



**VALE OF GLAMORGAN COUNCIL**

**HEAD OF BUSINESS MANAGEMENT  
AND INNOVATION**

**ANNUAL REPORT**

**2012/2013**

The report from the Business Management and Innovation Division looks at the areas of corporate and political support, leadership and culture, financial stability and resources, planning and partnerships, commissioning and contracting, workforce development, management, performance quality/information systems, equality and diversity, protecting vulnerable people services.

## CONTEXT

1. The range of services managed within the Division has remained stable during 2012/2013 following the inclusion of Older People's Residential Services in the Division in 2011/2012.
2. During 2012/2013 spending on social services in the Vale of Glamorgan Council amounted to £48 million. This funding was used to provide adult and children services and the organisational arrangements required to support the two operational divisions. The Directorate is managing strategic change through the Social Services Change Plan 2011 - 2014 which supports the Directorate to deliver its statutory responsibilities within the budget set by the Council.
3. Resource management within social services remains inherently problematic and complex. During 2012/2013, there was significant pressure on the Directorate to remain within the budget set, which included a requirement to make a further £1.4m in efficiency savings during the year. Further details about the work being done to deal with the serious financial situation can be found later in this report. The key priority has been to minimise any adverse impact of inevitable changes on service users and carers.
4. Service area plans will be developed to ensure that the service responds to the needs of Welsh speakers in line with the strategic guidance document from Welsh Government "More than Just Words
5. The ongoing challenges for Social Services include:
  - **providing effective support for a rising proportion of very old people in the Vale population and for people with increasingly complex health conditions;**
  - **developing closer partnership working;**

- **managing reductions in funding while minimising wherever possible the impact on front line service delivery; and**
- **adhering to new legislative requirements with limited funding available to implement the changes.**

## **CORPORATE AND POLITICAL SUPPORT**

6. The key strategic plans for the Social Services Directorate in 2012/2013 were the Change Plan 2011-2014 and the Budget Recovery Plan, which has been in place since November 2011. Helping to implement these plans has been a priority objective across the Council and representatives from across all directorates have been actively involved. The Director is responsible for reporting progress on the plans through the corporate and political processes within the Council. The Change Plan has been reported through the political process on a quarterly basis and the budget recovery plan is reported to Scrutiny Committee on a monthly basis.
7. Senior staff in the Directorate have a defined role in meetings of the Cabinet, Scrutiny Committee and the Council. At the level of governance, the Director of Social Services is encouraged to play a key role in advising the Executive on policy-making and budget-setting. During 2012/2013 the Director held meetings on a monthly basis with the Leader of the Council and provided at regular briefings to Cabinet Members. The Heads of Service also met regularly with their Cabinet members to ensure that they were fully aware of issues affecting social services at all times.
8. During 2012/2013, a revised corporate management structure within the Council was put in place during 2012/2013. The changes were considerable for the Council. The Council remains strongly compliant with the statutory guidance on the role and accountabilities of the Director of Social Services issued by the Welsh Assembly Government in June 2009 and Social Services has continued to be managed in one Directorate. The Director is a member of the new Corporate Management Team and acts as Deputy Managing Director on a rotational basis with the other Service Directors.

9. These were our improvement priorities for 2012/2013 and the progress made.

- **We have established effective working relationship with Elected Members following the changes brought about by the local government elections.**
- **We have continued to ensure that the actions detailed in the Change Plan and the Budget Programme are delivered in accordance with the agreed timescales.**
- **We have made a positive contribution to the effectiveness of the new corporate management structure.**

**What are our new improvement objectives?**

- **We will continue to work effectively with Elected Members on the priorities for Social Services.**
- **We will ensure that the actions detailed in the Change Plan and the Budget Programme are delivered in accordance with the agreed timescales.**

## **LEADERSHIP AND CULTURE**

10. The senior management structure for the social services directorate has been in place on paper since 2007 and the four senior officers within the Directorate have now been in post since least January 2011.

11. The Social Services Management Team consists of the Director, Heads of Service and Operational Managers from across the Directorate. The team has met on a regular basis, ensuring the key strategic and service issues for social care are debated and appropriate decisions made to support service delivery and improvement.

12. We continue to be an active member of the South East Wales Improvement Collaborative (SEWIC) for social services. SEWIC brings together directors of social services from ten local authorities in the area to review and develop new services that require cooperation across the region, such as the procurement hub for high cost adult services.
13. The Director continues to be the senior responsible officer for the Social Care and Health Integrated Services Project Board, which consists of senior representatives from the Vale of Glamorgan Council, Cardiff Council and the Cardiff and Vale University Health Board. Through this Board, a number of integrated services across health and social care have been put in place, especially in services for people with mental health problems and for people with problems brought about by ageing (through the WYN Campaign).
14. These were our improvement priorities for 2012/2013 and the progress made.
- **We have continued to work within the SEWIC framework and supported service improvements where there has been a good business case that demonstrates this will improve quality and/or efficiency.**
  - **We have continued to work with partners to further integrate health and social care services.**

**What are our new improvement priorities?**

- **We will continue to increase the range of services delivered on a regional basis through the SEWIC framework, where there is a good business case that demonstrates this will improve quality and/or efficiency.**

**PERFORMANCE AND QUALITY / INFORMATION SYSTEMS AND MANAGEMENT**

15. We continue to report performance information to the Social Care and Health Scrutiny Committee on a quarterly basis. The content of the management information reports has been revised to enable managers to access timely management information as they require it. These reports are produced on a monthly basis and are widely circulated within the Directorate. Performance is a regular item on the agenda for meetings between the Director and Heads of Service and for Divisional Management Teams.
16. We continue to be part of the SWIFT Consortium, a group of local authorities that use the same management information system and work together in making sure that it can record all activity within the service and report in a timely manner on those activities. The consortium is continuing to implement the Unified Assessment Process for adult services and the Integrated Children System for children services but looking to simplify processes to make them less bureaucratic and time consuming.
17. Through the SWIFT Consortium, we have developed the Interconnect system which enables the six local authorities to share information regarding clients at an early stage, where this is appropriate. Interconnect was fully operational across the six authorities by the end of 2012/2013.
18. The consultation framework has been reviewed and is now organised to reflect service priorities. Each consultation exercise considers the most appropriate method of consultation for that service used group, with the flexibility to adapt methods for individual service users as required. Consultation exercises are now timed to support any service reconfiguration work being undertaken within the Directorate.

19. We have also reviewed the audit framework which is now organised on a thematic basis to ensure best use of available resources. The areas for audit are aligned to service priorities and informed by inspection. The changes have assisted in promoting the relevance of the audit process and promoted operational ownership across the Directorate. Focusing on a theme for a particular audit has given the opportunity to audit larger samples.
20. The Directorate continues to review the monitoring arrangements for complaints received by the service. Monthly reports track how complaints are dealt with and have assisted in improving timescale compliance. An increasing number of enquiries are effectively signposted resulting in better outcomes for service users. Mediation work undertaken by the complaints officer has also assisted in identifying a solution to a complaint prior to the complainant escalating the complaint through the process.
21. There are policies and procedures in place across the Directorate, which establish quality standards for the service. These are readily available to staff. A review framework is in place to ensure that policies are updated at least every three years and more regularly where policy and legislative changes dictate. Policy consultation arrangements are in place, together with robust process ratification via the senior management team.
22. These were our improvement priorities for 2012/13 and the progress made.
- **We have improved the accuracy and timeliness of data entry has been improved and cleansing of data is undertaken in accordance with the Corporate Retention Schedule.**
  - **We have continued to work with the SWIFT Consortium and the Interconnect system is now operational across the six local authorities within the Consortium.**

**What are our new improvement objectives?**

- **We will continue to work as part of the SWIFT Consortium to review the UAP and ICS systems to ensure that the system is less bureaucratic and time consuming.**
- **We will ensure that the new corporate reporting framework in relation to performance management is implemented by social services.**

## **COMMISSIONING AND CONTRACTING**

23. We have been working to agree commissioning strategies for all services. These set out how the Council intends to secure the services that people will need (both now and in the future), whether these are provided by social services directly, by the third sector, by the independent sector or by organisations such as stakeholder cooperatives. Commissioning is a key priority for social services and is a priority work stream within the 2011/2014 Change Plan; progress against the actions in the plan is closely monitored.
24. A commissioning strategy for older people's services has been in place for 18 months. During 2012/2013 a Commissioning Strategy for Children and Young People was approved together. The Strategy confirms the commitment of the Council to ensure that children and young people are kept safe, make sure their experiences in care are positive and improve their life chances.
25. Work is ongoing to develop service models and commissioning strategies for services to adults with a physical difficulty and adults with a learning disability.
26. We have continued our dialogue with the third sector. We have concentrated on maintaining good relations with these organisations through engagement from both operational and contracting staff, recognising the added value they bring when providing social care services.

27. We continued to work with Cardiff Council and the Cardiff and Vale University Health Board to overcome problems we all face in securing sufficient long term placements. The development of web based bed bureau was completed during the year and all care home providers are aware of the new system. In addition, some options to develop joint commissioning opportunities across the three organisations were identified and approved during the year.

28. A Provider Performance Protocol has been developed and implemented during the year which will assist the Local Authority and its partners to deal with issues of poor performance by a commissioned provider.

29. These were our improvement priorities for 2012/13 and the progress made.

- **We have agreed commissioning plans in place for older people's services and children and young people's services. Work is ongoing in relation to other service user groups.**
- **The actions in the Change Plan 2011 – 2014 regarding commissioning have been completed within the agreed time frames.**
- **We have continued to work in partnership with Cardiff & Vale University Health Board and Cardiff Council on joint commissioning.**

**What are our new improvement objectives?**

- **We will complete agreed service models and commissioning plans for all areas of service.**
- **We will ensure the final actions within the Change Plan concerning commissioning are completed.**
- **We will continue tripartite actions with Cardiff & Vale University Health Board and Cardiff Council on joint commissioning.**

## PLANNING AND PARTNERSHIPS

30. We have continued looking for opportunities to establish joint appointments for key posts, where this brings clear benefits in terms of efficiency and collaboration. During 2012, a joint appointment was made with Cardiff Council to manage Learning Disability Services. There are now three senior posts within adult services that are joint appointments with either Cardiff Local Authority or Cardiff and Vale UHB.
31. The key partnerships in which Social Services play a lead role continue to work well. These include the Health Social Care and Well Being Partnership, the Children and Young People's Partnership, the Area Adult Protection Committee for adults and the Local Safeguarding Children Board (LSCB). The Council also has a very active Corporate Parenting Panel, to make sure that all the children and young people it looks after receive the support, care and protection they deserve.
32. The Council remains committed to the work of the Integrated Health and Social Care Programme Board, with the Cabinet Member for Social Services representing the authority. The Board which comprises senior representatives from the Vale of Glamorgan Council, Cardiff County Council, the Cardiff and Vale University Health Board, the Vale of Glamorgan Centre for Voluntary Services and Cardiff 3<sup>rd</sup> Sector Council. It plans how we can work together to help shape health and social services for our communities over the next 3 to 5 years and beyond.
33. The Public Health and Wellbeing Board was established in 2011/2012 and representation at a senior level across local authority services has been maintained. Joint arrangements are also in place to support a number of initiatives with regards to support for carers and a joint response was made to the Welsh Government with regards the Carers Measure. In 2012/2013, discussions have continued with the University Health Board in reviewing

services delivered by the Third Sector to help put co-production and ensure effective use of public resources.

34. Through a joint bid with Cardiff Local Authority and the University Health Board the Council has successfully bid for funding from the Regional Collaborative Fund to deliver improved service models for service users in the area. This Council is the lead agency for this initiative.

35. During 2012/2013 the SEWIC Adult Services Brokerage Hub was launched. The service identifies appropriate placements for adults requiring high cost packages. The Vale is a member of the service and is part of the Management Board for the Service.

36. These were our improvement priorities for 2012/2013 and the progress made.

- **We completed the recruitment process for the joint management post for Learning Disability Services.**
- **We have established a framework to ensure the delivery of the implementation plan for the Health Social Care and Wellbeing Strategy.**
- **We have continued the work with Cardiff Council and the University Health Board to develop and implement integrated services.**

**What are our new improvement objectives?**

- **We will continue the work with Cardiff Council and the University Health Board to develop and implement integrated services.**
- **We will lead the RCF initiative to ensure the project delivers the anticipated outcomes within the timescales agreed.**

## **FINANCIAL STABILITY AND RESOURCES**

37. Resource Management is a key priority for Social Services. It is a separate workstream within the Directorate's Change Plan 2011/2014. The

establishment of the Budget Programme Board has ensured that the financial position within Social Services continues to be monitored at a senior level across the Council.

38. After a prolonged history of significant overspends in social services effective implementation of the first three-year Change Plan between 2008 and 2011 enabled the Directorate to deliver its statutory responsibilities within the budget set by the Council and to meet a substantial savings target.
39. 2011/12 was a very difficult financial year for social services and due to increased budget pressures the position remained the same in 2012/2013. As well as dealing with increased demand for services, Social Services was also required to make cost savings of £1.4m to meet the corporate requirements with regards to the overall Council budget. Detail of expenditure in 2012/2013 is shown below.

<b>Service</b>	<b>Budget (£'000)</b>	<b>Spend (£'000)</b>	<b>Variance (£'000)</b>
Children and Young People	14,092	14,316	-224
<b>Adult Services</b>			
Elderly	13,649	13,493	156
Physical and Sensory Disability	4,274	4,167	107
Mental Health	1,455	1,458	-3
Learning Disability	9,309	9,316	-7
EMI	5,227	5,245	-18
<b>Total Adult Services</b>	<b>33,914</b>	<b>33,679</b>	<b>235</b>
Business Management and Innovation	293	293	0
Directorate Total	48,299	48,288	11

40. In children's services, cost pressures arose from an increased number of Looked After Children. In Adult Services the key pressures were the demographic pressures in relation to older people and the increase and above inflation increase in fees for care home placements. We fully implemented the

First Steps to Improvement Guidance in 2011/2012, which required a £50 cap on charges for non-residential care and this resulted in a significant reduction in income. At the end of 2011/2012 the net loss to the Council was £1.3m. We have had a rigorous dialogue with the Welsh Government concerning this issues funding during the year but are yet to hear the level of financial assistance that may be made available to address this matter. The loss of income has continued in 2012/2013 with the net loss in income estimated to be £2.4m – an increase of a further £1m.

41. The 2012/13 year end financial position for Social Services was an underspend of £11,000. This was after a transfer to provisions of £775,000 and a reduced use of the Social Services Fund of £1m. As part of the Social Services Budget Programme, £2.544m of the Social Services Fund had been approved for use in 2012/13, however as the service underspent, only £1.544m was required. The underspend before any transfers to/from provisions was therefore £1.786m. This underspend is partly as a result of the actual savings identified for the year being £403,000 in excess of the planned savings required, as set through the Social Services Budget Programme and £83,000 was included in the budget for a central energy recharge which was not required in the year.
42. While 2012/13 ended with a favourable financial position, it should be seen in the light of savings to be achieved in future years. The savings target for 2013/14 is £2.15m, with further savings of £3.85m between 2014/15 and 2016/17. These savings are the minimum level of savings that will be required and with the continuation of central government austerity measures, it is inevitable that these saving targets will increase.
43. The severe financial pressures have been regularly reported to Cabinet and the Budget Programme Board has continued to meet during 2012/2013. The board comprises the Director of Resources, the Director of Social Services and senior officers from across the Council. Budget recovery plans has been

produced and these are closely monitored by the Cabinet, Scrutiny Committee and the Corporate Management Team.

44. New information reports have been put in place during 2012/2013 which have linked activity with financial implications. This has ensured that managers are aware of the financial implications of the decisions that are made. The information is provided in a very detailed and timely way and shared with managers across adult services.

45. These were our improvement priorities for 2012/2013 and the progress made.

- **We managed the budget recovery plans rigorously and the actions required to meet the budget target for the year were achieved.**
- **We have continued to monitor the impact of implementing the First Steps to Improvement guidance.**
- **We have continued to work with the South East Wales Improvement Collaborative SEWIC on regional commissioning of services. We considered options concerning telecare services and are active members of the adult services commissioning hub.**

**What are our new improvement objectives?**

- **We will manage the budget recovery plans rigorously to ensure that actions required to meet the budget target for the year are achieved.**
- **We will continue to consider and develop proposals for new affordable service models of care.**
- **We will continue to work with the South East Wales Improvement Collaborative SEWIC on regional commissioning of services.**

46. The Performance Development and Review System (PDRS) is in place for individual staff and, in 2012/2103 100% of staff completed the process. This is the first time that all staff in social services have completed a PDRS. An annual qualification and training needs audit is completed for all Vale commissioned social care sector providers and an analysis of the audit and

PDRS data enables training to be planned on the basis of the needs of the whole social care sector in the Vale.

47. The process assists in monitoring the qualifications of staff within the regulated services and provides training to support them to meet their targets. We can demonstrate that 27% of all training provided during 2011/2012 was delivered to the independent/voluntary sector, exceeding the 25% target.
48. The annual programme is responsive to the developmental requirements of the social care workforce. Positive evaluations and feedback are received in the main regarding training opportunities provided. Grant application feedback from the Welsh Government indicates that training and development in the Vale is moving in the right direction. Further work is needed to evaluate long term effect on practice.
49. New managers are supported in their role and equipped with the necessary skills to undertake that role. Potential managers are also given opportunities to undertake these courses which assists with succession planning. To date four managers and four practitioner managers have successfully completed the Team Management Development Programme. Four practitioner managers currently undertaking this course whilst three staff are registered to do the Institute of Leadership and Management QCF Level 3 Management.
50. Resources are maximised to support staff who are required to meet Welsh Government qualification targets and the percentage of staff qualified in the key groups achieving QCFs at level 2, 3 and 5 continues to be stable.
51. We have worked with ICT and Corporate Training to promote and encourage greater use of e learning through advertising, presentations, direct support and reporting. This is a cost effective and time efficient method of delivering basic awareness training and some more intensive courses. Once course packages are in place and/or license fee paid outgoings are reduced in terms of staff time and training costs. Take up of e learning remains fairly low and further work will be needed to promote this form of learning.

52. Training is delivered in partnership for courses which are not viable on a single local authority basis. We also have a Workforce Development group which includes representation from the third sector, independent providers, the local further education college and the wider Council. The Vale has continued to be actively represented on the Practice Assessment Panels and Programme Management Committees of our partners (i.e. Cardiff University, Cardiff Metropolitan University and the Open University) and contributes to the South East Wales Education and Training Group. A sub group of the Local Service Board has been established to share training opportunities across the key partners in the Vale of Glamorgan.

53. The Council has a range of policies in place which provide support to staff, including flexi-time, special leave scheme; career break scheme; job share. These all contribute to creating a settled and productive workforce. The Directorate experienced a high level of absence due to ill health during 2012/2013 which has followed a few years of reducing absence levels.

54. These were our improvement priorities for 2012/2013 and the progress made.

- **The training evaluation tool has not been developed because of delays in implementing the new software system but this will be a priority for 2013/2014.**
- **We have developed a workforce planning framework for the social care sector as a whole in the Vale of Glamorgan.**

**What are our new improvement objectives?**

- **We will develop an evaluation tool for training.**
- **We will deliver some bespoke training opportunities for the wider care sector .**
- **We continue to look at new ways of delivering training and encourage the uptake of e-learning.**

## **EQUALITY AND DIVERSITY**

55. Equality and diversity form an integral part of our service planning. All divisions within the Directorate are working towards the Vale Equalities Scheme which has identified four levels of achievement.
56. Public information leaflets and website pages have been updated following a review in 2011. As well as distributing information throughout the community, we continue to make available a range of leaflets through the corporate contact centre to provide enquirers and those referred to social services with a bespoke set of information. The Vale of Glamorgan Care Directory, available at a range of outlets, offers advice and signposting to people looking to address their own care needs independently. It remains our most requested publication. The Council has relaunched its website in 2013 and we were active participants in the redevelopment work.
57. The Department continues to work with its partners to produce joint information and signposting where practicable.
58. All service changes within Social Services have been the subject of an Equality Impact Assessment and these are now included as appropriate in Cabinet Reports.
59. These were our improvement priorities for 2012/13 and the progress made.
- **Some work has been undertaken to review the information available to individuals who fund their own care.**
  - **Where required, Equality Impact assessments have been completed.**

### **What are our new improvement objectives?**

- **We will complete the review of information available to those who fund their own care.**
- **We will ensure that Equality Impact Assessments are completed to a high standard for proposed changes in the service.**

## INVOLVING USERS AND CARERS

60 The consultation framework has been reviewed and is now organised to reflect service priorities. Each consultation exercise considers the most appropriate method of consultation for that service user group, with the flexibility to adapt methods for individual service users as required. Reports and issue logs are prepared and shared with service areas to identify recommendations and existing good practice to inform service improvements. Consultation exercises are now timed to support any service reconfiguration work being undertaken.

61. Our performance in completing carers' assessments has remained at a very high level. The Council has received very positive comments from carers in relation to this work. Services continue to be developed to support carers in their caring role. We organise a Carers Day for Carers during National Carers Week and this was well attended and we received positive feedback. We have worked with the University Health Board and Cardiff Council to develop and finalise the local response to the new Carers Measure. This work is continuing as we implement the requirements of the Measure.

62. The Family Information Service continues to provide a valued service within the year with a positive audit report received on how it meets its statutory requirements. The Older People's Forum in the Vale continues to be very active advocates and has taken advantage of opportunities to have an important voice in service development issues such as the new extra care scheme.

63. These were our improvement priorities for 2012/13 and the progress made.

- **We have completed the review of services for carers and made some changes as required.**
- **We have worked with partners to complete the Strategy to address the requirements of the Carers Measure.**

**What are our new improvement objectives?**

- **We will continue to work with partners to implement the Carers Measure.**

## **SAFEGUARDING**

64. We have a central safeguarding unit within the Directorate which is now well established. The unit ensures that learning and experience is being transferred between the child and adult protection processes.

65. The number of children and young people whose names are included on the Child Protection Register (CPR) has continued to rise as follows : April 2011 - 73, April March 2011 - 114 and 124 at the end of 2012/2103. It is difficult to give a clear reason for such fluctuations. However, it is evident from inspection, audit and quality assurance processes that our work in multi agency assessment, decision making and planning is making sure that the most vulnerable children and young people are identified and supported appropriately. A review of the structure for the Independent Reviewing Officer function was completed during the year and the new structure will be implemented in 2013/2014 and provides additional capacity to address the increased numbers.

66. All initial and review child protection conferences have been held within statutory timescales. All children on the register have a child protection plan and we have further improved our performance for core groups taking place within 10 working days of the initial conference to 96%. For adult protection, we are able to demonstrate that in 96% of adult protection referrals the risk was managed and that 100% of vulnerable adults were satisfied or very satisfied with the protection service they received.

67. During 2012/2013 we undertook our first service user satisfaction survey for individuals who had been referred as part of the Protection of Vulnerable Adults

process. The potentially sensitive issues surrounding the POVA process meant sample selection was difficult, however, the information that was gathered has been very useful. Overall respondents confirmed that they were satisfied with their experience however further work is required regarding the dissemination of information about the service and the quality of the information received. Individuals confirmed that they did feel believed and were taken seriously through the process.

68. There are established single entry referral points in both Adult and Children and Young People Services. Where referrals include concerns about risk these are progressed as a priority. Within adult services access to services has been made easier with the introduction of a single telephone number. All contacts and referrals for Children and Young People Services are managed through the division's Intake and Family Support Team. We have maintained good performance for initial decision making with 100% of referrals receiving a decision within one working day.
69. There are designated leads for child and adult protection in Social Services and designated officers provide contact points for advice and expertise both to staff within and outside of the Council, wider agencies and the general public.
70. We are a member of the South Wales Safeguarding Adults Strategic Management Board and have implemented the All Wales POVA Procedures from 1<sup>st</sup> April 2011 (revised December 2012). We are also a member of the All Wales Child Protection Procedures Review Group and work to the All Wales Child Protection Procedures. All safeguarding procedures are available to all staff across Social Services and to other partner agencies.
71. The Adult Area Protection Committee and Local Safeguarding Children Board both have a well functioning set of sub groups which include mechanisms for multi agency audit of compliance with the All Wales protection procedures. Both the AAPC and LSCB are in the process of merging as regional boards with Cardiff. A review of governance and membership arrangements is being done as part of this process.

72. Collaboration between staff involved in Protection of Vulnerable Adults Arrangements (POVA), complaints administration and contracting has been strengthened during the year to ensure timely sharing of information and action if required.
73. The AAPC Audit and Performance Sub Group has continued to undertake regular audits. The audits are undertaken on a cross agency basis and the findings of the audits are reported to the AAPC.
74. The Cardiff and the Vale Deprivation of Liberty Safeguarding (DoLS) /Mental Capacity Act Team has been operational since the implementation of the Deprivation of Liberty Safeguards in April 2009 and has developed methodology and work load management in line with the Mental Capacity Act 2005 and the DoLS Codes of Practice. The MCA/DoLS service is managed via the Vale of Glamorgan Council by a tripartite management board consisting of representation from the Vale of Glamorgan Council, the University Health Board and Cardiff Council.
75. The team provides coordination of Best Interest Assessments, advice and support to health and social care teams across the sector and training for CSSIW registered care homes and all inpatient sites across the hospitals of Cardiff and the Vale of Glamorgan areas. The team received a total of 71 referrals during 2012/2013, which is a slight decrease from the two previous years.

### **Safeguarding Children**

76. These were our improvement priorities for 2012/13 and the progress made.

- **We have continued to work as part of the SWIFT Consortium to address the issues with regard to the implementation of ICS and the use of the Child Protection Exemplars.**
- **We have implemented the Child Sexual Exploitation Protocol.**

- **We have continued to work with Cardiff Local Authority with regard to the merger of the Local Safeguarding Children Boards.**

**What are our new improvement objectives?**

- **We will conclude discussions with Cardiff and ensure the merger of LSCBs.**
- **We will introduce a consultation process for children on the Child Protection Register to learn from their experiences.**
- **We will implement the new staffing structure for the IRO service.**

**Protecting Vulnerable Adults**

77. These were our improvement priorities for 2012/13 and the progress made.

- **We have rolled out an evaluation process to gather views of service users who experience the POVA process.**
- **We have completed the consultation phase in respect of the provider performance and home closure protocols and the new protocol has been implemented.**
- **We have reporting to Scrutiny Committee regarding POVA on a six monthly basis.**
- **We have reviewed the POVA protocol for the allocation and management of POVA referrals to improve the ability of the service to respond to referrals.**
- **We have continued to provide POVA training to all staff.**

**What are our new improvement objectives?**

- **We will develop and the performance information available regarding POVA issues.**
- **We will deliver POVA investigation training to relevant staff.**

## **Shared Safeguarding**

78. These were our improvement priorities for 2012/2013 and the progress made.

- **Consideration has been given providing the business manager capacity to the new Cardiff and Vale LSCB. These discussions will have to be had in relation to the AAPC in 2013/2014.**

**What are our new improvement objectives?**

- **Consider options for providing the AAPC with business manager capacity.**
- **We will continue to work with Cardiff to merge the AAPC's for each area.**

## **Deprivation of Liberty Safeguards**

79. These were our improvement priorities for 2012/13 and the progress made.

- **We have drafted an Operational Policy which describes the scope and remit of the team which will be presented to the Team Steering Group in September 2013.**
- **A major recruitment of Best Interest Assessors has taken place during the year. The additional 20 health and social care professionals have been trained to provide the service on a rota basis.**

**What are our new improvement objectives?**

- **We will raise awareness through education and training of the Mental Capacity Act 2005.**
- **We will develop feedback mechanisms to authorities following Best Interest Assessments.**
- **We will develop quality assurance systems to ensure practice is reviewed.**
- **We will ensure that systems are in place for individuals and families to be kept informed of their rights under the Mental Capacity Act and Deprivation of Liberty Safeguarding processes.**