a one to one basis with people. Social services report positive feedback from this. Monitoring success should be considered in order to learn and to contribute to future development.
- 6.5. Reconfiguration of residential care home accommodation has been undertaken to accommodate additional people with dementia care needs. This has included developing new approaches to dementia care with the services in consultation with specialist dementia care support. Regulatory inspection noted improvements in services but also highlighted the need to improve formal quality review of the services to monitor progress.

- 6.6. Service development has continued to reflect the work undertaken in 2013-14 using a 'systems thinking approach' to redesign and test new approaches to working. This includes extension of a pilot in the south of the borough for older people's services and a pilot in mental health services in the north of the borough. These support an outcomes based approach to services and there is evidence that the projects are closely monitored to develop learning and build on strengths. Additional detail in relation to CSSIW's site visit to the mental health project is set out in the prevention and early intervention section of this report.
- 6.7. In relation to the council's ongoing support for individuals, 2014-15 performance indicators demonstrated a decrease in the number of reviews undertaken for adults who are in receipt of a care plan. This has declined over a four year period from a peak of 97% in 2012-13 to 90% in 2014-15, but the council does continue to outperform similar local authorities and remains above the national average.
- 6.8. The authority has well established adult safeguarding arrangements which are subject to ongoing review and streamlining to improve the service. In 2014-15 this has included the addition of a jointly funded post between health and social care of a health protection of vulnerable adults (PoVA) co-ordinator, due to the high number of outstanding and historic safeguarding referrals requiring investigation by a lead officer from health.
- 6.9. Caerphilly social services is a member of the regional adult safeguarding board (the director currently chairs this) and in the last year a post has been secured to implement the actions arising from the external review of the board's functions in 2013-2014. Some progress has been made in terms of reshaping the sub groups of the board. The board will need to consider how this is further developed in relation to new powers and regulations in the future.
- 6.10. There has been a decrease in adult protection referrals where risk has been managed from 91% in 2013-14 to 87% in 2014-15. While CSSIW has been advised that the Gwent-wide board has undertaken training and work in relation to thresholds, the difference in the percentage of referrals where risk has been managed ranges from 84% to 100% within the region. This is an area which partners on the board should explore to share learning and gain a greater consistency.

Key National Priorities (adults)

Preventative and early intervention services

6.11. The council retains a commitment to early intervention and preventative services. This includes local arrangements and working with partners within health, social care and third sector to develop existing services and explore new methods of support. This includes:

- Frailty model - the regional model for prevention of hospital admission and early discharge has been reviewed independently and is seen to be providing a positive contribution to services.
- Development of assessment/reablement beds within local care homes.
- START project - involving an integrated health and social care team to simplify access to support and advice and focus on individual outcomes. The service includes the older person's team in the south of the borough and we are advised that this is the trajectory for older person's services within the borough. CSSIW will undertake a site visit to the service in 2015-16.
- LEAP project currently operating in the north of the borough. The pilot project is undertaken on behalf of the Gwent mental health and learning disability partnership board; it is a responsive service using an outcome based approach to people who requiring support for their mental health needs. During a recent site visit to the service CSSIW received positive feedback from the small number of service users we met. There was evidence of signposting to relevant support of a preventative nature.
- Community connectors working within the 'front door' and liaising with the over 50's coordinator to map out networks and support available across the borough to enable staff to signpost people to the most appropriate support for their needs.
- Co-location of Age Concern and the joint hospital discharge team which is seen to have played a significant role in reducing delays in hospital discharges.

6.12. Performance indicators indicate these initiatives are having an impact of supporting people to maintain or regain their independence. People supported within the community have decreased for the fourth year from 144 per 1,000 population in 2011-12 to 109 in 2014-15. In the same period, the rate of people per 1,000 population supported in care home accommodation reduced from 20 in 2011-12, to 16 in 2014-15.

- 6.13. The number of adult carers identified has decreased from 1,454 in 2013-14 to 764 in 2014-15. The percentage of carers who had an assessment in their own right increased from 22% in 2013-14 to 30% in 2014-15. This is slightly lower than similar authorities and the national average. A dedicated support worker is in post to undertake assessments, work differently with carers and while there is an indication of positive impact in terms of the number of assessments undertaken, the council should establish why there is a decrease in the number of carers identified to ensure that people are supported in their caring role.

Integration of health and social care services for older people with complex needs

- 6.14. The council has continued to work with health partners in developing services for older people with complex needs which link closely with the preventative agenda. The START project described above is an example of this with social care staff working closely with district nursing and commissioned domiciliary care services to support people. The ongoing development of the frailty model and the addition of a falls coordinator will assist people with health and social care needs.
- 6.15. Intermediate care funding was obtained to fund assessment beds in local authority dementia care provision, and a further six beds within the north resource centre have been identified as step up assessment beds. Pharmacists are now based within the community resource team reviewing medication. The commissioning team work closely with health partners in monitoring and driving up standards within nursing home services, and CSSIW has observed improvements within regulated services as a result of this.
- 6.16. An area for improvement in last year's performance evaluation was the need for a joint commissioning strategy for older people. This is yet to be achieved. The director indicates that this is a priority for social services and whilst it was envisaged that this would be undertaken on a regional basis within the health board footprint, a local strategy is being developed in the interim.

Areas of progress

- Continued development of outcomes based approaches to service provision
- Working in collaboration with health
- Reconfiguring services in relation to need

- Pursuit of preventative services and supporting people in their own homes
- Significant improvement in tackling delayed discharges.

Areas for improvement

- The council is aware that there is a need to progress the joint commissioning of service for older people and this should be prioritised with health partners
- Take forward recommendations outlined in CSSIW's report following a site visit to LEAP and the relevance of these for other service within social services.

Children and young people

Overview

- 6.17. The council has developed a commissioning strategy for children's services. This reflects legislative change, aims to respond to local need and sets out objectives, actions and timescales for achievement of these. The four key objectives set out in the five year plan include prevention, risk management and early intervention and clear strategies for fostering arrangements which consider outcomes for the individual. The document includes a commitment to working with a range of partners to achieve these goals. Close links with preventative services and structures have been put in place to support the actions set out in the plan. The council will need to ensure that progress in relation to these goals is monitored within the new quality review framework.
- 6.18. The council has maintained strong performance in children's services. Referrals on which a decision was made within one working day was 100% with 93% of initial assessments completed within the required timescales compared to the national average of 76%. Of those referrals that progressed for assessment, 76% were seen by a social worker; this represents a decrease of 4% points from the previous year in the context of reduced numbers of referrals, however remains above the national average. The remainder of assessments were allocated to persons other than a social worker. Staff were reported to be well supported by experienced colleagues and referral rates were comparable to similar authorities and slightly below the national average.

- 6.19. The council is proactive in developing an outcome based approach to services, acting as a pilot area for the new outcomes based assessment process supported by the Social Services Improvement Agency (SSIA). Lessons learned from this should provide a baseline locally and nationally for developing this approach.
- 6.20. Regional safeguarding arrangements are well established with the South East Wales Safeguarding Children's Board. This includes an accessible website and opportunities for learning shared regionally. On a local level the council performs well, last year within the upper quartile for Wales and this year initial child protection conferences, core group meetings and child protection reviews held within statutory timescales were 98%, 99% and 99% respectively. This remains above the Welsh average and comparator authorities.
- 6.21. In 2014-15 the Wales Audit Office undertook a review of local authority arrangements to support safeguarding of children, which found that corporate governance, accountability and management arrangements for overseeing whether the council is meeting its safeguarding responsibilities to children have some weaknesses which the council is addressing. The council was responsive to these comments and established a task group led by the assistant director for children's services. The focus has been on the development of a local safeguarding policy (the council had previously referred to the all-Wales Policy and Procedures); the final draft is intended for presentation to the council mid-2015. CSSIW will follow progress of this through our engagement meetings.

Key national priorities

Preventative and early intervention services

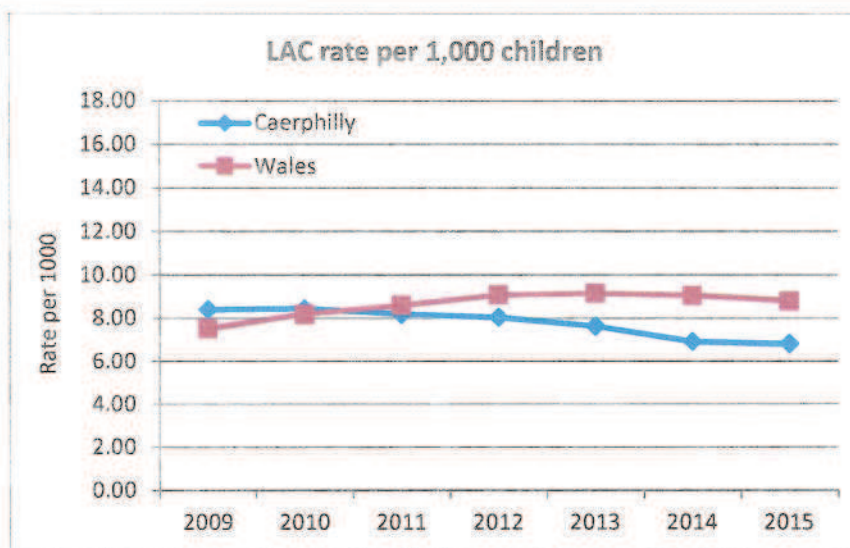
- 6.22. In line with adult services the council is actively pursuing a model of prevention and support which is set out in its strategy referred to previously. Changes to the structure of children's services to deliver this strategy have continued from those already commenced in 2013-14. This includes consolidation of the Team Around the Family (TAF) within the Families First programme which has recently moved within social services management. It is envisaged this will further enhance communication and support the strategy for children's services moving forward. A strategic board for Families First includes key partners from social care, health and education.
- 6.23. The development of 'a single point of contact' for information advice and support for children and adult services has built on the previous year's

work in children's services, linking with preventative services and developing signposting to relevant support and mechanisms for early intervention. Performance data indicates this approach may be having an impact, with the number of referrals reducing from 2,237 in 2013-14 to 1,907 in 2014-15, with the re-referral rate reducing from 24% to 20% in the same period.

- 6.24. Flying Start services are located within the education department working closely with social services with a single strategic management board. While the assistant director for children's services reports good working relationships, the council should examine the effectiveness of these arrangements and identify opportunities to further align services for children to maximise their impact.
- 6.25. Regulatory inspections of the local authority's own nursery provision providing Flying Start show a positive picture of services.

Looked after children

- 6.26. There has been a year on year decrease in the number of children who are looked after in Caerphilly with the rate of looked after children (LAC) per 1,000 population reducing from eight in 2011 to 6.77 in 2015, below the Wales average of 9. Numbers of looked after children decreased further by four children during 2014-15. The children's service commissioning strategy and position statement for children's services (2015-20) highlights a decreased number of looked after children, and attributes this to implementation of a resource panel which considers options for children and young people who are likely to become looked after, and allows for consistency of decision making.



Numbers of LAC as at 31 March

	2009	2010	2011	2012	2013	2014	2015
Caerphilly	332	333	322	314	296	267	263

- 6.27. The council maintained good performance in relation to its support for looked after children. This included 100% of first placements of looked after children with a care plan in place. While the authority remains within the top quartile in Wales for statutory visits being undertaken to looked after children, there was a decline in performance from the previous year (96% to 91%) in the context of an increased number of statutory visits required. This remains above the Welsh average of 88%.
- 6.28. The council has expressed a commitment to driving up academic achievement for children in its care, and has in the main maintained its previous level of performance. Children experiencing changes of school have remained stable at 9%. This is below the national average and compares favourably to similar authorities. Attendance levels for LAC compares well with comparable local authority areas. Academic achievement is demonstrated in looked after children over the age of 16 gaining external qualifications and remaining in the upper quartile for Wales.
- 6.29. The council has implemented a multi agency panel to determine actions in relation to plans for permanency, in order to provide a consistent and structured approach to planning support and actions for looked after children. The Children's Strategy 2015-20 indicates this panel will consider planning for all looked after children prior to their second review; within four months of becoming looked after. The council will need to monitor the success of this strategy.
- 6.30. Adoption services are accessed via a regional service hosted by Blaenau Gwent County Borough Council. This had been extended to encompass the five Gwent authorities with the addition of Newport and Caerphilly adoption services within the region. This was a development from a previous 'tri-partite' arrangement. While our engagement meetings established that there had been challenges in terms of staff adjusting to the new ways of working, this had been a positive arrangement. In terms of securing permanency the council reports successful adoption exceeding its target.
- 6.31. As outlined in the areas of improvement the council has taken an active approach in recruiting foster carers to increase the range of support

opportunities for children. This involved a range of initiatives including an increased presence in the community via posters in GPs and canteens etc. Evening events and weekend events are planned to encourage a more strategic approach to ensure the campaign is publicised.

Areas of progress

- Move to a regional adoption service
- Successful recruitment of foster carers
- Introduction of a comprehensive strategy for children's services
- Ongoing restructuring and review in line with need and national legislation
- Participation in developing the national outcomes framework.

Areas for improvement

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

7. The extent to which leadership, governance and direction for the council is promoting improvement in outcomes and wellbeing for people who need care and support

- 7.1. The senior management team within social services remains stable. This has enabled continued development of new structures to reflect the directorate's objectives and refocus resources to reflect local need, and support ongoing national legislative change. The addition of public protection to the director of social services' portfolio of responsibilities should improve links with the social care and wellbeing agenda, but there are risks that this could detract from some of the more pressing issues regarding reshaping frontline services.
- 7.2. Restructuring of teams and consolidation of management posts has enabled financial savings, without demonstrable negative impact on the service provided. Ongoing resource management in terms of workforce and structure is recognised to be key in achieving the council's medium term financial plan. The director sets out a summary of workforce and outlines consideration of this in achieving plans.

- 7.3. The director reports that social services has remained within budget and delivered savings targets set out for the year along with identifying savings for 2015-16. The director highlights that the saving proposals leave little room for manoeuvre and an increasing reliance on ongoing specific grant funding.
- 7.4. At a corporate level the Wales Audit Office's annual improvement report highlights good use of resources, good financial and governance arrangements with clear plans and priorities in place for annual improvements. Annual improvement plans set out actions required to achieve the council's overarching priorities as well as to those specific to social services.
- 7.5. The Health, Social Care and Wellbeing Scrutiny Committee meets regularly; this is viewed by regulators to have improved in providing challenge, but there is still room to develop this further. The council should consider how the meetings of this committee are structured to ensure that time allocation presents full opportunity for debate and discussion for all agenda items.
- 7.6. Work has continued in order to develop the corporate parenting group and its role is recognised as being crucial in order for the council to maintain its statutory responsibilities in relation to children. Discussion about children's representation on the group has continued, but this has not been achieved to date. However, a representative from children's advocacy services on the panel provides a direct link for consultation with children and young people. The assistant director of children's services confirmed that this is a work in progress and a senior manager who leads the young people's 'Shout out' group is working to improve this.
- 7.7. While social services has maintained audit and review of its services, the introduction of the new quality assurance framework should provide a structured approach for review and ongoing development of services, and contribute positively to the overall governance structure within the council.
- 7.8. The council takes a proactive approach to partnerships and commissioning arrangements within adult and children's services. This includes a broad range of projects and initiatives working with health, regional social service departments and third sector organisations to streamline and develop services. For example in adult services, the LEAP project includes working with health and third sector partners. CSSIW's site visit to the service highlighted opportunities for potential to develop third sector relationships further when the project is extended. The joint workforce development team in partnership with Blaenau

Gwent social services is a further example of good partnership initiatives. The authority is exploring how this initiative could be rolled out further.

Areas of progress

- Progression with implantation of the Gwent-wide strategy for mental health and learning disability.

Areas for improvement

- Continue to develop scrutiny arrangements
- Corporate parenting board to demonstrate clear methods for consulting with children and young people.



HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 1ST DECEMBER 2015

SUBJECT: IMPROVEMENT OBJECTIVE 2015/16 - SIX MONTH REVIEW

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 The Local Government (Wales) Measure 2009 requires all local authorities in Wales to set and publish a set of priorities that improve the life of citizens. The Wales Audit Office (WAO) use Improvement Objectives and other data/information to evaluate the Council's annual progress on key performance indicators, measuring the outcomes and impact on the citizens of Caerphilly.
- 1.2 The report is to update elected members on the progress of the two following Improvement Objectives, for the six month period April 2015 – September 2015, and provide the service's evaluation of whether the Improvement Objectives are currently being delivered successfully or not;

Improvement Objective 1 (IO1) - To help people make the best use of their household income and manage their debts.

Improvement Objective 3 (IO3) - Close the gap in life expectancy for residents between the most and least deprived areas in the Borough.

2. SUMMARY

- 2.1 **Improvement Objective 1** - We judge the current status of the improvement objective at the six month period to be **partly successful**, because we are working well towards achieving and exceeding the target for referring residents for support with managing debts and accessing benefits. We are on target in supporting children to access placements; this is significant in view of engagement in the new Flying Start areas.
- 2.2 We are continuing to actively promote take up of Free School Meals, using established media channels, and also working with schools and other partners. The information issued highlights the benefits to families and schools of eligible parents/carers completing Free School Meal applications. Uptake of Free School Meals in Secondary Schools has increased compared with the same period last year, although uptake remains below our target in both the Secondary and Primary school sectors.
- 2.3 Almost 500 Council tenants affected by welfare reform changes were visited in their own home and provided with advice and support; almost 400 other residents were referred to money advice support. The value of financial savings generated for tenants as a direct result of face to face support was £126,877. Also £50,913.72 of additional income has been generated for residents via social services at the end of September 2015.

- 2.4 **Improvement Objective 3** - We judge the current status of the improvement objective at the six month period to be **partly successful**, because there are a number of projects that are still in their early stages. Data that shows what outcomes we are achieving (or what difference is being made) in the Health field cannot be provided frequently and the nature of the change is often provided by longer-term data. Recording the number of people attending different initiatives can be straight forward but Health data that shows if differences are being made can be complex and trends can take 2-5 years to show a reversal.

3. LINKS TO STRATEGY

- 3.1 The Directorate has key role to play in the delivery of the Caerphilly Single Integrated Plan 2013-2017.
- 3.2 Anti-Poverty Strategy - clearly states Caerphilly Council's commitment to tackling poverty. It confirms the priority that we give to this issue. It also brings together the broad body of activity that we have in place to mitigate the impacts of poverty, to support people out of poverty, and to prevent poverty.
- 3.3 It is a priority within the Fairer Outcomes for All (2011) strategy (Welsh Government) that by 2020 we improve healthy life expectancy for everyone and close the gap between each level of deprivation by an average of 2.5%.
- 3.4 The Tobacco Control Action Plan for Wales (2012) (Welsh Government) sets a national target of 16% smoking prevalence by 2020.
- 3.5 The Well Being of Future Generations (Wales) Act 2015 lays down a Well Being duty to public bodies to maximise contributions to achieving seven well being goals including A Healthier Wales – "A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood".

4. THE REPORT

- 4.1 The detail of the Improvement Objectives action plans and the progress made against individual targets and actions can be found in **Appendix A & B**. Where possible a six month update on the data/actions has been presented in the report, and have been colour coded to indicate if the indicators are on track to achieve their target for 2015-16.
- 4.2 Improvement Objective (IO1) – The main outcome of this priority is to introduce policies concerned with boosting households' resources so that Caerphilly residents are able to improve their income levels and are better able to meet their own needs. Poverty harms people's prospects and damages their long term future. It also places a burden on public resources and services. It is in all our interests to tackle poverty. Caerphilly Council is committed to ensuring its residents are able to live fulfilled lives and are not prevented from enjoying an acceptable standard of living due to economic, social or cultural disadvantage.
- 4.3 Improvement Objective (IO3) - The main outcome 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.
- 4.4 Work has progressed well in developing actions. At the mid year point the Directorate judge both the improvement objectives as being partially successful. The reason for this judgement is that, whilst there has been good progress within many areas, there is a need for further development in multi agency work and the projects need time to fully embed.

5. EQUALITIES IMPLICATIONS

- 5.1 There are no equalities implications associated with this report although the objective seeks to address inequities and promote opportunities for learning for young people.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no direct financial implications associated with this report.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no personnel implications associated with this report.

8. CONSULTATIONS

- 8.1 All responses from consultations have been incorporated into this report.

9. RECOMMENDATIONS

- 9.1 Members are asked to note and question where required the content of the report and to agree or challenge the judgement of the Improvement objective (IO1) to be **partially successful** at the six month stage.
- 9.2 Members are asked to note and question where required the content of the report and to agree or challenge the judgement of the Improvement objective (IO3) to be **partially successful** at the six month stage.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 The Council is required to undertake effective scrutiny for setting and monitoring of performance improvement.
- 10.2 To advise members of progress made at the half way stage in meeting the improvement objective and to gain their agreement on the judgement of the progress made to date.

11. STATUTORY POWER

- 11.1 The Local Government Measure 2009.

Author: Ioan Richards – Performance Management Officer
Consultees: Chris Burns – Interim Chief Executive
Dave Street – Corporate Director Social Services
Robert Hartshorn – Head of Public Protection
Councillor Nigel George – Cabinet member for Community & Leisure Services
Councillor David Hardacre – Cabinet Member for Performance
Councillor Elaine Forehead – Anti Poverty Champion
Colin Jones – Head of Performance & Property Services
Ros Roberts – Corporate Performance Manager

Appendices:
Appendix A Improvement Objective 1 – Six month progress report.
Appendix B Improvement Objective 3 – Six month progress report.

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Improvement Objectives

IO1 -To help people make the best use of their household income and manage their debts

Outcomes

To introduce policies concerned with boosting households' resources so that Caerphilly residents are able to improve their income levels and are better able to meet their own needs.

Why have we chosen this?

Poverty harms people's prospects and damages their long term future. It also places a burden on public resources and services. It is in all out interests to tackle poverty. Caerphilly Council is committed to ensuring its residents are able to live fulfilled lives and are not prevented from enjoying an acceptable standard of living due to economic, social or cultural disadvantage.

In addition, current welfare reforms are anticipated to have a large and disproportionate impact upon residents in our borough and knock-on consequences for our local economy, compared to the UK as a whole.

This is why at this point, this Improvement Objective is concentrated in the area of income maximisation and debt management for households most at risk of poverty across our borough.

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Improvement Objectives

IO1 -To help people make the best use of their household income and manage their debts

2015-16 - Six Month Progress Summary

We assessed this objective and judged it to be **partially successful** for the first six months of 2015/16 because:

What have we done well over the last 6 months?

We are working well towards achieving and exceeding the target for referring residents for support with managing debts and accessing benefits.

We are on target in supporting children to access placements, this is significant in view of engagement in the new Flying Start areas.

We are continuing to actively promote take up of Free School Meals, using established media channels, and also working with schools and other partners. The information issued highlights the benefits to families and schools of eligible parents/carers completing Free School Meal applications. Uptake of Free School Meals in Secondary Schools has increased compared with the same period last year, although uptake remains below our target in both the Secondary and Primary school sectors.

Almost 500 Council tenants affected by welfare reform changes were visited in their own home and provided with advice and support; almost 400 other residents were referred to money advice support. The value of financial savings generated for tenants as a direct result of face to face support was £126,877. Also £50,913.72 of additional income has been generated for residents via social services at the end of September 2015.

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

The collection of updates and information from a wide range of service providers for debt and income support has proved challenging.

IO1 -To help people make the best use of their household income and manage their debts

Actions

Title	Comment	RAG	Overall Status	% Complete
Ensuring all pupils eligible for Free School Meals are in receipt of their entitlement	<p>The Catering Service actively promotes school meals and encourages claims for Free School Meals. Ongoing promotion of Free School Meals consists of providing leaflets and flyers in Libraries, Doctors' surgeries, Leisure Centres and Schools, using social media, promotion on websites such as www.myschoollunch.co.uk/caerphilly, texting parents, attending school events including parent's evenings, other promotional events, school assemblies etc. 26 promotional visits were undertaken to our school sites during Quarters 1 and 2.</p> <p>The communication plan includes a briefing note issued to Council staff and to partners. Schools receive Pupil Deprivation Grant for each pupil claiming Free School Meals and a template letter has been provided to Headteachers for them to issue directly to parents/carers of their children enabling them to highlight the use of Pupil Deprivation Grant within their school.</p> <p>In our secondary schools, the authority have introduced cashless systems that enable all young people to purchase their school lunch without the use of dinner tickets, ensuring all pupils are treated equally where the young person is entitled to free meals or a paying customer.</p>	🟡	In Progress	50
Promote quality, accessible and affordable childcare provision to enable families to improve their income through accessing education, learning and employment	<p>Flying Start Childcare has supported 99 new children to take up childcare placements in 28 childcare settings, totalling 321 children attending Flying Start funded childcare placements in the first term 2014-15.</p> <p>Out of School grant has supported 74 children to attend funded childcare provision through the short term placements in the Assisted Places Scheme in the first 6 months. Families First grant has supported 26 children with additional needs to access childcare placements in the first 6months.</p> <p>On going childcare placements through the year. Concern regarding future of Assisted Places scheme as funding will be for school age children only.</p>	🟡	In Progress	50
Provide residents with information and advice on a range of social welfare issues to enable them to increase household income, manage debt and develop skills to improve their financial capability	<p>All of Supporting People's commissioned providers offer information and advice to maximize income and support debt reduction when providing housing related support. This is mainly done through benefit applications, setting up payment plans and budgeting support.</p> <p>Supporting People has four services that specifically provide support to individuals to manage debt and improve financial capability to enable individuals to budget, preventing further debt. These are; Age Cymru Welfare Benefits Service, Age Cymru Appeals Service, St Vincent's Community Support and the joint commissioned Families First and SP 'Confident with Cash' project.</p>	🟡	In Progress	50
Support Council tenants to reduce the impact of rising fuel costs. The impact of this advice will be captured during follow up visits with a selection of the tenants	<p>Four of our tenancy support staff have achieved city and guilds level 3 accreditation in the provision of energy advice. In addition to this, the National Energy Action group has also provided training to City and Guilds level 2 for 3 older persons floating support staff, 3 homeless prevention officers and 2 staff from the Citizen Advice Bureau (CAB). Each of these officers will work within the community to support tenants to reduce the impacts of rising fuel costs.</p>	🟡	In Progress	50

IO1 -To help people make the best use of their household income and manage their debts

How much did we do?

Title	Actual	Target	Intervention	RAG	Comment
The number of our staff who have undertaken the All Wales Academy e-learning Financial Inclusion & Tackling Poverty course	17.00				This is a new measure commencing in June 2015, a target has yet to be established.
The number of council tenants referred for money and debt advice as a direct result of face to face support on the impact of welfare reforms (OA5)	62.00	20.00	10.00	▬	
The number of council tenants affected by welfare reforms who were visited in their own homes and provided with advice and support to minimise the impact of the changes (OA5)	484.00	500.00	300.00	⬇	Target not quite achieved this qtr due to holiday and annual leave of visiting staff However annual target still achievable as exceeded target in 1st quarter
Number of other residents referred to commissioned debt/financial support services	309.00	195.00	185.00	▬	
Number of council tenants visited and provided with advice regarding energy saving measures and energy use	109.00	110.00	100.00	▬	Target of 220 for the year.
Number of children benefiting from Flying Start Childcare provision	99.00	130.00	110.00	▬	Term 1 2015-16 (Apr - Aug) Data, based on the smallest (3 month) eligibility
Number of children accessing childcare places through Assisted (Supported) Places Scheme	935.00	405.00	365.00	▬	

How well did we do it?

Title	Actual	Target	Intervention	RAG	Comment
Secondary Free Meals Uptake (Qtly accum - Year to date)	60.74	64.00	55.00	⬇	Free meal uptake has increased compared to the same period last year.
Primary Free Meals Uptake (Qtly accum - Year to date)	66.37	70.00	67.00	⬆	Free meal uptake figures are similar to the same period last year
% of tenants and residents referred by the Council to CAB debt support service and responded to survey who rated the service as good or better	74.00	77.00	67.00	▬	

Is anyone better off?

Title	Actual	Target	Intervention	RAG	Comment
Number of people supported to access benefits they are entitled to	381.00	260.00	250.00	▬	
The value of financial savings generated for tenants as a direct result of face to face support	126877.09	70000.00	35000.00	▬	target exceeded for this quarter
Value of additional income generated for residents via social services as a direct result of support	50913.72	50000.00	40000.00	▬	£50,913.72 of additional income has been generated for residents via social services at the end of September 2015.

Improvement Objectives

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 leave 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.

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Improvement Objectives

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

2015-16 - Six Month Progress Summary

We assessed this objective and judged it to be **partially successful** for the first six months of 2015/16 because:

What have we done well over the last 6 months?

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.

We have very strong Healthy Schools and Healthy + Sustainable Pre School Schemes within the county borough. Bedwas Juniors School achieved the National Quality Award in June 2015, 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 6 (5 primary and 1 secondary). This is the 3rd highest achievement rate in Wales and the highest in Gwent. In the past 6 months 20 new settings have joined the Healthy + Sustainable Pre School Schemes, bring the total number of settings engaged in the scheme to 53.

In May 2015, the annual Caerphilly Challenge Series once again proved to be an incredibly popular event this year, with over 550 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.

The Community Health Champions scheme is successfully recruiting new Champions within our most deprived communities. We now have 148 CHC active within the county borough (to improve health literacy and increase social support for changing behaviours) and new training topics have been developed in line with the needs of the communities identified by the champions themselves. This project is now being delivered sustainably and at a substantially lower cost.

The CCBC Illegal Tobacco Campaign "Cheap tobacco gets kids hooked" continues to run and has already generated the following outcomes: 29 intelligence reports received in relation to 15 individual targets, of the 15 targets 8 are non actionable and 7 have investigations ongoing.

Improvement Objectives

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

2015-16 - Six Month Progress Summary

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

The Living Well Living Longer Programme will start in the north of the county borough in November 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. Launched in Feb 2015 over 2000 individuals have already been seen in Blaenau Gwent West. Within Caerphilly County Borough, it will cover selected GP practices from Rhymney down to Ystrad Mynach and Markham (NCN North). In addition it has also been agreed to deliver the programme in Lansbury Park. The programme invites residents aged 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 County Borough, it is anticipated that this will be around 7000 residents; assessments will 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. Preparatory work has commenced with GP practices CCBC, Communities First and local service providers to raise awareness and put structures in place.

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 5,950 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 (20th October 2015) and will also be discussed at the Local Service Board in the December meeting.

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

Actions

Title	Comment	RAG	Overall Status	% Complete
Page 38	<p>Reduce smoking prevalence by increasing uptake of smoking cessation services - Support 5% of all smokers to make a quit attempt in 2015-16, via smoking cessation services.</p> <p>A smoking cessation survey was carried out recently by Communities First, as part of the Smoking Action Plan. The survey consulted community members on their smoking behaviour and their views on quitting smoking and the support available to assist them in doing so. The survey was disseminated to community groups across the county borough as well as via an online survey posted on websites and social media. The results of this survey are currently being compiled and will be updated in the next quarter.</p> <p>Illegal Tobacco Campaign “Cheap tobacco get kids hooked”. This awareness raising campaign continues to run throughout the county borough and has already resulted in: 29 x Intelligences reports received in relation to 15 Individual Targets. Of the 15 x targets: 8 – Non actionable. 7 – actionable (investigations ongoing) (Trading Standards)</p> <p>In 2013-14 Stop Smoking Wales greatly increased the amount of one to one appointments to enable easier access to the service for priority clients such as pregnant women, young people and clients with more complex mental health problems. Improvements to the website have seen an increase of visitors. In 2013/14 the site had 32,476 visits – an increase of 25%. This is on average 624 visits a week. Also in operation are Facebook and Twitter sites. Development of a revised referral pathway to facilitate easy referral processes for partner organisations.</p> <p>Waiting times for appointments have been reduced from an average of 18 days (2012/13) to 8 days (2013/14). The service received an increase in the number of contacts from 2004 to 2012 but since then contacts have been declining. Despite this the number of treated smokers in 2013/14 was 10% higher the previous year. In Caerphilly County Borough: 22% of adults smoke. This equates to 31,944 people. Target is to treat 5% of smoking population – this calculates as 1,597 people. Actual number treated 2013/14 is 275 (0.9%).</p> <p>510 people were scheduled to attend. 275 became treated smokers. Out of these: 129 self reported quit at 4 weeks (46.9%). 85 evidenced as quit at 4 weeks (32.4%). Wales wide 37% of clients self reported that they were still not smoking at 52 weeks.</p>	🟡	In Progress	50
	<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 has not yet started. Work has commenced in engaging GPs, Practice Managers and local projects. Anticipated start date is November 2015.</p>			

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

Actions

Title	Comment	RAG	Overall Status	% Complete
Develop and implement a Caerphilly response to achieving the actions set out in the Gwent Childhood Obesity Plan	The Gwent Childhood Strategy "Fit for Future Generations" is now out for consultation (lead by Public Health Wales) and has been presented to the Health, Social Care and Well Being Scrutiny Committee (20th October 2015.). This will now progress to the Local Service Board in Dec 2015.	🟡	In Progress	25
Increase residents knowledge by developing the Community Health Champions initiative	<p>17 new Champions have joined the Network and completed their core training. In addition :</p> <ul style="list-style-type: none"> 6 have completed Harms of Tobacco training 6 have completed Substance Misuse training 5 have completed Harms of Alcohol training <p>All new Champions are from geographical areas of highest deprivation. Through intense partnership working with Communities First, CHC's are actively changing their life styles as well as those in their communities by attending local classes including Foodwise (Weight Management) , XPOD (Diabetes Prevention), Cooking, Healthy Hearts, and programmes to improve their mental well being.</p>	🟡	In Progress	60
Promote broader participation in physical activity including walking, gardening, street games and play, as well as increasing community based opportunities	Communities First and Sport Caerphilly have created a new programme in our most deprived areas to encourage residents to partake in physical activity in local venues. The community based exercise referral scheme ensures specific officers are in place to develop opportunities to fit the needs of residents. Work has started to improve co-ordination of physical activity opportunities across the county borough, to avoid duplication and address gaps when planning for the future.	🟡	In Progress	50

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

How much did we do?

Title	Actual	Target	Intervention	RAG	Comment
Delivery of Community Health Champion initiative	148.00	80.00	70.00	⬇️	Q2 6 new Champions completed the core training. 5 completed Harms of Alcohol training All new Champions are from geographical areas of highest deprivation.
Delivery of Health Hearts courses	1.00	2.00	0.00	⬆️	1 course delivered.
Delivery of Xpod courses (pre Diabetes, 6 weeks)	6.00	5.00	2.50	⬆️	
Number of Argoed Level 1 Nutrition initiative	1.00	4.00	0.00	⬇️	
Number of community cooking sessions	57.00	50.00	40.00	⬆️	
Number of 'Food Wise' courses (12 sessions including cooking)	12.00	8.00	6.00	⬆️	
Number of individuals taking part in led walks	1382.00	1450.00	1000.00	⬇️	
Number of National Standards courses delivered within schools Cycling programme	10.00	10.00	5.00	⬇️	9 schools have received and completed this programme. 1 school has received a Safe Cycling workshop.
Number of participants taking part in StreetGames/US Girls	593.00	600.00	500.00	⬇️	
Number of people participating in community based exercise referral scheme (Communities First)	52.00	50.00	40.00	⬇️	52 attendees since scheme started in June 2015. This is a new scheme and will embed further throughout the County Borough as the Living Well Living Longer programme is rolled out.
Number of people taking part in community based physical activity opportunities	489.00	675.00	400.00	⬆️	

How much did we do?

Title	Actual	Comment
Number of participants in delivery of community based self help support for people living with a mild to moderate mental health condition (COF24aa)	208.00	103 participants received support for self help, 31 participants attended mental health classes.
Promotion of Change4Life - Number signed up to initiative	13671.00	More up to date figures requested from Change4Life/Welsh Government. (Families = 13761) Local supporters = 172 (2013)

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

How well did we do it?

Title	Actual	Target	Intervention	RAG	Comment
% Schools that have achieved Healthy Schools accreditation at phase 3 or beyond (Qtly accum - Year to date)	96.00	95.00	94.00	+	
% Schools that have achieved Healthy Schools accreditation at phase 5 (Qtly accum - Year to date)	63.00	65.00	60.00	-	
Number of childcare settings in Healthy Early Years Scheme - schools (Qtly accum - Year to date)	53.00	45.00	42.00	+	20 new settings have joined the scheme in Q2.
Number of schools achieving the final phase of the Healthy Schools Scheme - 'the Welsh Governments National Quality Award' (Annual)	6.00	9.00	5.00	↓	<p>Bedwas Junior School 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.</p> <p>This brings the total number of schools achieving this award in Caerphilly CB to 6. (5 primary and 1 secondary school). Three others are actively working their way towards this award. This is the fourth highest achievement in Wales and the highest across Gwent.</p>
Number of smokers treated by smoking cessation service	510.00	800.00	500.00	-	510 people were scheduled to attend. 275 became treated smokers. Out of these 129 self reported quit at 4 weeks (46.9%), 85 evidenced as quit at 4 weeks (32.4%). Wales wide 37% of clients self reported that they were still not smoking at 52 weeks.
Number of staff trained in Brief Interventions Training	154.00				<p>Stop Smoking Wales 2013-14 has developed a maternity training package which is delivered specifically to midwives and maternity support workers. In 2013-14 the following Brief Intervention Training was delivered across Aneurin Bevan Health Board areas :</p> <p>12 general courses with 98 attendees 2 maternity courses with 12 attendees 4 requested courses with 44 attendees</p> <p>In addition an e-learning package is also available to NHS staff.</p>
Number of under age test purchases undertaken for other age restricted purchases	0.00	10.00	5.00	-	No intelligence received re sales from shops. Illicit Tobacco campaign has provided intelligence re sales from private houses which are unsuitable to send children in. One retail premises identified as selling to known children & evidence secured to take proceedings.

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

How well did we do it? - Metrics

Title	Actual	Comment
% Children aged 4/5 years categorised as overweight or obese in Caerphilly	27.10	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%. Caerphilly prevalence is higher than the Welsh average and thus higher than the English also. 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.
Adults who reported eating five or more fruit and vegetables the previous day (Age standardised) - Caerphilly	28.00	This has shown a decline over the past few years and we are below the Welsh average which is 32%.
Illegal tobacco campaign - number of enforcements made	0.00	No enforcements have been made to date as a result of latest intelligence reports gathered.
Illegal tobacco campaign - number of intelligence reports received	29.00	29 x Intelligences reports received in relation to 15 Individual Targets/cases. Of the 15 x targets: 8 – Non actionable 7 – actionable (investigations ongoing)
Number of residents signposted from screening MOTs to additional services		This programme has not yet started. Work has commenced in engaging GPs, Practice Managers and local projects. Anticipated start date is November 2015.
Overweight or obese - Age standardised percentage of adults - Caerphilly	63.00	Since 2008-09 this figure has stayed between 61 - 64%. This is one of the highest rates in Wales. All Wales average figure is 58% (Welsh Health Survey 2013).
Physically active on 5 or more days in the past week - Age standardised percentage of adults - Caerphilly	28.00	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)	22.00	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.

Is anyone better off?

Title	Actual	Comment
Gap in healthy life expectancy between the most and least deprived areas across Caerphilly for Females	17.40	Caerphilly 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	19.20	Caerphilly 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	374.80	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)



HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 1ST DECEMBER 2015

**SUBJECT: SUMMARY OF MEMBERS' ATTENDANCE – QUARTER 2 – 1ST JULY
2015 TO 30TH SEPTEMBER 2015**

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

1. PURPOSE OF REPORT

1.1 To report Members' levels of attendance at scheduled meetings of Caerphilly County Borough Council.

2. SUMMARY

2.1 The report details the attendance of Members at scheduled meetings throughout the Quarter 1st July to 30th September.

3. THE REPORT

3.1 Appendix 1 details Members' attendance for quarter 2 (1st July 2015 to 30th September 2015), at the following meetings:

- Council;
- Cabinet;
- Scrutiny Committees;
- Planning Committee;
- Audit Committee;
- Democratic Services Committee; and
- Sustainable Development Advisory Panel.

3.2 The information is compiled from attendance sheets signed by Members at these meetings.

3.3 The appendix also allows for a comparison with the same period in the preceding two years. When making comparisons to previous quarters/years, please note that overall averages given are the weighted average to reflect the number of meetings in each quarter.

3.4 Details for the next quarter (1st October 2015 to 31st December 2015) will be reported to the next appropriate meeting of the Scrutiny Committee.

4. EQUALITIES IMPLICATIONS

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

5. FINANCIAL IMPLICATIONS

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

6. PERSONNEL IMPLICATIONS

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

7. CONSULTATIONS

7.1 None.

8. RECOMMENDATIONS

8.1 That Members note the content of the report.

9. REASONS FOR THE RECOMMENDATIONS

9.1 To inform Members of attendance levels at scheduled meetings of Caerphilly County Borough Council from the Annual Meeting of Council, 2015.

Author: A. Dredge (Committee Services Officer)

Background Papers:
Member attendance sheets

Appendices:
Appendix 1 Schedule of Members' Attendance 2013 to 2016

Quarterly Summary of Attendance Levels (Percentages)

AGM to AGM

	2013-2014					2014-2015					2015-2016				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Council	87	82	82	88	85	84	84	75	84	82	84	80			
Crime & Disorder		69		94	82		81		56	69		75			
Education For Life	72	75	69	75	73	66	65	81	72	71	69	78			
Health, Social Care & Wellbeing	75	66	78	69	72	75	73	74	85	77	63	64			
Regeneration and Environment	69	63	81	84	74	81	80	77	78	79	78	81			
Policy & Resources	69	78	84	85	79	78	77	88	77	80	94	84			
Planning Committee	75	82	85	89	83	85	75	73	75	77	65	83			
Audit Committee	83	75	67	83	77	58	83	58	92	73	75	83			
Democratic Services Committee	69		69	75	71	88	75	69	88	80	69	88			
Sustainable Development Advisory Panel	64	64		64	64		82	55	73	70	55				
Average Attendance per quarter	74	72	77	81	76	77	86	81	76	80	72	80			
Cabinet	95	82	92	93	91	93	93	95	91	93	83	86			

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HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 1ST DECEMBER 2015

**SUBJECT: CORPORATE SAFEGUARDING CHILDREN AND VULNERABLE
ADULTS POLICY**

REPORT BY: CORPORATE DIRECTOR, SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To present the final Corporate Safeguarding Policy (attached at Appendix 1) to Scrutiny Committee for information following endorsement by Cabinet on 14th October 2015 and presentation to Council on 17th November 2015.

2. SUMMARY

- 2.1 In the period March to May 2014 the Welsh Audit Office (WAO) completed a review of Caerphilly County Borough Council's (the Council) assurance and accountability arrangements for ensuring that safeguarding policies and procedures were in place and being adhered to.
- 2.2 The findings of the Review were published in October 2014 and reported to Cabinet on 10th December 2014 where it was agreed that a cross Directorate working group of key Officers would be established to implement the recommendations made by WAO. The working group developed the attached overarching Corporate Safeguarding Policy to address the areas for improvement identified by the WAO.

3. LINKS TO STRATEGY

- 3.1 Safeguarding children, young people and vulnerable adults is a key statutory duty of the Council.

4. THE REPORT

- 4.1 It is important to note that the WAO Review did not identify any weaknesses in the operational, day to day safeguarding arrangements for children and young people in Caerphilly. The recommendations related to the corporate governance of those arrangements.
- 4.2 The Review made five proposals for improvement. These were:
- To develop a Corporate Safeguarding Policy that clearly specifies roles, responsibilities and procedures for safeguarding.
 - The Council should clarify who designated officers with responsibility for safeguarding are.

- Improve the range, quality and coverage of safeguarding performance reporting to Members to provide adequate assurance that corporate arrangements are working effectively.
- Ensure all Elected Members and staff who come into contact with children on a regular basis receive training on safeguarding and child protection issues and the Council's corporate policy on safeguarding. This should also include volunteers and contractors commissioned by the Council.
- To identify and agree an appropriate internal audit programme of work for safeguarding.

4.3 The attached Corporate Safeguarding Policy for Children and Vulnerable Adults addresses all the improvements required by the WAO.

4.4 Drafts of the Policy have been presented to Corporate Management Team and Cabinet and all suggested amendments were made to the final document presented to Council in November.

5. EQUALITIES IMPLICATIONS

5.1 This report requires no specific equalities impact assessment.

6. FINANCIAL IMPLICATIONS

6.1 There is likely to be demand for additional training to be provided for identified staff groups. This may incur additional costs and will be continually reviewed as the work progresses.

7. PERSONNEL IMPLICATIONS

7.1 There are no direct personnel implications associated with this report however, a review of HR policies to ensure they address safeguarding issues will be a priority for the HR Strategy Group and the Corporate Safeguarding Group.

8. CONSULTATIONS

8.1 Please refer to Consultees listed below.

9. RECOMMENDATIONS

9.1 That Scrutiny Committee receives the final Policy for information.

10. REASONS FOR THE RECOMMENDATIONS

10.1 Compliance with the recommendations from the Wales Audit Office Review will further strengthen the authority's arrangements for the safeguarding of children, young people and vulnerable adults.

11. STATUTORY POWER

11.1 Local Government Act 2000.

Author: Gareth Jenkins, Assistant Director – Children’s Services
Consultees: Cabinet
Corporate Management Team
Statutory Director of Social Services
Social Services Senior Management Team
Cabinet Member for Social Services
Corporate Safeguarding Group

Appendices:
Appendix 1 Caerphilly County Borough Council, Safeguarding Children and Vulnerable Adults Corporate Policy.

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Caerphilly County Borough Council

Safeguarding Children and Vulnerable Adults

CORPORATE POLICY

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1. Corporate Policy Statement:

- 1.1 Caerphilly County Borough Council is committed to ensuring that everyone living within the Borough is safe and protected and that our statutory responsibilities to safeguard and protect children, young people and vulnerable adults are effectively met.
- 1.2 Safeguarding children and adults from abuse is everybody's business. We all share a responsibility, both corporately and individually, to ensure that all children and adults are treated with respect and protected from others who may abuse them. All Council employees, Elected Members, volunteers and contractors who come into contact with children or vulnerable adults in the course of their duties are expected to understand their responsibility and wherever necessary, to take action to safeguard and promote their welfare.
- 1.3 As part of the Council's commitment to safeguarding, we work proactively with our partners under the auspices of the South East Wales Safeguarding Children Board (SEWSCB) and the Gwent Wide Adult Safeguarding Board (GWASB) to ensure that statutory guidance is followed, awareness and good practice is promoted and the children and adult's workforce practices safely and effectively. Helpful guidance on professional conduct and safe working practice can be found in Appendix 1 (page 15).

Scope:

- 1.4 This policy covers all Council employees, Elected Members, volunteers and contractors.
- 1.5 While employees, Elected Members, volunteers and contractors are likely to have varied levels of contact with children, young people and vulnerable adults as part of their duties, everyone should be aware of the potential indicators of abuse and neglect and be clear about what to do if they have concerns. Responsibilities are limited and it is important to remember that:

IT IS NOT the responsibility of any Council employee, Elected Member, volunteer or contractor to determine whether abuse or neglect is actually taking place.

HOWEVER,

IT IS the responsibility of the employee, Elected Member, volunteer or contractor to take the actions set out in this policy if they are concerned that abuse or neglect may be taking place.

2. What is safeguarding?

2.1 Safeguarding means protecting individual's health, well being and human rights and enabling them to live free from harm, abuse and neglect (Care Quality Commission, 2014)

2.2 The Social Services and Well Being (Wales) Act 2014 defines abuse and neglect as:

'Abuse' means physical, sexual, psychological, emotional or financial abuse and includes abuse taking place in any setting, whether in a private dwelling, an institution or any other place. 'Financial abuse' includes:

- Having money or other property stolen;
- Being defrauded;
- Being put under pressure in relation to money or property;
- Having money or other property misused.

'Neglect' means a failure to meet a person's basic physical, emotional, social or psychological needs which is likely to result in an impairment of the person's well being for example, an impairment of the person's health or, in the case of a child, an impairment of the child's development.

Safeguarding Children and Young People

2.3 For the purposes of this policy, a child is defined as anyone who has not yet reached their eighteenth birthday. 'Children' therefore means 'children and young people' throughout this document. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate does not change his or her status or entitlement to services or protection under current legislation.

Safeguarding Vulnerable Adults at Risk

2.4 For the purposes of this policy, an adult is defined as being over eighteen years of age. A vulnerable adult becomes an adult at risk when they:

- a) are experiencing or are at risk of abuse or neglect;
- b) have the need for care and support (whether or not the authority is meeting any of those needs); and
- c) as a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it.

(Social Services and Well Being (Wales) Act 2014)

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDA&SV)

- 2.5 The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 aims to improve arrangements for the prevention of gender based violence, abuse and sexual violence. The protection of victims and support for people affected is underpinned by the 'Ask and Act' duty placed on public service staff to ask potential victims about the possibility that they may be experiencing VAWDASV and act so as to reduce suffering and harm.

Counter-terrorism and risk of radicalisation

- 2.6 Local authorities have a duty to identify vulnerable individuals and families at risk of radicalisation from all forms of extremism. The Counter Terrorism and Security Act 2015 and its guidance, identifies that children and adults may be vulnerable to ideologies that place them, their families and the general public in danger should they be enticed to act upon extremist beliefs. Identifying individuals at risk and determining what action is necessary to support them is complemented by the 'Channel' multi-agency intervention process which deters continued involvement.

Modern Day Slavery

- 2.7 Modern day slavery encompasses slavery, sexual exploitation, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individual's into a life of abuse, servitude and inhumane treatment. In March 2015, the Modern Day Slavery Bill consolidated and simplified existing offences into a single Act ensuring that perpetrators can receive suitably severe punishments. The Bill also introduces new powers for the courts to place restrictions on individuals to protect people from the harm caused by modern day slavery.
- 2.8 Modern day slavery is a hidden, pervasive crime targeted towards those individuals most vulnerable. The Council and BAWSO are first responding organisations to cases of slavery. Contact details for BAWSO are included in Appendix 6.

Recognition of abuse or concerns

- 2.9 Guidance in respect of possible signs and symptoms of each form of abuse can be found at Appendix 2 (from page 16). This Appendix details generic factors and those factors as they relate to Children and Adults for each category of abuse.

3. Responsibilities for Safeguarding:

Caerphilly County Borough Council

- 3.1 Caerphilly County Borough Council has a duty to safeguard and promote the welfare of children and adults who may be at risk of harm.
- 3.2 The Council ensures that everyone working with or on behalf of children and vulnerable adults are competent to do so.
- 3.3 The Council promotes safer recruitment policy and practice and Disclosure and Barring Service (DBS) checks are undertaken for employees in accordance with statutory and regulatory requirements and provisions contained within the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Checks are also undertaken to ensure that staff are registered with relevant professional and other bodies wherever appropriate eg. Social Workers and Teachers.
- 3.4 Safeguarding responsibilities for all employees are emphasised from the point of recruitment and throughout their employment. There are clear lines of accountability, responsibility and support regarding safeguarding throughout the authority and these are achieved via relevant staff guidance, code of conduct (including disciplinary procedures) and specific policies and procedures which all staff must adhere to.
- 3.5 The Council has a range of policies and procedures available to promote and support staff to raise concerns about the safety and welfare of children and adults. These include the Whistle Blowing Policy which provides guidance for staff to report concerns or suspicions about other employees or contractors.
- 3.6 The Council also hosts safeguarding information pages on the Council website in order to provide information to the general public. The Council intranet site has direct links to the regional Children's and Adults Safeguarding Boards (SEWSCB and GWASB).
- 3.7 All employees will be made aware of their safeguarding responsibilities as part of their induction to their employment. More specialist single agency and multi agency training opportunities are available for staff who routinely work with children or vulnerable adults at levels appropriate to their role and responsibilities.

- 3.8 Elected Members have a responsibility to be aware of and support the Council's safeguarding responsibilities and to scrutinise how these are carried out in the planning and delivery of services.
- 3.9 The Council undertakes to ensure that through procurement processes, services commissioned and contracted on its behalf have safeguarding responsibilities built into contracts and that appropriate policies and staff training are in place. This includes an expectation that any person or organisation using Council resources or premises adhere to the Council's safeguarding standards.

All Employees of the Council

- 3.10 The Council expects all employees to take all reasonable steps to ensure the safety of any child or adult involved in any activity or interaction for which they are responsible. Guidance on professional conduct and safe working practice can be found in Appendix 1 (page 15). Helpful guidance on possible signs and symptoms of abuse can be found in Appendix 2 (from page 17).
- 3.11 Any person responsible for, or working with, children or vulnerable adults in any capacity, whether paid or unpaid, is considered both legally and morally, to owe them a duty of care. This includes a duty to behave in a manner that does not threaten, harm or put people at risk of harm from others.
- 3.12 All employees have a responsibility to conduct themselves in their private lives in a manner that does not compromise their position in the workplace or call into question their suitability to work with children or vulnerable adults.
- 3.13 All employees should:
- Be alert to the possibility of harm, abuse and neglect
 - Participate in relevant safeguarding training and multi agency working to safeguard children and vulnerable adults
 - Be familiar with local procedures and protocols for safeguarding children and vulnerable adults and follow the Council's Code of Conduct and any other Professional Codes
 - Report any concerns about the safety or welfare of a child or vulnerable adult. Please refer to Appendix 5 (page 26); 'How to make a referral'
- 3.14 All employees working for or on behalf of the Council have a duty to report any concerns they may have for the welfare and/or protection of children and vulnerable adults. The duty to report is a legal requirement and may have serious consequences for the employee who fails to report appropriately. The process to follow to make referrals is contained in Appendix 5 (page 26).

- 3.15 Each service area where there is direct contact with the public, has a Designated Safeguarding Officer (DSO) responsible for safeguarding. The DSO provides advice and guidance and is responsible for ensuring procedures are followed regarding safeguarding concerns about a child or vulnerable adult including allegations against members of staff. The DSO responsibilities and their contact details are listed in Appendices 3 & 4 (from page 24).
- 3.16 Professional advice can also be sought from and referrals made to the Social Services Information, Advice and Assistance Service. Contact details are contained in Appendix 6 (page 28).

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4. Functions of key Officers and Elected Members

The Chief Executive

- 4.1 The Chief Executive has overall responsibility for ensuring arrangements for safeguarding of children and adults are effective across the Council. The Chief Executive is responsible for developing effective governance arrangements and ensuring there is an effective safeguarding policy in place.
- 4.2 Through one to one meetings with the Corporate Director of Social Services, the Chief Executive is kept informed of relevant safeguarding issues.
- 4.3 In addition, any exceptional matters relating to safeguarding could be reported to the G7 meeting by the Chief Executive. The G7 is a strategic meeting of the Chief Executives of the five Gwent Local Authorities, the Police and the Health Board.

Lead Cabinet Member for Safeguarding (Cabinet Member for Social Services)

- 4.4 The Lead Cabinet Member for Safeguarding is responsible for providing political scrutiny to ensure the Council fulfils its duties and responsibilities for safeguarding. The Lead Member will chair the Corporate Safeguarding Group and support Elected Members to scrutinise and appropriately challenge the safeguarding performance of the Council.
- 4.5 The Lead Member will be briefed on any sensitive cases that may be considered for Child or Adult Practice Reviews or may otherwise become a matter of public interest. The Lead Member will periodically visit front line services to meet with staff and managers.

Elected Members

- 4.6 All Elected Members must familiarise themselves with this Policy and seek advice from the Statutory Director of Social Services or Assistant Directors if they are unclear about their responsibility for safeguarding. The Corporate Safeguarding Policy will be referred to in the mandatory Induction Programme for all new Elected Members following election.
- 4.7 Each Political Party Group will nominate an Elected Member and a Deputy to attend the Corporate Safeguarding Group. Elected Members joining the Group will receive appropriate training and support to undertake their role.
- 4.8 If any Elected Member has concerns regarding the safety of a child, young person or adult then they should contact the Social Services Information, Advice and Assistance Service immediately. The contact details can be found in Appendix 6 (page 28).

Statutory Director of Social Services

- 4.9 The Statutory Director of Social Services has final and ultimate responsibility for ensuring the Council has appropriate safeguarding measures in place to protect children, young people and vulnerable adults. The Statutory Director is responsible for reporting the effectiveness of these arrangements on a corporate level to the Chief Executive, Corporate Management Team and to Elected Members.
- 4.10 The Statutory Director is the point of contact for all other Corporate Directors to report serious safeguarding concerns which may occur in their own service areas. The Statutory Director is responsible for ensuring appropriate action is taken including reporting to the Chief Executive and the Lead Cabinet Member as necessary.
- 4.11 The Director delegates the lead responsibility for operational and strategic safeguarding to the Assistant Directors for Adult Services and Children's Services. The Assistant Directors ensure the Director is kept informed of safeguarding issues through one to one meetings and as the need may arise outside these meetings.
- 4.12 The Director is responsible for providing an Annual Report to the Council and CSSIW on the progress and performance of Social Services which includes the effectiveness of safeguarding arrangements.

Corporate Directors

- 4.13 Corporate Directors are responsible for reporting any serious safeguarding concerns that may arise in their service area to the Statutory Director of Social Services. Corporate Directors will brief their respective Cabinet Members on any safeguarding issues and on the general effectiveness of safeguarding arrangements.
- 4.14 Corporate Directors are responsible for ensuring staff within their Directorates are appropriately trained to identify and respond to safeguarding concerns.
- 4.15 Corporate Directors will ensure Designated Safeguarding Officers (DSO) are nominated for any service area where there is direct contact with the public.

Assistant Directors – Adult Services and Children's Services

- 4.16 The Assistant Directors ensure the Statutory Director of Social Services is informed of safeguarding issues in their one to one meetings and ensure that any serious concerns are raised immediately.

- 4.17 The Assistant Directors represent the Council on the South East Wales Safeguarding Children Board (SEWSCB) and the Gwent Wide Adult Safeguarding Board (GWASB) and are responsible for ensuring appropriate representation on the respective Sub Groups Group. The Assistant Directors brief the Director on any issues arising from Child or Adult Practice Reviews and the resultant action plans.
- 4.18 The Assistant Director for Children's Services has operational and strategic management responsibility for the Cross Directorate Safeguarding Unit within Social Services.

Heads of Service / Chief Officers

- 4.19 All Heads of Service / Chief Officers are responsible, through their Management Teams, for ensuring all staff are aware of the Corporate Safeguarding Policy and for key staff to receive training at a level appropriate to their role and responsibility.
- 4.20 All Heads of Service / Chief Officers must ensure that safe recruitment practices are adopted particularly in relation to reference checks and where relevant, checks through the Disclosure and Barring Service (DBS).
- 4.21 All Heads of Service / Chief Officers must report any safeguarding concerns to their responsible Corporate Director and must support the identification of DSO's in their respective service areas as appropriate.

Education Safeguarding Lead

- 4.22 This lead role is held by the Service Manager for Social Inclusion who is responsible for providing professional advice and support to Education staff, Head Teachers, Governing Bodies and DSO's within Education.
- 4.23 The Education Safeguarding Lead will keep the Head of Service/Chief Education Officer informed of safeguarding issues through their one to one meetings and will report any immediate concerns immediately.
- 4.24 The Education Safeguarding Lead will represent Caerphilly on the SEWSCB and relevant Sub Groups of the Board.
- 4.25 The Education Safeguarding Lead is responsible for supporting schools to respond to relevant statutory regulations and requirements to ensure they meet their safeguarding responsibilities.
- 4.26 The Education Safeguarding Lead will provide the day to day support for Schools to discuss and offer advice on safeguarding concerns.

Designated Safeguarding Officers (DSO)

- 4.27 Service areas where there is a direct interface with members of the public will identify a DSO to provide safeguarding advice and support to other staff within their service area. Please see Appendices 3 & 4 (from page 24).
- 4.28 Each DSO will be familiar with the Corporate Safeguarding Policy and relevant statutory procedures in order to provide appropriate advice and support. The DSO will ensure there are clear internal procedures to deal with concerns raised and will work closely with the Safeguarding Managers within Social Services to ensure effective communication.
- 4.29 They will attend relevant training and be members of the Corporate Safeguarding Group / DSO Practice Development Group which will be facilitated by Social Services.
- 4.30 The DSO will support the Head of Service / Chief Officer in ensuring that staff within their service areas are trained to levels appropriate to their roles and responsibilities.

Line Managers and Supervisors

- 4.31 Every line manager / supervisor is responsible for ensuring that the staff for whom they are responsible (including Agency staff and volunteers) receive the training they need, proportionate to their role and responsibilities.
- 4.32 Every line manager / supervisor must know who the Designated Safeguarding Officer is within their service area.

Contractors, Sub Contractors or other organisations funded by the Council

- 4.33 All contractors, sub contractors or other organisations funded by the Council are responsible for arranging checks through the Disclosure and Barring Service (DBS) and the Independent Safeguarding Authority and for ensuring that staff comply with regulatory and contractual arrangements relating to safeguarding responsibilities. All contractors, sub contractors and other organisations are responsible for informing relevant managers of the Council about any concerns they may have and to refer safeguarding concerns.

Agency Workers

- 4.34 The Local Authority expects all Employment Agencies to undertake the relevant checks and references on any staff members offered for employment placements within the Council. However, it is the responsibility of the Local Authority Line Manager to draw the Agency Worker's attention to the Corporate Safeguarding Policy.

5. Corporate Governance Arrangements

- 5.1 On a Corporate level, the responsibility for monitoring the effectiveness of safeguarding arrangements across the Council has been delegated to the Corporate Safeguarding Group by Cabinet.
- 5.2 The Corporate Safeguarding Group will act on a strategic level to:
- Assure the Council that procedures for managing safeguarding concerns are robust
 - Support the functions and duties of the Statutory Director of Social Services
 - Ensure inter departmental working and corporate communication is effective
 - Resolve any potential barriers that could prevent having effective procedures in place
 - Identify any gaps in Corporate policies, procedures and guidance and ensure they are addressed
 - Ensure that appropriate training is available for staff and Elected Members
 - Receive and consider agreed performance information
 - Receive and consider recommendations and learning from Child/Adult Practice Reviews that may be relevant
 - Produce an Annual Report for CMT, Cabinet and relevant Scrutiny Committee
 - Respond to any requests for information/reports from CMT or Cabinet as they arise
 - Periodically review the Corporate Safeguarding Policy
- 5.3 Terms of reference for the Group are attached for information at Appendix 7 (page 29).

Reporting and Monitoring

- 5.4 The Corporate Safeguarding Group will produce an Annual Report for Corporate Management Team and Cabinet which will provide an overview of the Council's performance in complying with the Corporate Policy. The Annual Report will assist the regional Safeguarding Boards with completion of their respective self assessments and annual reports as required under Part 7 of the SS&WB (Wales) Act 2014, section 135.
- 5.5 Key activity data will be reported to the Corporate Safeguarding Group and can be found at Appendix 8 (page 31).
- 5.6 It is anticipated that this dataset will evolve over time to better capture the breadth of safeguarding activity across the Council.

6. Appendices:

Appendix		Page
1	Professional conduct / safe working practice	15
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3	Designated Safeguarding Officers – roles and responsibilities	24
4	Designated Safeguarding Officers contact details	25
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Caerphilly County Borough Council
Corporate Safeguarding Policy
Professional Conduct and Safe Working Practice

This document provides a description of the professional standards of practice that are required from all Council staff, Elected Members, volunteers and contractors when undertaking their day to day duties. For Elected Members and officers, it must be read in conjunction with the Council's 'Code of Conduct for Employees' and the 'Social Media Policy'.

Any breach of the following conditions will result in an investigation and possible disciplinary action which could, if serious, result in dismissal and the possibility of criminal investigation if there is evidence of illegal activity.

Exceptions: Staff employed in identified roles within Education, the Youth Service, Customer Care, Housing and Social Care will be required to meet with individuals alone as part of the role and function. In such cases, due regard must be given to all information available in relation to the individual to ensure adequate risk assessments can be completed.

You MUST:

Set a good example in terms of behaviour to ensure that children and adults are safeguarded and protected.

Keep yourself safe through adherence to any agreed plan of intervention/care plan where applicable, through relevant risk assessments including Health & Safety and checking the Employee Protection Register database and through compliance with the Council's Policy for Lone Working.

Be open and transparent when meeting and/or working with children and vulnerable adults and where not required to do so as part of your role and function, you should try to avoid any situation where you may be alone with a child or vulnerable adult out of sight or sound of another officer or colleague.

Respect an individual's rights to privacy, equality and dignity and a safe and positive environment.

Prioritise the welfare and safety of the child or vulnerable adult before concerns about performance and service delivery.

Ensure you are familiar with the Corporate Safeguarding Policy.

Take responsibility to identify the Designated Safeguarding Officer (DSO) for your respective Service area.

Ensure you access the appropriate safeguarding training relevant to your role and responsibility.

Respond in an appropriate and timely manner to any concerns you may have in respect of a child or vulnerable adult.

Follow the required process for reporting incidents and concerns.

Advise line managers of any issues in your private life that may have safeguarding implications in your work.

You MUST NOT:

Use force, threats or inappropriate language.

Make suggestive sexual comments or behave in a sexualised manner.

Touch inappropriately or allow inappropriate touching in any way.

Use any behaviour control methods that are not authorised by Council policy and procedure.

Ignore allegations made by a child or adult. All allegations must be reported to Social Services or the Police.

Undertake tasks of a personal nature for a child or adult which they could do for themselves.

Invite a child or vulnerable adult to be alone with you where this is not part of your role and function.

Enter areas that have been specifically designated for use by another sex/gender.

Use the internet, electronic devices or phones to access inappropriate sites including inappropriate use of social media.

Breach confidentiality or share sensitive information relating to an individual inappropriately.

NB: this is by no means an exhaustive list and all actions must be determined by application of professional judgement and decision making.

Caerphilly County Borough Council
Corporate Safeguarding Policy
Possible Signs and Symptoms

Please Note: the following lists are not exhaustive and one sign or symptom in isolation does not automatically signify a safeguarding concern. Any concerns you may have must be discussed with your Designated Safeguarding Officer as a matter of priority. You can also seek advice from Social Services.

NEGLECT	
GENERIC	
<ul style="list-style-type: none"> • Lack of personal care • General deterioration of health • Excessive dirt or other health hazards in the living environment • Poor standard of living accommodation eg cold, dirty, beds, bedding • Unsuitable clothing for weather conditions • Dishevelled / unkempt / dirty appearance • Untreated medical condition • Poor personal hygiene • Rashes, sores, lice • Loss of weight • Malnutrition • Dehydration • Lack of supervision, either at home or during activities which hold danger for them 	
CHILDREN	ADULTS
<ul style="list-style-type: none"> • Constant hunger • Constant tiredness • Frequent lateness / non attendance at school • Low self esteem • Inappropriate care • No social relationships • Running away • Compulsive stealing or 	<ul style="list-style-type: none"> • Lack of management of continence • Misuse of medication • Failure to obtain/ facilitate use of necessary prosthetic devices dentures, glasses, hearing aids, or durable surgical equipment • Pressure sores

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PHYSICAL ABUSE	
GENERIC	
<ul style="list-style-type: none"> • Injury incompatible with explanation • Accounts of injury by carer varying over time or inconsistent with the nature of the injury • Injury which has not been properly cared for (injuries are sometimes hidden on areas of the body normally covered by clothes) • Refusal to discuss injuries • Cuts / scratches / lacerations • Bruising / wounds (particularly on parts of the body which do not normally sustain such injuries) • Sprains and bruises • Weal marks • Bite marks, fingertip and pinching marks • Burns and scalds, including friction burns and carpet burns • Signs of hair pulling / bald patches • Poor skin condition / hygiene / discolouration • Flinches at physical contact • Fearfulness • Low self esteem 	
CHILDREN	ADULTS
<ul style="list-style-type: none"> • Unexplained recurrent injuries • Admission of punishment which appears excessive • Withdrawal from physical contact • Arms and legs covered in hot weather • Fear of returning home • Fear of medical help • Self harming tendencies • Aggression towards others 	<ul style="list-style-type: none"> • Untreated pressure sores, ulcers, bedsores, and being left in wet clothing • Dehydration and/or malnutrition without illness related cause, and when not living alone • Significant weight loss • Hypothermia • Uncharacteristic behaviour • Confusion / insomnia • Asks not <i>"to be hurt"</i> • Unexplained paranoia • Excessive repeated prescriptions /under use /over use of medication • Excessive drowsiness • Mobile person not being able to get up from bed or chair for various reasons eg. being tied in • Use of furniture or special chairs to prevent movement, removal of walking aid or specialist equipment • Global or specific deterioration in health without obvious cause

- | | |
|--|---|
| | <ul style="list-style-type: none">• Increasing immobility |
|--|---|

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SEXUAL ABUSE	
GENERIC	
<ul style="list-style-type: none"> • Emotional distress • Difficulty in walking or sitting • Pain or itching in genital area • Recurring urinary tract infections • Over-affectionate displays • Incestuous relationships • Love bites • Fear of medical examinations • Carer unreasonably refuses examination. • Withdrawal from social situations • Depression and isolation • Sleep disturbances or nightmares • Phobias and panic attacks • Unexplained pregnancy 	
CHILDREN	ADULTS
<ul style="list-style-type: none"> • Sudden changes in behaviour or school performance • Displays of affection in a sexual way inappropriate to age • Tendency to cling or need constant reassurance • Tendency to cry easily • Regression to younger behaviour • Distrust of familiar adults • Anxiety about being left with carer • Unexplained gifts or money • Apparent secrecy • Wetting, day or night • Fear of undressing eg for PE • Also refer to CSE below 	<ul style="list-style-type: none"> • Torn, stained or bloody underclothing • Bruises or bleeding in external genitalia, vagina or anal area • Bruising on the inner thighs • Semen staining on clothing • Torn penile fraenum • Tissue tearing • Mood changes • Change in usual behaviour • Feeling of guilt or shame • Untypical changes, ie, bedwetting, aggressiveness, self injury • Overt sexual behaviour/language by the person

CHILD SEXUAL EXPLOITATION (CSE)

Key facts about CSE:

Sexual exploitation often starts around the age of 10 years old. Girls are usually targeted from age 10 and boys from age 8.

It affects both girls and boys and can happen in all communities.

Any person can be targeted but there are some particularly vulnerable groups: Looked After Children, young people Leaving Care and disabled children.

Victims of CSE may also be trafficked (locally, nationally and internationally).

Over 70% of adults involved in prostitution were sexually exploited as children or teenagers.

Sexual violence or abuse against children affects approximately 16% of children under the age of 16 years.

Possible signs:

- going missing for periods of time or regularly returning home late
- skipping school or being disruptive in class
- appearing with unexplained gifts or possessions that can't be accounted for
- experiencing health problems that may indicate a sexually transmitted infection
- having mood swings and changes in temperament
- using drugs and alcohol
- displaying inappropriate sexualised behaviours, such as over familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- they may also show signs of unexplained physical harm such as bruising and cigarette burns

EMOTIONAL / PSYCHOLOGICAL ABUSE	
GENERIC	
<ul style="list-style-type: none"> • High levels of anxiety/stress especially in response to certain individuals or circumstances • Extremes of passivity or aggression • Fear • Inappropriate emotional responses to situations • Self harming behaviour • Recoiling from the physical approach of carers • Excessive and inappropriate craving for affection • Running away or not wanting to return to carers • Overly overtly subservient or anxious to please • Feelings of worthlessness 	
CHILDREN	ADULTS
<ul style="list-style-type: none"> • Physical and emotional developmental delay • Admission of punishment which appears excessive • Over reaction to simple mistakes • Continual self deprecation • Sudden speech disorders • Fear of new situations • Neurotic behaviour eg rocking, hair twisting, thumb sucking • Fear of parents being contacted • Substance misuse 	<ul style="list-style-type: none"> • Confusion • Resignation • Signs of depression, such as suicidal ideation • Sleep disturbances • Changes in appetite • Loss of interest in pursuing social contact • An air of silence in the home when the alleged abuser is present • Cowering • Helplessness • Isolation in a room in a house • Inappropriately or improperly dressed • Denial

DOMESTIC ABUSE

GENERIC

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years and over who are, or have been intimate partners or family members regardless of gender or sexuality.

This can be observed as signs and symptoms of the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

FINANCIAL ABUSE

ADULTS

- Unexplained withdrawals / unusual activity in the bank accounts
- Unpaid bills
- Unexplained shortage of money
- Withholding or reluctance on the part of the person with responsibility for the funds to provide basic food and clothes etc.
- Fraud
- Theft
- Basic needs not being met.
- Unexplained sudden inability to pay bills or maintain lifestyle
- Lasting Power of Attorney or Enduring Power of Attorney obtained when vulnerable adult is unable to comprehend and give consent
- Recent change of deeds or title of property
- Unusual interest shown by family or others in the vulnerable adult's assets
- Person managing financial affairs is evasive or not co-operative.
- Creation of a Will when the person is incapable of making such decisions
- The individual requires residential/nursing care but is prevented by relatives from entering a residential/nursing home because the client owns their own property and there are concerns about the inevitable depletion of their estate
- Deliberate isolation by carer (informal/formal of a vulnerable adult) from friends or family resulting in carers having total control
- Unexplained disappearance of financial documents, e.g. building society books, and bank statements, payments or order books.
- Signatures on cheques which do not resemble the vulnerable adult's signature or signed when this person cannot write
- Unusual concern by carer that an excessive amount of money is being expended on the care of the vulnerable adult
- Lack of amenities such as TV, appropriate clothing, personal grooming items that the vulnerable adult can well afford
- Missing personal belongings such as silverware, jewellery, or other valuable items
- Lax financial recording/monitoring in a care setting.

Caerphilly County Borough Council
Corporate Safeguarding Policy
Designated Safeguarding Officer – role and responsibilities

Every Service within the Council is required to nominate a Designated Safeguarding Officer (DSO).

The DSO is responsible for:

- Acting as the principal source of advice and support for other staff within their Service area on all safeguarding issues.
- Ensuring robust arrangements are in place for staff to access day to day practice advice and support from their line managers.
- Support staff / or take the lead to refer safeguarding concerns to Social Services as appropriate.
- Being familiar with the Corporate Safeguarding Policy and the All Wales Procedures as they relate to Children's and Adult Safeguarding.
- Ensuring the Service Safeguarding Policy is compliant with legislation and statutory guidance and is issued to all staff.
- Representing their Service on the Corporate Safeguarding Group.
- Ensuring compliance with policies and guidance within their Service and reporting this to the Corporate Safeguarding Group.
- Attending relevant training.
- Contribute to the ongoing professional development of DSO's across the Council.
- Ensuring staff within their Service attend training at levels appropriate to their roles and functions and maintain management information in relation to attendance on training.
- Ensuring all staff within their Service know who the DSO is and how to contact them.

- Ensuring safeguarding responsibilities are highlighted through staff induction processes, team meetings, supervision sessions and staff briefings.

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Caerphilly County Borough Council		
Corporate Safeguarding Policy		
Designated Safeguarding Officers (DSO's)		
Names and contact details		
Service area:	DSO: Name and position:	Contact:
Procurement	Liz Lucas, Head of Service	01443 863160 LUCASEJ@CAERPHILLY.GOV.UK
Community & Leisure Services	Jeff Reynolds, Sports & Leisure Facilities Manager	01495 235225 REYNOJ@CAERPHILLY.GOV.UK
Human Resources	Lynne Donovan Acting Head of HR	01443 864570 DONOVL@CAERPHILLY.GOV.UK
Housing Services & WHQS	Fiona Wilkins, Public Sector Housing Manager	01495 235296 WILKFE@CAERPHILLY.GOV.UK
ICT & Customer Services	David Titley, Customer Service Manager	01443 866548 TITLED@CAERPHILLY.GOV.UK
Performance & Property	Ros Roberts, Performance Manager	01443 864238 ROBERR@CAERPHILLY.GOV.UK
	Mark Faulkner, Facilities Manager	01443 864128 FAULKM@CAERPHILLY.GOV.UK
Education & Lifelong Learning	Jackie Garland Service Manager, Inclusion	01443 866651 GARLAJ@CAERPHILLY.GOV.UK
	Helen West Team Manager, Inclusion	01443 XX WESTHE@CAERPHILLY.GOV.UK
	Steve Hawkins, Community Centres Service Manager	01443 863348 HAWKISW@CAERPHILLY.GOV.UK
	Gareth Evans, Senior Manager - Libraries	01443 864033 EVANS1@CAERPHILLY.GOV.UK
Public Protection	Kath Peters Community Safety Manager	01443 xx PETERK@CAERPHILLY.GOV.UK
Adult Services	tbc POVA Team Manager	01443 xx @CAERPHILLY.GOV.UK
Children's Services	Kay Jenkins Child Protection Co- ordinator	01443 864526 JENKIK@CAERPHILLY.GOV.UK

Key Officers and Elected Members:		
Role:	Name:	Contact:
Chief Executive Officer	Chris Burns	01443 864410 BURNSC1@CAERPHILLY.GOV.UK
Director of Social Services	Dave Street	01443 864560 STREED@CAERPHILLY.GOV.UK
Lead Member – Safeguarding	Cllr Robin Woodyatt	01443 815259 WOODYR@CAERPHILLY.GOV.UK

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Caerphilly County Borough Council
Corporate Safeguarding Policy
How to make a referral LISTEN, SHARE, RECORD

LISTEN

If you are concerned because of something a child or vulnerable adult is saying, you should not attempt to take any action directly but **you should**:

- Stay calm
- Listen carefully, do not directly question him or her, instead use open questions; what, where, when, who?
- Never stop them talking if they are freely recalling significant events
- Tell them what you will do next and who you will inform (see below)
- Never promise to keep what you have been told secret or confidential
- Make a note of the discussion, taking care to record what was said, when and where it happened and who else was present

SHARE

Any safeguarding concerns should be discussed with the Designated Safeguarding Officer (DSO) in the respective Service area. With the support of the DSO the decision to refer a concern to Social Services will be made and responsibility for referring will be agreed ie the staff member or the DSO will make the referral.

Should the concerns relate to a professional, the same procedure will apply.

Referrals in relation to a concern about a child, young person or adult should be made to Social Services as soon as possible and certainly **within 24 hours**.

Social Services Information, Advice and Assistance Service can be contacted on: **0808 100 1727**

Outside office hours, referrals should be made to the South East Wales Emergency Duty Team or if there is immediate risk, to the Police.

The Emergency Duty Team can be contacted on: **0800 328 4432**

Elected Members, employees, volunteers and contractors should be aware that they **cannot remain anonymous** when making a referral.

The Duty Worker taking the referral should be given as much information as possible if it is available to the referrer. This will include the following:

- Full name of the subject of the concern
- Their date of birth or age
- Their address
- The nature of the concern
- Who may be responsible
- Their name and relationship (if any)
- What happened
- When and where
- What has been done in response
- Whether or not the Police have been informed
- The names and relationship of those with caring responsibility
- The names and ages of any other adults living in the household
- The names of any professionals known to be involved eg school, GP
- Any information affecting the potential safety of staff
- The allocated social worker or team if known/if applicable

RECORD

All telephone referrals should be confirmed in writing within two working days. For Children, a Multi Agency Referral Form (MARF) should be used and for an Adult referral a POVA Advice/Adult Protection Referral Form (APRF) should be used. Both referral forms can be found on the Caerphilly Intranet Corporate Safeguarding portal.

LISTEN, SHARE, RECORD

Caerphilly County Borough Council
Corporate Safeguarding Policy
Useful Resources:

Social Services Information, Advice and Assistance Service: Tel: **0808 100 1727**

For a concern in relation to a child or young person:

- [C&R Team contact page](#)
- [Contacting children's social services](#)

For a concern in relation to an adult:

- [ASDIT contact page](#)
- [Getting help and support from adult social services](#)

All Wales Procedures:

- [All Wales Child Protection Procedures](#)
- [All Wales Adult Protection Procedures](#)

Regional Safeguarding Boards:

Children:

- [SEWSCB](#)

Adults:

- [GWASB](#)

Services for people from Black and Ethnic Minority (BME) backgrounds:

- [BAWSO](#)

Domestic Abuse:

- [Domestic Abuse links](#)

Caerphilly County Borough Council Policies and Statutory Guidance:

- [Caerphilly Safer Recruitment Policies](#)
- [SS&WB \(Wales\) Act 2014](#)
- [Employee Code of Conduct](#)
- [Social Media Policy](#)

PLEASE REFER TO THE CORPORATE SAFEGUARDING PORTAL ON THE INTRANET FOR THE MOST ACCURATE AND UP TO DATE INFORMATION.

Caerphilly County Borough Council
Corporate Safeguarding Group
Terms of Reference

Purpose:

The responsibility for maintaining an overview of safeguarding arrangements across the Council has been delegated to the Corporate Safeguarding Group by Cabinet.

The Main responsibilities of the Group are to ensure that robust arrangements for safeguarding children and adults are in place within and across the Council.

Membership of the Group:

- Lead Member for Corporate Safeguarding (Chair)
- The Designated Safeguarding Officers from each Service area
- Assistant Director – Children’s Services
- Education Safeguarding Lead
- Service Manager – Safeguarding, Social Services
- Workforce Development Manager
- Legal Services
- Other Officers will be co-opted as required and agreed by the Group

Key responsibilities of the Group will be to:

- Assure Cabinet that the Council’s procedures for safeguarding children and adults are robust.
- Ensure cross Directorate / interdepartmental working and corporate communication in relation to safeguarding is effective.
- Support the functions and duties of the Statutory Director for Social Services.
- Approve policies and guidelines for safeguarding for each Service area of the council and receive information about their respective performance management arrangements in relation to their safeguarding responsibilities to ensure compliance with relevant legislation and statutory guidance.

- Ensure the Designated Safeguarding Officers are supported to collaborate and share information and to identify any gaps in the Council's safeguarding policies and procedures.
- Identify and resolve any barriers that could prevent the implementation of effective safeguarding procedures.
- Identify any gaps in Corporate policies and guidelines and ensure they are addressed.
- Ensure effective working relationships are maintained with the Regional Safeguarding Boards (Children's and Adults) and the Business Unit.
- Ensure appropriate training is available for Officers and Elected Members.
- Receive and consider corporate safeguarding performance information and identify any actions required.
- Receive and consider information about trends in relation to allegations of professional abuse and adopt action plans to respond to any issues should the need arise.
- Consider the implications of any Child or Adult Practice Review or Domestic Homicide Review and ensure that the Council responds effectively to recommendations as they may apply to the Council.
- Periodically review and update the Corporate Safeguarding Policy and the content of the Intranet Portal.
- Produce an Annual Report for Corporate Management Team, Cabinet and the relevant Scrutiny Committees.

Meeting conduct:

The meetings will be held six monthly.

The meetings will be chaired by the Lead Member for Corporate Safeguarding.

The meetings will be administered by Children's Services Business Support.

All members are able to submit items for consideration.

Agenda, minutes and relevant papers will be circulated ahead of the meetings.

Membership and Terms of Reference for the Group will be reviewed annually / or as required.

Caerphilly County Borough Council
Corporate Safeguarding Group
Key Activity Data:

It is anticipated that this dataset will be reviewed annually and amended as necessary to ensure robust and effective monitoring of performance.

In addition, it is acknowledged that Service areas may have existing performance reporting mechanisms for safeguarding in place and these may be relevant to report to the Corporate Safeguarding Group for inclusion in the Annual Report.

Key Activity Data:
Number of POVA contacts
Number of POVA enquiries
Number of POVA referrals
% of adult protection referrals completed where the risk has been managed
Number of contacts received by Adult Services (ASDIT)
Number of contacts received by Children Services (CRT)
Number of cases of Child Sexual Exploitation (CSE) referrals
Number of Professional strategy meetings - Part 4 CS regulations
Number of Professional strategy meetings – POVA
Number of Professional strategy meetings – CCBC
Number of Professional strategy meetings – Other
Number of Investigations of Professionals (teachers/SW/carers)
% victims of domestic abuse who approach specialist Domestic Abuse Services who report that they feel safer after receiving support
Number of domestic abuse awareness raising sessions held

Targeted awareness raising of domestic abuse among potential victims to encourage disclosure reporting and access to specialist services
% of schools that have complied with the ESTYN inspection requirements for Safeguarding
% of employees commencing in post with a DBS check or risk assessment, where post requires it (schools)
% of employees commencing in post with a DBS check or risk assessment, where post requires it (non schools)
% of employees completing the Corporate Induction within appropriate timescales
Number of staff that have completed Safeguarding training in accordance with their post
% of Elected members that have completed the Corporate Safeguarding training
Proportion of referrals where the risk has been removed or reduced for the alleged victim
Children classified as in need / looked after by category of need
Percentage of Flying Start children aged 0 - 47 months who have an open case with social services as Child in Need

DRAFT

Caerphilly County Borough Council
Corporate Safeguarding Policy
Model Directorate/Service Policy Template

Every Directorate and Service area is required to adopt and implement the Corporate Safeguarding Policy.

In addition, Service areas may require a service specific Safeguarding Policy to reflect the needs of that individual service area.

If this is deemed appropriate, full reference must be made to the Corporate Safeguarding Policy and to the All Wales Procedures for Children and Adult Safeguarding.

The following areas must be included in each Service / Directorate Policy as a minimum:

- Purpose and Aims
- Service Safeguarding Principles
- Service specific procedures (as appropriate)
- Identification of the Designated Safeguarding Officer
- Safeguarding responsibilities of all staff members
- Safeguarding responsibilities of all line managers

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HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE - 1ST DECEMBER 2015

**SUBJECT: ROTA VISITS BY MEMBERS TO SOCIAL SERVICES
ESTABLISHMENTS: 1ST APRIL 2015 – 30TH SEPTEMBER 2015**

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To provide the Scrutiny Committee with information on rota visits by Members to Social Services establishments between 1st April 2015 – 30th September 2015.

2. SUMMARY

- 2.1 The report provides details of the establishments visited for the period 1st April 2015 – 30th September 2015 but for comparison purposes table 1 also includes the visits for the previous six months.
- 2.2 At its meeting on the 9th September 2014 Members endorsed the recommendation to reduce the frequency of rota visits to internal CCBC residential establishments to six monthly.

TABLE 1

	October 2014 – March 2015		April 2015 – September 2015	
Total numbers of Members presently on rota and required to visit within 6 monthly period	12	100%	11	100%
Total number of establishments to be visited during 6 monthly period	25	100%	24	100%
Total number of Members who completed visits	6	50%	5	45%
Total number of establishments visited	11	44%	11	46%

3. LINKS TO STRATEGY

- 3.1 To ensure that establishments, facilities and accommodation meet the needs of the Directorate and service users.

4. THE REPORT

4.1 TABLE 1: Members Visits during 1st April 15 – 30th September 15

Establishment	Visited By	Date of Visit	Report Received	Reply Sent
Ty Iscoed Residential Home for Older People				
Springfield Community Resource Centre				
Brooklands Resource Base				
Oaklands Day Centre	Cllr Judith Pritchard	03.09.15	08.09.15	14.09.15
Markham Resource Centre	Cllr Phyllis Griffiths	22.09.15	28.09.15	19.10.15
Ebenezer Resource Centre	Cllr Phyllis Griffiths	23.09.15	28.09.15	09.10.15
Energlyn Resource Base	Cllr Alan Higgs	25.09.15	25.09.15	20.10.15
Brodawel Resource Centre	Cllr Alan Higgs	25.09.15	25.09.15	19.10.15
Beatrice Webb Residential Home for the Older People				
Brondeg Day Centre				
Montclair Residential Respite Care				
Blackwood Resource Centre				
Ty Gwilym Residential Respite Care				
Min-Y-Mynydd Resource Centre	Cllr Judith Pritchard	03.09.15	08.09.15	14.09.15
Ty Ni Childrens Home	Cllr Alan Angel	03.07.15	07.07.15	22.07.15
Castle View Residential Home for Older People	Cllr Alan Angel	02.07.15	07.07.15	23.07.15
Ty Clyd Residential Home for Older People	Cllr Judith Pritchard	01.09.15	02.09.15	10.09.15
Gwerin Resource Base	Cllr Judith Pritchard	03.09.15	08.09.15	14.09.15
14 Graig Road				
Ystrad Mynach Resource Base	Cllr Colin Gordon	18.09.15	28.09.15	09.10.15
Twyn Carn Day Centre				
Sirhowy Crafts				
Blackberry Catering				
Pont Woodcraft				

- 4.2 The following is a sample of comments made by Members for the visits undertaken:-
- 4.2.1 One Member commented “a very warm welcome. A well placed building away from houses. Very quiet and peaceful. Well run by staff”.
- 4.2.2 Another Member commented “Overall everyone’s very happy with food and activities. Could do with some raised flower bed for outside activity”. The Facilities Team will contact the Manager of the home.
- 4.2.3 One Member observed that access arrangements are not satisfactory – automatic door not automatic in the rain. Rain collects on sun roof and drenches clients, carers and staff. Also waiting for shed to be delivered. The Facilities Team have advised that the building issues are currently being looked into by ABHB as part of their regular meetings with them and that the shed base is imminent and is anticipated being complete and useable by the end of the month.
- 4.2.4 One Member commented “pleasant calm atmosphere. Residents happy but would appreciate more activities. Assessment Unit seems successful – should this be rolled out to other homes”. The Service Manager advised whilst activities are encouraged, promoted and delivered to residents individually and in smaller groups of people as a result of learning regarding Dementia Care Matters, the larger group activities have reduced. This is working well however several residents occasionally miss the larger activities. The Managers will continually look at what group activities residents would like.
- 4.2.5 One Member observed “very welcoming and homely. Internal snagging issues of shower leak outstanding and external hedging needs trimming”. The Facilities Team have advised that both these issues have now been resolved.
- 4.2.6 One Member commented “a warm response to my visit and welcome. Only really big issue is the garden and pathway. I’ve taken photos of the state of the paint work, a request for colours to be used not white and projects for the garden to be introduced. Painting is requested to the outside trestle”. The Facilities Team have advised that works are well underway for the pathways. The tender for the car park has been returned and it is estimated the works will be underway by early November. The Facilities Team will visit regarding external painting to determine what may be required.

5. EQUALITIES IMPLICATIONS

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

6. FINANCIAL IMPLICATIONS

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

7. PERSONNEL IMPLICATIONS

- 7.1 There are no personnel implications.

8. CONSULTATIONS

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

9. RECOMMENDATIONS

- 9.1 Members are asked to prioritise visits to those establishments that have not received a visit in the last 6 months.
- 9.2 Members are requested to consider completing their scheduled rota visits as soon as the relevant documentation of scheduled visits for the six month period has been received.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 To provide Members with an update on their work in visiting Social Services establishments.

11. STATUTORY POWER

- 11.1 None.

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Gareth Jenkins, Assistant Director Children's Services
Sue Wright, Service Manager, Provider Services