



VALE OF GLAMORGAN COUNCIL

DIRECTOR OF SOCIAL SERVICES

ANNUAL REPORT

2011-2012

The annual report on the delivery of social services in the Vale of
Glamorgan and our plans for improvement

CONTENTS

	Page
1. OVERVIEW BY THE DIRECTOR OF SOCIAL SERVICES	1
2. CURRENT EFFECTIVENESS	
A. Getting the right help to the right people at the right time.....	5
B. Providing services which respond to people's needs.....	10
C. Achieving good outcomes for service users and carers.....	13
D. Helping staff to do their best.....	17
E. Developing quality services that deliver best value.....	19
3. PRIORITIES FOR IMPROVEMENT.....	21

**The Heads of Service who manage the three major divisions within the Social Services Directorate have each produced their own report. These are published separately and deal in more detail with the following areas.

Children and young people services: services for children in need, children looked after by the Council, child health and disability, and safeguarding issues.

Adult services: services for people with a learning disability, mental health problems, frailty because of ageing, a physical disability or sensory impairment or autism, and safeguarding issues.

Business management and innovation: corporate and political support, leadership and culture, financial stability and resources, planning and partnerships, commissioning and contracting, workforce development, management and management structure, performance quality/information systems and management, equality and diversity, vulnerable people protection services.

1. OVERVIEW BY THE DIRECTOR OF SOCIAL SERVICES

1. My third annual report is a welcome opportunity to provide people in the Vale of Glamorgan with current evidence about how effectively social services are meeting the needs of service users and carers.
2. Many of you will know that the Council's Social Services Directorate carries out a wide range of responsibilities laid down in law:
 - supporting people through periods of difficulty and vulnerability;
 - protecting children and adults from abuse or neglect;
 - providing services which respond well to people, families and communities with differing needs and circumstances; and
 - promoting social inclusion and independence for people who are vulnerable and at risk.
3. For this reason, giving you a true picture about the effectiveness of our services means we must use many different types of evidence. These include what our service users and carers say, information from performance indicators, measuring progress against the overall goals set by the Council and the Welsh Government, comparisons with the work of other local authorities, achievements against the priorities from last year's report and from our other plans for improvement.
4. Additionally, I want this report to inform you about how we are dealing with the many serious challenges that now face social services. Year-on-year, we are seeing big increases in demand for care services and support. This is happening because of factors such as population changes, growing pressures on families, reducing incomes, increasing numbers of children looked after by the Council and on the child protection register, more people living longer with complex care needs because of frailty, physical disability, learning disability or mental health problems. In the future, we will have to get it right for many more people.
5. This rising demand occurs at a time when we are managing the consequences of the most severe financial crisis ever faced by public sector services. For the foreseeable future and despite the Council's commitment to

supporting us through these difficult times, we expect to see continuing reductions in the money available for Social Services.

6. These are immense problems to be tackled and we know the consequences of failing to find good enough answers. Not dealing with issues of sustainable services and managing our resources effectively will lead:
 - to great personal distress for the families who depend upon us; and
 - potentially, to the loss of essential support and care for some of the most vulnerable people in our communities.
7. There are no easy solutions but Social Services, the Council and its key partners have been working successfully in recent years to ensure that we are now building on strong foundations. We can show sustained progress in areas such as making sure that people are satisfied with services, offering a more responsive range of services which focus on supporting people to remain as independent as possible, and having available skilled and experienced staff in sufficient numbers.
8. Our three-year Change Plan is ensuring that, building upon these strengths, there is a clear direction for social services in the Vale and a blueprint for sustained improvement and service redesign. There are a number of priority areas in the plan:
 - i. using different ways to improve people's access to information and services so that they know what services exist and how they can be used;
 - ii. increasing the amount of social care that can be described as *citizen directed support*, which means people being in control of the support they need to live their life as they choose, with early prevention and quickly restored independence;
 - iii. joining up health and social care services in cooperation with the Cardiff and Vale University Health Board and Cardiff Council, to make them more flexible and with fewer disputes about who is responsible for providing support ;
 - iv. joining up services in the community for children, young people and families so that education, health, social services and the third sector work closely together in support of those in need;

- v. providing a stable, skilled workforce and reducing the amount of 'red tape' bureaucracy and paper-chasing our staff have to do so that they can spend more time in direct contact with service users and carers;
 - vi). making sure that the Council uses the money and assets it provides for social care services as effectively as possible.
7. My annual report will demonstrate that significant progress continues to be made in delivering this programme of change but also that the need for it has become even more urgent.
 8. We have worked exceptionally hard to deliver good quality services in the past year and to meet our statutory responsibilities. The Directorate has again achieved real improvements in overall performance against key indicators such as assessing people's needs on time. Positive outcomes have been achieved for many of the people who depend upon our services in areas such as safeguarding and helping them to retain their independence.
 9. However, it is clear too that the overall context for social services requires us to be even more creative and radical in our approach if we are to continue providing an appropriate range of care services in the face of dwindling resources and rising demand. It has been estimated that the costs to local authorities of providing social care will double over the period 2010-2030. On current trends, there is a risk that much of the increase will be invested in residential and nursing home places for older people, leaving us with no capacity for meeting people's changing expectations and preferences.
 10. In the long-term, the current pattern of services is not sustainable. Faced by challenges on this scale, we need to develop new "whole person, whole system" models of health and social care that place greater emphasis on prevention and on providing services jointly with our partners.
 11. Our work to introduce these new models of care is very challenging but progressing well.
- a) Mental Health** Joint working with the NHS to provide joined up mental health, substance misuse and autistic spectrum disorder services, based

on social recovery models and with a single point of access, is relatively well advanced.

b) Older People's Services There is good progress being made with the roll-out of rapid response reablement, developing integrated hospital discharge services and joint commissioning of residential and nursing home placements,.

c) Learning Disabilities Joint arrangements between the Council and relevant Health Boards to deliver 'valuing people' approaches are being developed, albeit more slowly.

d) Children's Services A range of preventative, protective and remedial initiatives are being put in place to meet the needs of vulnerable children and their families. These include Flying Start, Families First and Integrated Family Support.

12. Such changes are very much in tune with the new direction for social care services that is emerging from the Welsh Government, as set out in its ten-year strategy (*Sustainable Social Services for Wales - A Framework for Action*) and the proposed legislation set out in the Social Services (Wales) Bill.

13. It is with this major programme of reform in mind that I have set out in my report our improvement priorities for next year and beyond.

Philip Evans

2. CURRENT EFFECTIVENESS

A. Getting the right help to the right people at the right time (access to services; assessment; case planning)

Our aims People have access to comprehensive information about services and can easily contact key staff. They get prompt advice and support, including about their eligibility for service. They are well signposted to alternative services where appropriate. People using services are supported by assessments, care and support plans and reviews which promote their independence, choice and wellbeing, help keep them safe and which reflect their views and preferences.

Adult services

What we are doing especially well

- Delivering even better response times to initial requests for help.
- Strengthening case planning for young people making the transition from children's to adult services.
- Delivering effective and timely assessment of carers' needs.

What we want to develop or improve

- Address the rise in the level of delayed transfers of care from hospital for reasons involving the Council.
- Continue our work to improve some response times in specific areas of adult services, especially for older people with problems brought about by dementia related illnesses.
- Implement the Mental Health (Wales) Measure 2010 which comes into force during 2012.

14. When Adult Services get a request for help, we and our partners in other agencies carry out unified assessments with potential service users and (where appropriate) their carers. Support from family carers is often the most critical factor in helping people to remain as independent as possible; social services try to add to this help, not replace it. Based on the assessments, packages of care are developed in response to the needs which have been identified. An important

role is to ensure that people get access to other service provision (e.g. housing, education, employment support), where this has been identified as an area for action within the assessment process.

15. Public information leaflets and website pages have been updated following a review in 2011. As well as distributing information throughout the community, the Directorate continues 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.
16. Adult social services provision across Wales is provided subject to a formal financial assessment. If people have sufficient disposable resources and can pay for services, they are required to do so. The Welsh Government has set a maximum charge of £50 per week for non-residential care. Implemented in April 2011, this change in policy has had a tremendous effect on adult services. It has increased the workload and reduced the income we are able to generate. The demography and socio-economic determinants in the Vale create a unique set of circumstances which have not been recognised as yet in the funding made available by the Welsh Government.
17. The majority of initial contacts for adult social services are managed through the corporate contact centre C1V and those that require further action passed to the relevant team in Adult Services. Working arrangements between the assessment and care management teams and the contact centre have improved, together with its role in providing good advice and information about services. The Council has also recruited an additional social worker for the contact centre. Together with the development of new pathways to adult services teams, this has helped to improve management of enquiries from the public. Of all the people receiving services, 89% were satisfied with the information provided by each service area.
18. The authority's overall performance in relation to the on average length of time an

adult can expect to wait between making an enquiry to social services and a care plan being drawn up is, 20 days for a non-specialist assessment and 39 days for a specialist assessment. This is a significant improvement on last year for specialist assessments, from 68 to 39 days. Increased demand and capacity issues have seen an overall decrease in performance for non-specialist assessments (from 15 to 20 days) and work is being done to address this. For example, we have improved quick access to reablement services for people leaving hospital by reducing the need for assessments.

19. Having improved performance in 2010/11 with regard to moving people out of hospital in a timely way, in 2011/12 the rate of delayed transfers of care for social care reasons, per 1,000 population over 75 years has risen to 7.9. This presents a concern to us and actions are in place to address this.
20. Individual case planning for young people making the transition from children's services to adult services has been strengthened considerably with the development of a virtual team with a specific focus on working with young people aged 18-25.
21. We have maintained performance in relation to carers' assessments. Performance indicators show that all carers were offered an assessment in their own right and 93% of carers took this up. Of these, 82% were provided with a service.
22. All adults receiving services should have their care plan reviewed each year. The authority's performance in relation to these reviews further improved this year to 86.8% and this Council remains amongst the best performing authorities in Wales.
23. The Council's approach to quality assurance in its care management service includes a programme of auditing case files and considering complaints. The number of formal complaints about adult services amounted to about 2% of adults who receive services.

Children's services

What we are doing especially well

- Managing the wide range of statutory duties in respect of children and young people's cases.
- Delivering timely assessments and decisions in relation to requests for services.
- Strengthening case planning for young people making the transition from children's to adult's services.

What we want to develop or improve

- Make full use of new services provided in partnership such as Families First and the Integrated Family Support Service, maintaining their links with family, friends and school.
- Where children have to be accommodated, focus on finding placements that will offer stability and permanency as a priority.

24. The principal aim of Children and Young People Services is to ensure quality services reach those vulnerable children, young people and families assessed as being 'in need'. This is achieved by offering a range of services which, wherever possible, support a child or young person to remain living within their own family or in their local community. Where this is not possible or safe to do so, our aim is to place them in foster care within the Vale of Glamorgan and to maintain their links with family, friends and school.

25. Demand for services has continued to increase. Numbers of children and young people being included on the child protection register or becoming looked after by the Council have risen significantly. However, we have maintained good performance for initial decision-making with 97% of referrals receiving a decision within one working day.

26. The timely completion of both initial and core assessments is also critical to ensuring appropriate support and services are provided to children and families 'in need'. Initial assessments should be completed within seven working days and our performance has been maintained at 87% for 2011/12. Completion of

core assessments within the recommended 35 working days has continued to improve from 88% in 2010/11 to 91% in 2011/12, compared to a Welsh average of 65%.

27. The percentage of children / young people seen by a worker during their assessment has improved to 91% and we monitor the work to ensure that this happens to all children who should be seen. We have continued to assess all young carers known to us and provided 88% of these with a service.
28. The Council continues to comply with statutory guidance in respect of all children on the child protection register being allocated to a social worker. Likewise, every looked after child now has an allocated social worker and every care placement starts with a care plan in place. 100% of statutory visits to children in their placements were achieved and 97% of all care plans were reviewed within timescale, with reasons for the remaining 3% being agreed with managers and clearly recorded. This performance maintains our position as one of the top performing Councils in Wales. Two in every three looked after children have a personal education plan in place within 20 days of becoming looked after, a positive improvement on performance in 2011/10. This places the Vale above the Welsh average.
29. All young people leaving care have an allocated worker and access to a Young Person's Advisor. Pathway Plans are in place in all cases. The authority also has a good record of supporting young people into Further and Higher Education. Children and young people are encouraged to be actively involved in meetings to plan and review the services they receive. A new independent advocacy service became available this year to children and young people who use social services. We have completed our review of public information to update content and review contact points to ensure people are able to access information in a timely manner.

B. Providing services which respond to people's needs (range and quality of services)

Our aims People eligible for social services benefit from services which meet assessed individual needs and which are quality-assured against clear standards. These are developed in partnership. People can choose from a range of provision, which helps them maximise their independence whilst keeping safe. People's views on gaps in services, and the effectiveness of support, result in changes and help inform how services are monitored and develop.

Adult services

What we are doing especially well

- Working in partnership to change and develop the pattern of services available.
- Ensuring that service users living in supported and other accommodation can make full use of Telecare equipment to live more independently.
- Integrating the reablement elements of our intermediate care service (VICS) with the University Health Board's community rehabilitation services, to ensure better coordinated care provision.

What we want to develop or improve

- Further increase the use people make of assistive technology such as Telecare
- Explore options for making available more 'accommodation with care' for older people.

30. We have stepped up the pace of our work to reshape the current patterns of services available to people in order to get the best possible outcomes for them and best value for the Council. Services that promote and achieve reablement are now easier to access but require even more development. These changes have improved significantly our ability to promote independence, ensuring that people can return safely to their communities (after a hospital stay, for example), rebuild their lives and avoid institutional care. We have reshaped services in part through greater partnership with the NHS. Further change is planned to ensure closer collaboration with neighbouring local authorities and integration with health services which will also help us to achieve the best use of limited resources.

31. The Council continues to provide some services and to commission others by means of contracts with private and third sector (voluntary sector) providers. Further information regarding our work to commission services from outside the Council is provided later in the report on Page xxx.
32. We can report the following developments in the range of services available for adults during 2011/12.
- Changes to the older people's day service have enabled us to focus upon those with greatest levels of need.
 - Creating the Vale Community Resource Service has promoted rehabilitation and reablement of people either being discharged from hospital or preventing an admission. 552 people were able to use the service during the year.
 - Putting Telecare facilities into supported accommodation has improved levels of independence.
 - We have increased the numbers of staff undertaking Approved Mental Health Practitioner training.
 - Some assessment and care management teams have been reconfigured to work on a more neighbourhood or locality basis.
 - There is now a crisis response service for older people with mental health problems managed by the NHS.
 - We have developed a support service for adults with Aspergers and Autistic Spectrum Disorder.
 - Waiting lists for substance misuse counselling have been reduced from four to five months in 2011 to two to three weeks in May 2012.
 - People experiencing substance misuse problems now benefit from a tiered care pathway, ensuring delivery of the right service at the right time and to reducing dependency.
33. Most of the adult services provided directly by the Council are regulated under the Care Standards Act. In external inspections of these services by CSSIW, service users and relatives report satisfaction with the quality of service provided.

Children's services

What we are doing especially well

- Providing an increasing range of services to support children and young people within their own families and communities.
- Improving frontline service provision whilst achieving corporate savings, through implementing successfully our plans for staff and service reconfiguration.

What we want to develop or improve

- Provide appropriate placements locally for children and young people with especially complex needs.

34. Children and Young People Services aim to deliver services in the most effective and efficient way and in accordance with legislation, guidance and policy set by central and local government. Social services cannot provide this support in isolation and it is important to recognise the critical role that partner agencies have to play in the planning and delivery of high quality services.

35. The new Families First Grant from Welsh Government has enabled us to create more early intervention and preventative family support services, targeted at harder-to-reach and more vulnerable children and their families. This includes a multi-agency early intervention team that will become operational in the summer of 2012. Through the Children and Young People's Partnership, we have adopted a multi-disciplinary *Team Around the Child/ Team Around the Family* approach when providing these services. They will play a critical role in supporting children and young people to remain living within their family networks.

36. In addition, the Welsh Government has confirmed funding to expand the Flying Start Programme across Wales and planning is already in place to extend services to additional Ward areas within Barry Town, Llantwit Major and St Athan.

37. In partnership with Cardiff Council and the Cardiff and Vale University Health Board, we were also successful in a joint bid to the Welsh Government for funding to set up an Integrated Family Support Service (IFSS). This service became fully operational in February 2012 and it is designed to provide very intensive support for families

affected by substance misuse who have complex needs. The Service is delivered by a multi-disciplinary, multi-agency team of highly skilled professionals. Similarly, formal arrangements are being developed with Cardiff City Council and Cardiff and Vale University Health Board to improve services for disabled children and young people.

38. We aim to place all children who are looked after by the Council within their local communities, to ensure links are maintained with family, school and friends. To do this requires more foster carers who are able to provide placements for older children and teenagers and children with health and disability needs. Together with the nine other local authorities that form the South East Wales Improvement Collaborative (SEWIC), we are developing a regional approach to this work. We have also secured agreement from Cardiff and Vale University Health Board to establish a separate Continuing Health Care Panel for children and young people.
39. Despite increased demand for placements because of growing numbers of looked after children, fewer children are changing schools outside of usual transition points and fewer had three or more placements in a year. These are good indicators of our ability to match placements according to need and to ensure stable placements.
40. Aside from the authority's adoption and fostering services there are relatively few services managed by social services which are regulated under the Care Standards Act. The inspection action plans for both fostering and adoption have been implemented and reviewed regularly. The fostering service was inspected again in February 2012 and this inspection reported positively on progress being made.

C Achieving good outcomes for service users and carers

(arrangements to protect vulnerable people; success in promoting independence and social inclusion)

Our aims People are helped to achieve the best possible outcome for them, maximising their independence, developing their abilities and overcoming barriers to social inclusion. People at particular risk have their wellbeing

promoted and, working in co-ordination with other organisations, the Council safeguards them from abuse and exploitation.

What we are doing especially well

- Carrying out our responsibilities for managing child protection and adult safeguarding work so that risk is being managed and reduced, wherever possible.
- Using action planning to improve and develop specific areas of practice.
- Auditing case records to improve the quality of practice in children's and adults services.
- Providing timely support and quality services to all looked after children and young people, despite the increase in demand for placements.
- Leading development of a monitoring and support service for adults with Aspergers and Autistic Spectrum disorder across four local authority areas.

What we want to develop or improve

- Work with partners to improve the support available to meet the health, education and training/employment needs of looked after young people and care leavers.
- With relevant agencies, discuss the case for merging the Vale of Glamorgan and Cardiff Local Safeguarding Children Boards (LSCBs).

41. Adult Services are supporting more people in all care settings but growth is highest in the numbers of people being supported at home. This is a consequence of the Council's modernisation agenda which aims to ensure that services maximise people's ability to live independently in their own homes and communities wherever possible. We now have electronic unified assessment processes in adult services which focus on meeting need and achieving the best possible outcomes for service users and carers.

42. The number of children and young people whose names are included on the Child Protection Register (CPR) has continued to rise during 2011/12 from 73 in April 2011 to a high of 114 at the end of March 2012. While it is always difficult to give well-evidenced reasons for fluctuating numbers, it is evident from inspection, audit and quality assurance processes that effective multi-agency assessments, decision-

making and planning are ensuring that the most vulnerable children and young people are identified and supported appropriately. 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 95%. For adult protection, we are able to demonstrate that the risks were managed well in 98% of adult protection referrals and that 87% of vulnerable adults were satisfied or very satisfied with the protection service they received.

43. In many cases good and holistic outcomes can only be achieved for children and young people with the support of partner agencies. While 95% of newly looked after children are registered with a GP within ten working days, the proportion of health assessments of looked after children has reduced to 48%. The Health Board tells us that this figure is not correct and that all health assessments are completed, although some might not be timely enough. We have now strengthened our processes for informing health of all new admissions, moves and endings to ensure that they are basing their assessments on the correct numbers of children.
44. The proportion of personal education plans for looked after children being completed within the required timescale has improved to 69%. The percentage school attendance for the Council's looked after children is 96% at primary stage and 93.2% at secondary stage; both exceed the Welsh average. Attainments of looked after children at key stage two and at age 16 are amongst the best in Wales while there is room for improvement at key stage three.
45. All care leavers are in appropriate accommodation and in contact with the Council. Mindful of the need to improve training and employment opportunities for them, a lead officer has been identified to help develop work opportunities across all Council service areas.
46. The safeguarding unit is now well established within the Directorate and learning and experience is being transferred between child and adult protection processes. Links between the Protection of Vulnerable Adults Arrangements, complaints

processes and systems for contracting services have been strengthened during the year to ensure timely sharing of information and action if required.

47. The post of Business Support Manager for the Area Adult Protection Committee (AAPC) and the Local Safeguarding Children Board (LSCB) has been filled on an interim basis for the year, with the priority being given to support for the LSCB. During 2011/2012, discussions started with Cardiff LSCB regarding a possible merger to form a joint Board. These early discussions have been positive and will continue in 2012/2013.
48. The AAPC is now well established and the annual report for 2010/2011 included updates from the key agencies outlining their progress in relation to vulnerable adults. Six monthly updates are presented to the Social Care and Health Scrutiny Committee.
49. We are an active member of the South Wales Safeguarding Adults Strategic Management Board and the All Wales Child Protection Group. In adult protection, the authority has fully implemented the All Wales Protection of Vulnerable Adults (POVA) procedures. Similarly, within child protection, the All Wales procedures are the framework we use for our safeguarding work. Both sets of procedures are easily available to all staff and partner agencies.
50. We continue to host the Deprivation of Liberty Safeguards Service on behalf of the Vale and Cardiff. The service has developed this year with recruitment and training of Best Interests assessors, the creation of a multi-agency steering group and the production of a range of training materials.
51. Audit and service user/carer consultation frameworks have operated consistently in the last year and reviews of both timetables have ensured quality assurance activity is now more meaningfully aligned to Directorate priorities. A key audit focused on ensuring that decisions to place children in care are appropriately robust. For 93% (41 out of 44) of the children accommodated between January and August 2011, the decision was clearly the most appropriate way forward and all necessary steps

had been taken. We have addressed the small number of cases where it was unclear if the decision to accommodate was the best one, where care planning was not robust enough and where there was no assessment relating to the current period of accommodation.

**D Helping staff to do their best
(workforce issues; performance management)**

Our aims People are supported by staff who have appropriate qualifications, training, experience and skills. There are sufficient staff to meet people's service needs. The standards of service people should receive are clear and well-known. Performance of staff and services is actively managed. Improving outcomes for people who use or may need services is fundamental to local performance management and to our work to improve the services we provide.

What we are doing especially well

- Using partnership arrangements to deliver a broader range of training.
- Meeting our challenging target for reducing absences caused by sickness.

What we want to develop or improve

- Evaluate the impact of the training opportunities made available to staff.

52. The Directorate continues to report performance to Scrutiny Committee on a quarterly, monthly and annual basis. Reports have been developed that enable managers to receive timely management information as they require it.

Performance is a regular item on the agenda for meetings between the Director and Heads of Service and for the Divisional Management Team agendas within the Directorate.

53. Management information within Adult Services has been updated during the year. Managers now receive twice monthly reports that link data concerning community care activity with financial information in a timely manner.

54. The monitoring arrangements in relation to complaints have been further improved in 2011/2012. Managers now receive monthly reports regarding complaints received in the Directorate and how they are being addressed. The Council monitors complaints and compliments. Figures for 2011/12 demonstrate a further improvement in the timeliness of response to complaints from 26% in 2009/10 to 74% in 2011/12.
55. The Council continues to retain an experienced workforce and to attract new staff where necessary. Posts where we previously found it difficult to recruit have been filled. The Vale of Glamorgan has a range of policies in place which provide support to staff and help to create a stable workforce, including flexi-time, special leave scheme, career break scheme and job share. These all contribute to creating a settled and productive workforce. A major job evaluation exercise is being brought to a conclusion. The Performance Development and Review System (PDRS) is in place for individual staff and, in 2011/2012, over 95% of them had completed the process.
56. The senior management structure for the social services directorate has been in place since 2007. The four senior officers within the Directorate have now been in post for at least fifteen months. This has enabled the team to consolidate the changes introduced earlier to push on with major programmes of reform, including the strategic Change Plan. The team provides clear leadership and direction for all social services functions.
57. The social services training and development function is operating effectively. Over 90% of staff in social services had their training and developmental needs considered within the Performance Development and Review System (PDRS) during 2011-2012. A training needs analysis was completed. Partnership and collaborative arrangements are in place for the delivery of some aspects of training. We can demonstrate that 27% of all training provided during 2011/2012 was delivered to the independent/voluntary sector, exceeding the 25% target.

E Developing quality services that deliver best value

(planning and partnerships, commissioning and contracting, resource management)

Our aims Services are designed and commissioned to reflect community need and improve outcomes for individuals. People who may use or need services and a range of staff are involved in identifying priorities. A clear planning process ensures equity of access, joined-up services and best value from a variety of providers. Gaps in services and the resources needed to improve services are identified in commissioning strategies and annual commissioning plans. Budgets are clear, proportionate, under control and directed to meeting service priorities.

What we are doing especially well

- Taking the lead role in a number of partnerships and making a significant contribution to others.
- Monitoring how well services we commission from others are delivered by the providers, to ensure that they meet identified need and offer best value

What we want to develop or improve

- Bring our spending back within budget through delivering the Social Services Budget Programme.
- Finalise an appropriate range of commissioning strategies.

58. The key partnerships in which Social Services play a lead role are working well. These include the Health Social Care and Well Being Partnership, the Children and Young People's Partnership, the new Public Health and Wellbeing Board, the Area Adult Protection Committee (AAPC) 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.

59. The three-year Social Services Change Plan came into effect in April 2011. It deals primarily with those issues where a corporate approach, across Council directorates, is required to deliver appropriate action. Six-monthly progress reports are submitted to Corporate Management Team, Cabinet and the Social Care and Health Scrutiny Committee to ensure robust monitoring and oversight. Good progress is being made with this long-term agenda for change.
60. In the last year, the Director became the senior responsible officer for the Social Care and Health Integrated Services Programme 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 3rd 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. This is especially the case in respect of the WYN Campaign and Mental Health Services where collaboration has enabled us to begin developing more effective and more efficient services where the citizen is increasingly at the core of planning, design and delivery. Work to bring together colleagues responsible for Learning Disability Services and services for Children with Complex Needs because of disability is developing along a similar path.
61. The Older People's Forum has continued to represent older people's issues and it has contributed to service development, including the review of day services. A Carers Forum is well established and membership is growing. By working with the Cardiff and the Vale University Health Board, we have been able to improve the information available to carers. We have worked with a range of partners to ensure that the service will be able to meet the requirements of the Carers Measure and this will continue.
62. During the year, a strategy setting out how we will secure the services that older people will need (both now and in the future) was agreed by the Council. It reflects our commitment to developing a range of ways for supporting older people in their own communities. Similar work to agree models of care and commissioning priorities within Children and Young People Services and Adult Services is nearing

completion.

63. We have completed work to ensure that the services we provide through contracts with voluntary organisations are on a sound contractual basis which helps us all to plan well and to ensure that services are not subject to sudden change.
64. With Cardiff Council and the University Health Board, we have overcome issues that were causing problems in finding good quality long-term placements for older people with mental health problems at a cost that could be afforded by all partners. This joint working continues.
65. After a prolonged history of significant overspends in Social Services (as high as 13% in 2005/06), 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 of £6 million. However in 2011/12, there was a significant deterioration in the ability of the Directorate to remain within the budget set.
66. In Children's Services, cost pressures arose from an increased number of Looked After Children. In Adult Services, the key pressures were the result of implementing the First Steps to Improvement requirements (which reduced considerably the Council's income from charging), the increasing numbers of very old people in the population needing more intensive care and support and a 13% increase in the costs of care home placements. To fund an overspend of nearly £2.39 million, the Council had to use money from its reserves but this cannot continue. Hence, restoring a balanced budget in social services is an especially significant priority. A major budget recovery programme is in place.

3. PRIORITIES FOR IMPROVEMENT.....

67. In addition to the more specific priorities set out in the reports by the three Heads of Service, we will be working with you to produce some fundamental changes that mean social services can respond well to the major challenges ahead.

- Continue to introduce for all our service areas new “whole person, whole system” patterns of health and social care which respond better to the needs of people and deliver better value for money.
- Find ways to integrate health and social care services that are based upon values which service users and others believe are necessary to underpin a dignified life - independence, choice and control, wellbeing, and social inclusion
- Wherever possible, avoid waiting lists for support and care services by simplifying our work in assessing and planning care for individual service users.
- In response of current and future financial pressures, provide effective leadership for the Social Services Budget Programme, to secure the necessary savings while maintaining the quality of key services.
- Work to ensure a good range of service providers from all sectors, including stakeholder cooperatives.
- Engage with local people, service users and carers in deciding how we can we can make best use of their knowledge, skills and strengths in designing and running services.