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1. INTRODUCTION

At its meeting on 29th September 2010, Cabinet endorsed the improvement priorities for social services set out in the Director's Annual Report and agreed the formulation of a new three-year Change Plan, incorporating these improvement priorities.

The Annual Report described the scale of the challenges that lie ahead for social services in dealing with issues such as:

- increasing demand for help and support;
- managing the crisis in public sector finances which will mean ongoing cuts to budgets; and
- focusing more of our work on supporting people to remain as independent as possible.

These challenges have been reinforced by the new Welsh Assembly Government strategic plan for putting social services on a sustainable footing, 'Sustainable Social Services for Wales – A Framework for Action'. Changes in family structures; demography; expectations about service user control; more fragmented communities and the impact of issues such as substance misuse require us to reshape the provision of social services. There are real and unsustainable increases in demand for social care. The numbers of looked after children and those on the child protection register are growing. The number of people registered with local authorities in Wales as having a learning disability is increasing. There is a rising number of older people with complex care needs who can benefit from support and whose support needs are extensive. The financial outlook is difficult and so it is not possible to buy a way forward.

Being in a position to respond to these challenges and to deliver the necessary action is a key leadership requirement for social services in the next few years. The evidence in the Director's Annual Report demonstrated that the Vale has good foundations upon which to build. In common with other local authorities, there has been sustained progress in areas such as achieving a better qualified workforce with skills that enable them to work across organisational boundaries, a more responsive range of services available, more systematic matching of resources to needs, increased service user satisfaction, improved leadership and greater innovation. The new Change Plan will help to ensure that, building upon these strengths, there is in place a coherent direction for social services in the Vale and an overarching framework for sustained improvement and service redesign.

The new Change Plan:

- is a replacement for the three-year plan successfully completed in 2010;
- sets out formally as a Council strategy the long-term strategic plan for social services with key actions, responsible officers for delivering those actions and timescales for completion;
- deals primarily with those issues where a corporate approach, across Council directorates, is required to deliver appropriate action;
- will be sponsored and overseen by the Corporate Management Team as a key programme of work; and

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- will be delivered by a formal implementation group comprising officer representatives from across the Council.

There are seven priority areas in the plan:

- Integrating Health and Social Care Services
- Commissioning
- Integrating Social Care for Children and Young People Services
- Human Resources
- Information: use of different channels and media to improve access to information and services
- Resource Management
- Co-production and equality impact

For each area, the plan includes an introduction that describes the context for change.

The Council anticipates that delivering the actions set out in the plan will realise the following overall benefits. We will aim to:

- make best use of the fact that social services is an integral part of local government (able to call upon all the resources available within the local authority to meet statutory obligations - including the community leadership role, the expertise available in other parts of the council, performance management and improvement frameworks, etc.);
- provide sustainable, flexible and innovative services(which can adjust to new circumstances and needs);
- increase user and carer satisfaction with the range of services (with an emphasis on recovery, restoration and reablement);
- provide services users and carers with a strong voice and real control over their services;
- develop even further a competent and confident workforce (which is skilled, responsive and professional, able to operate with a reduced volume of prescriptive government guidance about processes);
- work together more collaboratively (to deliver better service integration); and
- secure better value in the use of scarce resources (through efficient and effective delivery of services, promoting independence and reducing demand for intensive support services by a focus on prevention).

Once agreed, implementation of the new plan will be monitored at different levels within the Council: by the Cabinet, by the Social Care and Health Scrutiny Committee and by the Corporate Management Team. There will be a Change Co-ordination Group, which includes external regulators, meeting twice yearly to discuss and review the progress made with implementing the plan and the implications for the regulatory programme for social services.

Membership of the Corporate Project Group which devised the plan comprises:

Social Services

- Phil Evans
- Carys Lord
- Gareth Jenkins
- Lance Carver
- Chris Payne

Learning and Development

- Caroline Rees

Finance

- Alan Jenkins

Legal Services

- Jodi Winter

Human Resources

- Reuben Bergman

Housing

- Pam Toms

Chief Executive's Department

- Sarah Jeffery

Cardiff and Vale University Health Board

- Sue Morgan

Vale Voluntary Centre for Voluntary Services

- Rachel Connor

This group will now become the Change Plan Implementation and Monitoring Group and consideration will be given to additional membership as appropriate.

2. WORKSTREAMS

2.1 Integrating Health and Social Care Services (IHSC)

In the face of all the considerable challenges which now face social services, the pace and scale of collaborative working needs to increase. The state of the public finances nationally and the effects of demographic change oblige us to think more radically how we deliver services. Nowhere is this need greater than in the development of new approaches that require integrated working between health and social care services to promote independent living and support the management of chronic conditions.

Locally, this has been a major priority in the Council's work with the new Cardiff and Vale University Health Board (UHB), established in October 2009. Mechanisms have been put in place at a senior political and managerial level to facilitate joined up strategies and genuine collaboration.

The Council is working with the UHB and with Cardiff Council to sponsor a major programme that will help to develop integrated social care and health services in:

- joint assessment and care planning
- securing long term care
- learning disabilities
- adult mental health services
- locality team development
- coordinating service provision for children with the most complex needs.

Lead responsibility for moving these projects forward is shared between the three sponsoring organisations. A programme board has been created to ensure that local government and health professionals are able to work jointly within statutory and organisational governance arrangements. The programme board co-ordinates agreed projects, defines the outcomes expected and provides the overarching leadership required to manage significant change.

With important elements of the framework now in place, we need to make urgent shifts towards more community-based health and social care, consolidating work already done in developing new models and accelerating the pace of change. The overall goals are to:

- rebalance health and social care and the associated systems away from high level acute to primary/community settings, avoiding or shortening the length of stay in the acute sector and with less reliance on institutional forms of care;
- emphasise models of care which help people to maintain their independence, locating people in their own homes and communities;

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- achieve the cultural change within both organisations which are needed to produce more seamless and co-ordinated care through multi-disciplinary teams and multi-organisational approaches;
- plan and deliver services on a whole systems basis;
- make effective use of the combined public and voluntary sector resources in a defined locality to provide a range of social and health care responses;
- reduce levels of dependence and need for intervention by the state;
- provide alternatives to avoidable crisis admissions to hospital which are consistently available and used;
- ensure that individuals and their carers experience good communication and know who to contact and feel able to trust the reliability and sensitivity of services; and
- give people more control over their own care and better continuity of care, with reduced scope for confusion and duplication

We acknowledge that there are threats and obstacles that may get in the way of our achieving these goals. In the face of an unprecedented national financial crisis, it is possible that organisations will look for solutions which pass their costs on to others or they may not have the resources to deal with the considerable change agenda and conflicts of interest. For this reason, we have been working hard to reach agreement at the outset on shared values, behavioural norms and strong sponsorship for integration at a high level within both organisations. To deliver better outcomes, we are developing new services but this task of reshaping often involves building upon and adapting an effective range of existing resources. We have many staff with considerable experience and expertise in working together.

It is important that, in using this framework, we look to:

- deliver quality services at the lowest possible cost;
- help people regain or attain independence, outside of social care services, wherever this is possible;
- assist people to use their own financial resources wherever this is feasible, including assistance to access welfare benefits they may be entitled to;
- maximise income collection.

The overall tasks are to reduce the number of people dependent on social services or to reduce the costs of care for those most in need of support through services such as reablement, intermediate care, community equipment, support related housing, assistive technology, crisis response, help towards independence and work. We must seek to change the balance between residential care and community based solutions through creative use of resources, especially promoting prevention and ensuring that low-level services do not lead to increasing dependency. The approach will build upon our achievements to date in changing from reactive, crisis management to preventable, proactive, coordinated care in the community, with a particular emphasis on high risk groups and those with increasing

frailty and vulnerability. The system will be based on strongly integrated community services, preventing illness where possible and supporting independent living and wellbeing.

The potential gains are significant for both social care and health agencies as well as service users themselves. There is evidence that good intermediate care services can reduce acute admissions of frail elderly people by 30% and reduce use of Community Hospital beds. We know that there are health interventions (e.g. incontinence services, stroke services, falls prevention, podiatry and dentistry) that reduce the need for social care services among older people and maintain valued independence for longer. Single assessments can promote greater clarity and understanding for those assessed, but also avoid duplication of effort and waste of staff resources. We are especially keen on working with colleagues in the NHS and other parts of the Council to produce a strategy for encouraging healthy communities in the Vale.

Objective 1: Securing Long Term Care Placements

Delivering a project which will:

- Analyse the demographic pressures facing health and social care services
- Improve the availability of care beds for elderly people, at an appropriate cost and quality
- Coordinate work to procure care home placements across Cardiff and the Vale
- Consider differences between the care home market in Cardiff and the Vale
- Develop a bed bureau for care home placements across Cardiff and the Vale.

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
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| IHSC 1. | | Analyse the current systems for procuring long term care beds across the three organisations. | Current practice identified and shared. | This work will inform how the three organisations work together in managing the interface with service providers. | Head of BMI (CL) Business Manager (CP) | Ongoing | Dec 2011 | | Yes |

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| IHSC 2. | | Explore the opportunities for working together across commissioning organisations when looking at viable care homes fees. | An agreed rationale for fee scales is understood across the three partners. | The statutory organisations will be better placed to manage the market in the future. | Head of BMI (CL) Business Manager (CP) | April 2011 | March 2012 | | Yes |
| IHSC 3. | | Consider the options for the delivery of long term care, to address the current shortfall in independent sector provision, particularly in relation to EMI. | The statutory organisations are able to source good quality beds within the resources available. | Individuals needing long term care will be able to access beds in a timely manner. | Head of BMI (CL) Business Manager (CP) | April 2011 | March 2012 Revised to June 2012 | | |
| IHSC 4. | | Develop a multi-agency bed bureau which enables professionals, | Timely information is available through access to web-based | Less time is wasted by carers trying to find vacant care beds and | Head of BMI (CL) Business Manager (CP) | Ongoing | Dec 2011 Revised to June 2012 | | |

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
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| | | service users and carers to access timely information regarding care home bed vacancies. | applications. | more informed choice is available. | | | | | |

Objective 2 :

Participate in the project to develop a more integrated model for learning disability services which:

- Reduces bureaucracy and achieves cost efficiency
- Creates opportunities for improvement
- Improves continuity of care
- Attracts, develops and retains high quality staff
- Enables service users and carers to have more involvement in the care provided.

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
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| IHSC 5. | | Through an integrated Community Learning Disability Service (CLDS) | There is an agreed service model across the three statutory agencies and the third sector | Service users will be able to access service more easily and will receive | Head of Adult Services (LC) | Ongoing | June 2012 Revised to Sept 2012 | | |

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| | | improve the way in which services promote the quality of life and independence of service users and carers. | in the Vale and Cardiff. | appropriate services that they have helped to plan. | | | | | |
| IHSC 6. | | Make service user assessments and reviews available to all professions throughout the term of care, reducing duplication and ensuring a whole care approach can be delivered. | There is a shared case management system and people with a learning disability will be at the heart of the planning process. | The full participation of service users and their carers in the planning of their care will be fundamental to the work of the Community Teams. | Head of Adult Services (LC) | Ongoing | June 2012 | | Yes |

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| IHSC 7. | | Through the integrated CLDS, support individuals to get access to a wider range of inclusive opportunities (including leisure, work and training). | Increased use of community facilities by adults with a learning disability and additional (“specialist”) support in appropriate settings, including nursing support where required, for people with severe challenging behaviour and/or complex needs. | There will be improved choice for service users who will experience safe, flexible, reliable support services. | Head of Adult Services (LC) | Ongoing | April 2013 | | |

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| IHSC 8. | | With our two statutory partners, develop a service level agreement and governance arrangements for the service, which clarify accountability, management, financial and HR issues. | Service level agreement in place. | Governance arrangements are in place as the more integrated service starts. Any disputes are dealt through the mechanisms agreed in the SLA. | Head of Adult Services (LC) | Ongoing | April 2012 | | Subject to ongoing review |
| IHSC 9. | | Agree the HR processes for finalising and staffing the new structure. | New structure in place and fully staffed. | Avoid disruption to the service during the transition period. | Head of Adult Services (LC) | Ongoing | April 2012 | | Yes |

Objective 3: Improve access to and delivery of services for adults with mental health problems, by integrating the management arrangements at Adult Community Mental Health Centres (including the forensic team) through joint planning and delivery

The integrated CMHTs will be committed to:

- Improving access for service users
- Increasing choice
- Improved continuity of care
- More service user and carer involvement in the care provided
- Attracting, developing and retaining high quality staff

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
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| IHSC 10. | | With the UHB, establish integrated community mental health teams under single line management | One line management system in place. | A single manager will coordinate the work of all staff in the team, reduce bureaucracy and achieve cost efficiency, improve continuity of care. Service users will be | Head of Adult Services (LC) | Ongoing | Sept 2011 Revised to Apr 2012 | | Yes |

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| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
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| | | | | able to access joined up assessment and care planning processes. | | | | | |
| IHSC 11. | | Through integrated CMHTs, improve the way in which services promote the quality of life and independence of service users and carers. | The full participation of service users in the planning of their care will be fundamental to the work of the CMHT. The integrated CMHTs will be committed to inclusion and equality of access, ensuring that the service provided meets the varied needs of local residents and are sensitive to the particular needs of those | Service users will experience a significant improvement in access, choice, involvement and continuity of care. | Head of Adult Services (LC) | Ongoing | Sept 2011 Revised to Dec 2011 Further revised to Apr 2013 | | |

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| | | | from minority communities and hard to reach groups. | | | | | | |
| IHSC 12. | | Finalise a S33 agreement and governance arrangements for the service, which clarify management, financial and HR issues. | S33 agreement in place. | Governance arrangements are in place as the service starts. Any disputes are dealt through the mechanisms agreed in the S33 agreement. | Head of Adult Services (LC) | Ongoing | Sept 2011 Revised to Dec 2011 Further revised to Apr 2013 | | |

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| <p>IHSC 13.</p> | | <p>Put in place the new staffing structure</p> | <p>New structure in place and fully staffed.</p> | <p>Avoid disruption to the service during the transition period.</p> | <p>Head of Adult Services (LC)</p> | <p>Ongoing</p> | <p>Sept 2011 Revised to Dec 2011 Further revised to Apr 2012</p> | | <p>Yes</p> |
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2.2 Commissioning (C)

Social care commissioning involves deciding what services are required to respond effectively to the needs of children, young people and adults - both now and in the future. This includes making decisions about the capacity, location, cost and quality of services, who will deliver them and how. Commissioning encompasses both planning and procurement activities. The effect on people's lives can be profound: ineffective commissioning may produce unnecessary dependence or undermine strategies for managing risks to vulnerable groups.

Commissioning should be underpinned by the core values of social care - promoting independence and personal development and enabling service users to keep control of their lives. Additionally, commissioning social care must have regard for the wider local government context, one that requires councils to encourage social inclusion and sustainability while delivering best value.

Many of the activities involved in commissioning social care are similar to the planning and development activities that all organisations need to perform. However, as well as managing their own services, local authorities also need to influence and shape services provided by other organisations. They are responsible for making sure that the mixed economy of care provision works effectively and that services provided on behalf of the local authority meet regulatory standards. There is a heavy reliance on the private and third sectors, which must complement the care and support provided by families and unpaid carers. Local authorities must ensure that social care services provided by the wide range of different agencies available to people in their area are well planned, designed and delivered.

WAG has provided statutory guidance on commissioning social services, setting out the responsibilities of local authorities in this area of work. The Commissioning Framework Guidance and Good Practice are issued under section 7(1) of the Local Authority Social Services Act 1970.

In recent years, commissioning has become established as an important process in helping to drive improvements in social care and securing better outcomes for service users. In this Council, there are examples of good planning and procurement practice across children's and adult services. However, in common with all the other local authorities in Wales, much work is needed to ensure compliance with the new national standards and to meet the key commissioning challenges outlined in the guidance. This is especially the case in areas that demand significant and dedicated capacity for service, market and resource analysis or contract monitoring. We also need to increase our capability for putting citizens at the centre of commissioning and procurement activity, through increased consultation and engagement.

Local authorities and their partners face an exceptionally difficult financial climate over the next few years, coupled with increasing demand for services. The Vale has given priority to safeguarding core services for residents rather than to increasing capacity in areas such as commissioning. However, effective use of limited resources becomes even more important as a means of responding to these

challenges. Decisions about service commissioning and decommissioning have to be grounded in evidence and due process. Difficult times mean that our plans come under even greater scrutiny. We must be clear about:

- the needs we are able to meet;
- those we cannot meet, together with the possible consequences; and
- the outcomes achieved.

Good commissioning practices do offer opportunities to demonstrate that we are responding to challenges about effective use of resources in a consistent and fair manner. It will also help to ensure that the right services are available, for the right people at the right time and that best use is made of the resources available within Social Services.

A key way forward must be to make greater progress with joint commissioning where expertise and capacity are shared across organisations. The Vale has been in the forefront of pioneering initiatives for joint commissioning - with the NHS in commissioning substance misuse services and with nine other local authorities in commissioning independent sector placements for looked after children. It has helped to establish important mechanisms for taking forward this work more systematically through the Integrating Health and Social Care Programme Board and the South East Wales Improvement Consortium.

With the support of Leaders and Chief Executives in each local authority, ten Directors of Social Services in South East Wales (Vale of Glamorgan, Bridgend, Cardiff, RCT, Merthyr Tydfil, Blaenau Gwent, Caerphilly, Torfaen, Newport and Monmouthshire) have formed the South East Wales Improvement Collaborative (SEWIC). They are working together to improve the provision and commissioning of social services in the region.

The collaborative has already established a pioneering Regional Commissioning Unit to negotiate with independent providers of fostering and residential placements for children in respect of fees and service quality. The ten Directors have now produced a feasibility study, to identify other potential areas of collaboration across and within the SEWIC region - between Local Authorities and with wider key stakeholders such as NHS partners, Housing and the Third Sector. As a result, the SEWIC Board has agreed to take forward six new projects. These are:

- reviewing and negotiating high cost adult care packages;
- developing a regional high cost adult procurement hub or brokerage point;
- collaborative extension of Shared Lives/Adult Placements schemes;
- realising current investment plans for supported and extra care housing and development of additional capacity;
- implementing Assistive Technology (including Telecare) and the regional commissioning of such technology; and
- regional commissioning of adoption and fostering services.

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This programme will help to provide the local authorities with an additional means of delivering service modernisation and cost effectiveness. Each project is still at an early stage and it is too early to say which of them will be adopted fully. However, there is a clear commitment by the Directors to work collaboratively wherever possible in all activities where social care services are being commissioned.

Objective 1: The Council converts plans into commissioning intentions so that services are provided by the most appropriate provider and deliver the best value.

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
|----------------|----------------------------------|---|--|--|----------------------------|-------------------|--|--|------------------|
| C1. | | Produce service models for each service area in the Directorate, setting out the overall pattern of services and how needs will be met. | i) Key stakeholders will have access to information about: <ul style="list-style-type: none"> • the overall strategic direction set for each service area; • the Council's priorities for service development, • commissioning; and de-commissioning; • the needs we are able to meet and those we cannot. | Each service area in the directorate will have in place a service model, based upon sound evidence and reflecting national policy, guidance, strategic plans, research and best practice. These models will guide the production of effective commissioning plans. | Heads of Service (GJ, LC) | March 2011 | Sept 2011 Revised to Nov 2011 Further revised to Sept 2012 | | |

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| | | | | Investment decisions will be grounded in information about how the Council intends to match needs and resources. | | | | | |
| C2. | | Ensure that the Council's Financial Regulations and Contract Standing Orders allow Social Care Commissioners to be efficient and effective in the social care market, especially when tendering or re-tendering services. | Review of the appropriateness of Council Financial Regulations and Contract Standing orders confirms they support the commissioning of social care services, and the provision of services by appropriate providers. | Social Care services are commissioned in a timely manner and all appropriate providers have the opportunity to compete fairly for services. | Director of Finance, Property and ICT (SD) | April 2011 | March 2012 Revised to March 2013 | | |

Objective 2: Information is available to enable appropriate linking of need/demand and service options (analysis of markets, resources, risks).

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
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| C3. | | Base decisions about investing resources upon robust business appraisals covering revenue and capital proposals that demonstrate the relative worth of various options in terms of quality, cost and effectiveness. | Services will be located within the public, independent and third sectors on the basis of who is best placed to provide. | Directly provided and contracted social care services will offer value for money and be fit for purpose. As a minimum, services will meet regulatory standards. | Heads of Service (LC, GJ, CL) | April 2011 | March 2014 | | |

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| C4. | | Provide a framework for collaborative and joint commissioning with other local authorities and with the NHS. | <p>The Directorate will take a lead role in the work of the South East Wales Improvement Collaborative and in delivering its programme.</p> <p>The Council will take a lead role in the work of the Integrating Health and Social Care Services Board.</p> | <p>There will be a co-ordinated approach to managing significant programmes of service change, with benefits in terms of resilience, the potential for large-scale commissioning projects and more integrated services change</p> <p>These programmes will help to provide the Council with additional means of delivering service modernisation and cost effectiveness.</p> | <p>Director of Social Services (PE) Heads of Service (GJ, LC, CL) Director of Finance, Property and ICT (SD)</p> | April 2011 | March 2014 | | |

| Objective 3: Commissioning strategies match needs and facilitate re-shaping of services where required needed to deliver improved outcomes or sustain appropriate levels of service delivery. | | | | | | | | | |
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| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| C5. | | Produce commissioning plans that meet national standards and: i)include comprehensive population, service, market and resource analysis; ii) clearly specify the outcomes to be achieved for service users and what service options can best provide these outcomes; iii) be developed with partners and all relevant key stakeholders to ensure that collaborative | Commissioning plans will be based upon a clear picture of service user needs (derived from analysis of relevant data) and display a rationale for proposed actions that can be linked back to overall There will be good engagement with the Council's partners in drawing up commissioning plans so they are realistic and generate sustainable service options. | Using these models, each service area of the directorate will have an effective commissioning plan that translates objectives from strategic plans into specific proposals for the ways in which services will be provided. Social Services will be able to demonstrate how commissioning plans have translated commitments made | OM's (SC, ACo, CD, CLim) | June 2011 | March 2012 Revised to Dec 2012 | | |

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|----------------|----------------------------------|--|--|---|--|-------------------|--------------------|--|------------------|
| | | options have been explored. | | in local strategic plans into high quality linked or seamless services to meet the needs of local citizens. | | | | | |
| C6. | | Support staff to develop knowledge, skills and values in line with National Occupational Standards for Commissioning, Procurement, and Contracting for Social Care and to gain approved qualifications and accreditation to demonstrate competence in commissioning. | Staff will achieve relevant commissioning qualification where appropriate. Appropriate training and support to relevant Social Services staff is provided to ensure competence in commissioning. The Council will clarify the roles and responsibilities of all those involved in the commissioning process. | Commissioners will be suitably trained, qualified, experienced and available in sufficient numbers. | Head of BMI (CL) SS Training Manager (SCJ) Head of Human Resources (RB) OM's (SC, ACo, CD, CLim) | April 2011 | March 2013 | | |

| <p>Objective 4: The Council manages the social care market well, having developed effective relationships with service providers across the different sectors.</p> | | | | | | | | | |
|---|---------------------------|--|--|---|--------------------------|------------|-------------|---|-----------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| C7. | | <p>Put in place systems to secure information about costs and performance from service providers.</p> <p>Develop commissioning plans in consultation with service providers in the statutory, private and third sectors.</p> | <p>Commissioners will understand the costs of directly provided and contracted services (including use of quantitative data such as benchmarked unit costs) and their actions will promote service sustainability.</p> | <p>There will be effective management of the local market for providing a mixed economy or social care.</p> | OM'S (SC, ACo, CD, CLim) | April 2011 | March 2014 | | |

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|----------------|----------------------------------|---|---|---|----------------------------|-------------------|------------------------------------|--|------------------|
| C8. | | Work with all providers to identify the key actions necessary to support them in recruiting and retaining managers and staff with the appropriate knowledge, skills and values to provide services to the required standards. | <p>Providers will be expected to have in place workforce plans and workforce development programmes to ensure that they are able to employ enough skilled staff.</p> <p>The Council will continue to sponsor the Social Care Workforce Development Partnership and programme.</p> | Statutory, private and third sector service providers will be able to recruit and retain appropriate levels of skilled staff. | Head of BMI (CL) | April 2011 | March 2012 Revised to Sept 2012 | | |

| Objective 5: Arrangements for contract/SLA specification, monitoring and review are effectively linked to performance management, budget monitoring and the /review of commissioning strategies. | | | | | | | | | |
|---|----------------------------------|--|---|---|--|-------------------|-------------------------------------|--|------------------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| C9. | | Ensure that service specifications are derived from commissioning plans and that they are clear about the practice and quality standards expected. | Directly provided and contracted social care services will be developed in line with the commissioning plans and associated procurement and business plans. | Directly provided and contracted social care services will be citizen centred, meet needs appropriately and promote the Council's social care objectives. | OM's (SC, ACo, CD, CLim) | April 2011 | March 2014 Revised to April 2013 | | |
| C10. | | Monitor and evaluate commissioning plans, procurement plans and the services they secure. | Commissioning plans and service performance will be reported to the Social Care and Health Scrutiny Committee. | Services will deliver intended outcomes and outputs. | Head of BMI (CL) OM's (SC, ACo, CD, CLim) | April 2011 | March 2014 Revised to April 2013 | | |

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|----------------|----------------------------------|--|--|--|----------------------------|-------------------|----------------------------------|--|------------------|
| | | | A framework for contract monitoring will be put in place to ensure that appropriate information is received routinely from service providers and that regular reviews of services are conducted by operational and contracting staff to ensure services are meeting intended outcomes. | | | | | | |
| C11. | | Review all existing spot purchase agreements, using quantitative and qualitative analysis and consultation with existing | Where appropriate, the Council will move away from spot purchasing to block contracts and volume discounts and service level agreements. | The Council will achieve value for money from all commissioned services. | Business Manager (CP) | April 2011 | March 2014 Revised to April 2013 | | |

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|---------|---------------------------|--|---|---|---------------------|------------|-------------|---|-----------|
| | | providers, successfully identifying where changes to spot purchase agreements could be achieved. | | | | | | | |

2.3 Integrating Social Care for Children and Young People Services (CYP)

In children's services, we need to look at how we improve outcomes for families with complicated and interrelated needs through initiatives similar to the Integrated Family Support team approach and the work done in Merthyr to identify the needs of the most vulnerable families. Families most in need of help are those where the risk of disadvantage being transmitted across generations is greatest. In addition to these families that are mired in crisis, many more (perhaps double the number) are living on the brink of crisis, struggling to get by. This number is likely to grow. For some children, especially in the most disadvantaged communities, family life can be chaotic and unpredictable.

There is growing evidence about what works in children's services in helping these most vulnerable and excluded children and families:

- a commitment to both intensive and long-term support where necessary, using relationships over time;
- sufficient flexibility to provide services that meet need;
- a continuum of support;
- a sound basis in safeguarding principles and procedures;
- a commitment to ensuring the achievement of qualitative outcomes which is over and above success in meeting timescales and other process measures; and
- stable staffing within services.

Staff in children's social services face considerable challenges. They have to ensure the highest standards of professional practice, applying considerable numbers of procedures and systems and delivering high performance. However, to be effective, they must be working also in families, schools and communities not just to deliver services but also to help them make use of their own resources. Better life chances for the children for whom they are responsible (and better learning outcomes) stem from better family support services and schools combined with community development.

The Vale is engaging with this agenda to good effect by means of services such as Flying Start and Option 2. The Children and Young People Plan and the use made of Cymorth funding are helping to increase the numbers of resilient and adaptable children, families and communities. However, we can do even better in developing a more integrated approach to the provision of services and to co-production in service design across the relevant agencies and organisations. At the same time, we should be reducing the unnecessary bureaucratic tasks that social workers and other staff have to do as the result of central government directives and allow them greater opportunities to engage in direct work with families and in coordinating the efforts of all the organisations involved in helping specific families.

| Objective 1: Development of a multi agency Service Model Framework | | | | | | | | | |
|---|----------------------------------|---|---|---|--|-------------------|--------------------|--|------------------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| CYP 1. | | Research models of social care for Children and Young People Services and agree a framework for the Vale. | A preferred model is identified and shared with internal working group. | First draft will be used to start discussion/consultation. | Head of Service for ALN (CR)/ Head of Children's Services (GJ) | April 2011 | May 2011 | | Yes |
| CYP 2. | | Establish multi agency working group. | Engagement of Education, Social Services, Health, Third Sector, Children and Young People's Partnership. Production of an agreed plan for implementation. | Multi agency endorsement of model, multi agency coordination and collaboration. | Head of Service for ALN (CR)/ Head of Children's Services (GJ) to lead | April 2011 | May 2011 | | Yes |
| CYP 3. | | Develop the model with partner agencies in the NHS, Third Sector, Children and Young | Multi agency agreement secured. | Implementation of a proposed model can be planned. | Head of Service for ALN (CR) / Head of Children's Services (GJ) | April 2011 | June 2011 | | Yes |

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|----------------|----------------------------------|---|--|--|----------------------------|-------------------|--------------------|--|------------------|
| | | People's Partnership and secure multi agency agreement. | | | | | | | |

Objective 2: Implementation of the agreed model

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference It will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
|----------------|----------------------------------|--|--|---|---|-------------------|--------------------------------|--|------------------|
| CYP 4. | | Fully integrate Families First (revised Cymorth) projects into the agreed model. | Services at Tiers 2 and 3 are fully integrated into an overall Families First programme. | Funding available under the Families First grant is used effectively to match needs and services. | Head of Service for ALN (CR)/ Head of Children's Services (GJ) | April 2011 | Sept 2011 | | Yes |
| CYP 5. | | Develop common assessment and service referral processes. | Establish an agreed referral pathway and process. | Multi agency understanding of referral routes into Families First services. | Head of Service for ALN (CR) / Head of Children's Services (GJ) to lead | April 2011 | Sept 2011 Revised to June 2012 | | Yes |

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| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference It will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
|----------------|----------------------------------|---|---|---|--|-------------------|--------------------|--|------------------|
| CYP 6. | | Develop further a "Team around the Family" approach. | Establish an agreed multi agency service model with one agency assuming key worker responsibilities for co-ordination and delivery of services. | Improved experience and outcomes for service users. | Head of Service for ALN (CR)/ Head of Children's Services (GJ) to lead | March 2011 | March 2012 | Multi disciplinary training of staff. | Yes |
| CYP 7. | | Consider the need to establish multi agency Families First (Prevention) Panel | If appropriate, key representatives from partner agencies will be identified to attend panel and terms of reference developed. | Multi agency understanding of referral routes into Families First services. | Head of Service for ALN (CR)/ Head of Children's Services (GJ) to lead | April 2011 | March 2012 | | Yes |

| Objective 3: Explore collaboration with neighbouring Local Authorities | | | | | | | | | |
|---|----------------------------------|--|--|---|--|-------------------|--------------------|--|------------------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| CYP 8. | | Following an unsuccessful attempt to prepare a joint bid for Families First pioneer status with Bridgend, we will develop plans to implement Families First in the Vale. | Development of Families First service model on a multi-agency basis (linked to CYP4) and making appropriate links to the service model being developed in Cardiff. | Implementation of Families First Services which reflect developments in Cardiff and in partnership with Health. | Head of Service for ALN (CR)/ Head of Children's Services (GJ) | April 2011 | Sept 2011 | | Yes |
| CYP 9. | | Prepare a joint bid for Intensive Family Support Services (IFSS) funding in collaboration with Cardiff City Council and Cardiff and Vale University Health Board. | Successful bid resulting in funding being awarded. Full engagement and collaboration with Adult Services in both Councils. Full engagement of University Health Board. | Development of one IFSS model across Cardiff and the Vale. | Head of Service for ALN (CR)/ Head of Children's Services (GJ) | April 2011 | May 2011 | | Yes |

2.4 Human Resources (HR)

Staff in social services are aware that they work in a context where mistakes are seen as inexcusable and where there is limited public awareness about their success in managing risks or helping people with very complex needs. They have to operate nationally prescribed systems for managing cases which are overly bureaucratic and very time consuming. Sometimes, they have to cope with vacancies within their team which places a greater workload burden on the remaining staff, especially when demand is rising. All this can have an impact upon morale and confidence.

The Vale is fortunate that, in most areas of work, social services have a relatively stable and experienced workforce with a high level of appropriate qualifications. Where vacancies occur, we have been able to recruit very good replacements. Mainly through good use of the social care workforce development grant from the Welsh Assembly Government, our ability to train staff and support them in their efforts to acquire the additional skills they need has been sustained. Good progress has been made in reducing levels of sickness absence, lessening the burden on remaining staff and having a positive impact upon service quality.

Within social services, we have been working to decide how best staff resources can be used to support improvement, introducing increased expectations in respect of professional accountability and greater flexibility. Plans for reconfiguring teams across adult and children's services are being implemented, with recruitment to vacant posts in some priority areas. We have made changes that should give teams better defined roles and responsibilities, and boundaries which more clearly reflect case management processes. In doing so, we have reduced management costs and built in greater resilience while maintaining services and levels of practitioner posts.

At the same time, staff have been involved in developing our use of technology, partly as a means of increasing the time available for direct contact with service users. This has involved better use of the Council's Contact Centre (C1V), improving the case management databases and introducing new technology such as digi-pens which make recording easier. The challenge ahead is to realise the benefits of service reconfiguration while at the same time reducing the amount of bureaucracy and paper-chasing required of our staff so that they can spend more time in direct contact with service users and carers. We must focus too on equipping staff for increased levels of multi-disciplinary working and ensuring that a considerable proportion of the social care training opportunities provided by the Council are used by the independent and third sector service providers (currently 27%).

| Objective 1: Support to managers in driving service reconfiguration | | | | | | | | | |
|--|----------------------------------|--|---|---|---|-------------------|-------------------------------|--|------------------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| HR 1. | | Provision of further training for managers in relation to change management. | Attendance of all Heads of Service and Operational Managers at change session. | Shared understanding and consistent application of change principles. | Corporate Training and Development Manager (AW) | April 2011 | Dec 2011 | | Yes |
| HR 2. | | Provision of HR support to ensure advice on change management projects. | Named officer at planning stage of change projects. | Effective management of HR implications of the change projects. | Operational Manager Human Resources (AU) | April 2011 | March 2014 | | Yes and ongoing |
| HR 3. | | Development of tools/processes to support collaboration. | Availability of consistent advice on managing HR implications of collaboration with other agencies. | Increase the pace at which collaboration can take place. | Operational Manager Human Resources (AU) | April 2011 | Dec 2011 Revised to Sept 2012 | | |

| Objective 2: Development and Delivery of Workforce Plan | | | | | | | | | |
|--|----------------------------------|--|---|--|---|-------------------|--------------------------------|--|------------------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference It will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| HR 4. | | Develop methodology to support directorate and corporate workforce planning. | Key information flow from service planning process to drive corporate and service based planning. | Anticipation and delivery of future HR needs. | Operational Manager Human Resources (AU) and Head of BMI (CL) | April 2011 | March 2012 | | Yes |
| HR 5. | | Development of workforce plan for Directorate. | Plan available from 1 st April 2012. | Anticipation and delivery of future HR needs. | Operational Manager Human Resources (AU) and Head of BMI (CL) | April 2011 | March 2012 Revised to Dec 2012 | | |

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|----------------|----------------------------------|---|--|--|---|-------------------|--------------------|--|------------------|
| HR 6 | | Development of staff engagement strategy. | Strategy launched within Directorate on 1 st April 2012 | Improved communication and engagement processes. | Operational Manager Human Resources (AU), Corporate Health and Safety Officer (AD) and Head of BMI (CL), Corporate Improvement Manager (SJ) | April 2011 | March 2013 | | |

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|----------------|----------------------------------|--|---|--|--|-------------------|--------------------|--|------------------|
| HR 7. | | Review Social Services training provision and use of grant monies. | Business case for change developed and collaboration secured with appropriate agencies. | More efficient use of training resource in collaboration with other health and social care agencies. | Corporate Training and Development Manager (AW) and Head of BMI (CL) | April 2012 | March 2013 | | |

| Objective 3: Implementation of Single Status Outcomes within Social Services | | | | | | | | | |
|---|----------------------------------|--|---|--|------------------------------|-------------------|--------------------|--|------------------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference It will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| HR 8. | | Implementation of new pay structure and revised pay allowances framework within Social Services. | Payment in accordance with new pay rates from 1st July 2011 with minimal service disruption. | Protection from equal pay vulnerability and modernisation of pay arrangements. | Head of Human Resources (RB) | July 2011 | March 2012 | | Yes |
| HR 9. | | Effective response to equal pay challenge within the Directorate. | Effective disposal of current and potential equal pay claims as part of corporate equal pay strategy. | Reduced vulnerability to equal pay challenge. | Head of Human Resources (RB) | July 2011 | March 2012 | | Yes |

2.5 Information: use of different channels and media to improve access to information for all service users (IN)

Service users and carers consistently tell us what they most want from social services is:

- a good range of services that are available at the right time and meet their most pressing needs, that solve practical problems while also attending to their emotional wellbeing;
- to be seen by staff who have the right attitudes and enough time, who will respond to them as a whole person within their family and community, making sure that they get the right service.

Over the past year, social services in the Vale have become better equipped to fulfil these expectations. The evidence to support this statement includes our performance against national and local indicators and the findings from major reviews undertaken by the Care and Social Services Inspectorate Wales (CSSIW). There are also the reports of the inspections which they undertake in all regulated services, such as residential care homes for adults and fostering services for children.

The Vale Council believes strongly that social services work best when there is a strong and urgent focus on meeting the needs of service users and carers. This means making clear what residents can expect from the Council in terms of eligibility for services, the range of help available and what standards have been set regarding service quality. Some of these expectations have been set out in a social services charter, a copy of which is available on the Council's web site.

New technologies and trends provide the council with an opportunity to make the process of informing people about services and helping them to gain access easier and more convenient, while increasing choice and reducing transaction costs. We have already begun the process of change through our OneVale Programme. Access to services has been made easier with the implementation of a corporate contact centre (Contact OneVale) and the introduction of a single telephone number. We now have a Customer Relationship Management database and Knowledge Management procedures, to maximise the number of enquiries that can be resolved at the first point of contact.

While customer consultation indicates that the telephone is likely to remain the most popular way of accessing services in the medium term, it is equally clear that the number of people of all ages, ethnicity and backgrounds are using the internet to access goods and services is also increasing. 68% of Welsh households now have access to a broadband connection in their home and in addition we are seeing greater use of other communications technologies such as SMS messaging, Mobile Internet and DigiTV as channels to access and deliver services. The council website provides an excellent opportunity to deliver 24/7 access to services. Our website received a Gold Award at the CIPR Cymru/Wales Pride Awards in 2008. In addition we have been commended in the Welsh Assembly Government Excellence Wales Awards 2009. The new look website was launched in April 2010, making it easier for people to find exactly what

they're looking for. However, if we want our citizens to see this channel as an easy and convenient means of doing business with us we must ensure that search and transaction functionality is maximised, easy to use and integrated with back office systems. We will look also to expand our capacity for using SMS text messaging.

| Objective 1: Develop the options for supporting Social Service public information in the medium to long term within the Council. | | | | | | | | |
|---|--|---|--|--|-------------------|----------------------------------|--|------------------|
| Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| IN 1. | Undertake an audit of available public information within the Council. | Audit completed and signed off by team managers as being an accurate account of information. | Baseline of information available established and gaps in information noted. | Team Manager Innovation and Information (NH) Corporate Improvement Manager (SJ) | April 2011 | Sept 2011 | | Yes |
| IN 2. | Update the Information Strategy for social services. | Information Strategy agreed by Social Services Management Team and shared with Corporate Management Team. | Corporate service support available to deliver the strategy. | Team Manager Innovation and Information (NH), Corporate Improvement Manager (SJ) Business Manager (CP) | Sept 2011 | Nov 2011 Revised to June 2012 | | |

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|----------------------------------|--|---|--|---|-------------------|--------------------------------|--|------------------|
| IN 3. | Explore the opportunities for collaborative working with Health, utilising joint information portals for all Health, Social Care and Wellbeing services. | There is a more co-ordinated approach by service providers to producing and making available information for potential users, including self-funders. | Cost effective use of distributing consistent information is maximised | Cardiff and Vale Community Health Council (HC) Team Manager Innovation and Information (NH) | July 2011 | Nov 2011 Revised to March 2013 | | |
| IN 4. Linked to IN 2. | Review the process of how information is currently accessed and develop mechanisms to ensure people receive consistent and high quality information for Children and Young People Services. Review to include consultation with stakeholders about current methods | Review completed and reported to Social Services Management Team. Increased satisfaction from service users of information provision. | People receive consistent and high quality information for Children and Young People Services. | Corporate Improvement Manager (SJ) Business Manager (CP) Consultation Policy Officer (RJ) | Dec 2011 | March 2012 | | Yes |

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|----------------------------------|--|--|--|--|-------------------|--------------------|--|------------------|
| | used for providing information / signposting and about options for change. | | | | | | | |
| IN 5. | Ensure the Family Information Service is correctly located within the Council's management structure to undertake its statutory responsibility for delivering information on Children and Family Services. | Report to CMT and recommendations agreed. | No disruption to service provision should the FIS move to C1V. | Head of Children's Services (GJ) Team Manager Innovation and Information (NH) Resource and Info Manager (TE) | July 2011 | Sept 2011 | | Yes |

| <p>Objective 2: Providing service information (pre-assessment) for older people and their families to ensure that we provide comprehensive information and signposting service on behalf of key partners so that older people and their families are encouraged to make good decisions about how needs could be met.</p> | | | | | | | | | |
|---|---------------------------|--|---|---|--|------------|------------------------------|---|-----------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| IN 6. | | Evaluate current information services, including mystery shopping. | Comprehensive appraisal report of current position completed with gap analysis available. | Baseline set on which to improve pre assessment signposting services. | Cardiff and Vale Community Health Council (HC), Corporate Improvement Manager (SJ) Consultation Policy Officer (RJ) Team Manager Innovation & Information (NH) | May 2011 | Oct 2011 Revised to Oct 2012 | | |

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|--------------------------|----------------------------------|--|---|--|--|-------------------|---------------------------------|--|------------------|
| IN 7. Linked to In 6. | | Using current partnership frameworks, consult with stakeholders about current methods used for providing information / signposting and about options for change. | There is a more co-ordinated approach by service providers to producing and making available information for potential users, including self-funders. | | Cardiff and Vale Community Health Council (HC), Consultation Policy Officer (RJ) | July 2011 | Nov 2011 Revised to Oct 2012 | | |

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|----------------|----------------------------------|--|---|--|--|-------------------|--------------------|--|------------------|
| IN 8. | | Develop bilingual, multi-media packages of pre-assessment information suitable for a variety of audiences. | The Council's contact centre and other information channels such as websites and digi-television are used more effectively and ensure equitable access to services. | Without going through complex assessment processes, residents in the Vale can get timely access to relevant services provided by the public, independent and third sectors for older people with social care or other needs. | Team Manager Innovation and Information (NH) Business Manager (CP) Communications Manager (AC) | Dec 2011 | June 2012 | | |

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|----------------|----------------------------------|--|--|---|---|-------------------|--------------------|--|------------------|
| IN 9. | | Support stakeholder groups to make improvement in delivering information via the Council's contact and other channels. | Reduction in multiple calls for information to a range of service providers such as the Council, the University Health Board, the third sector and the independent sector. | There is less demand for complex assessments and intensive types of support. Services at all tiers are used more effectively. | Head of Adult Services (LC) Resource and Information Manager (TE), Cardiff and Vale Community Health Council (HC) | July 2012 | Dec 2012 | | |

2.6 Resource Management (RM)

For all public sector organisations such as the Council, we must anticipate more years of shrinking budgets and resources at a time of growing demand and rising expectations.

There will be considerable pressures on the social services budget in the years ahead. A further £1.5 million in savings and efficiencies have to be made in the current financial year. In contrast to the position in the Vale, across Wales in 2009-2010 the social services net current revenue budget was already overspent by £23.2 million - £9.1 million for adult services (of which £5.3 million was in respect of learning disability services) and £17.1 million for children services (where in just one year the over spend has almost trebled).

For nearly all the services we provide, people who are eligible are entitled by law to have their assessed needs met. The cost of providing social care is likely to increase partly because of price inflation. In these circumstances, there has to be a real emphasis on the need to get best value from the use of public spending and avoiding all expenditure which is not clearly bringing added benefit to service users. Waste and inefficiency will continue to be the first targets for spending cuts. We have to manage all our services in a business-like way - knowing the costs, measuring demand and use, with clear objectives and looking for evidence about the outcomes for service users and the return on investment.

However, there is good evidence that local government is already the most efficient part of the public sector and, as shown above, social services in the Vale has been in the forefront of steps to reduce spending. For example, savings in staff costs have been achieved by reducing the number of management posts. Unfortunately, it is now clearly the case that further cuts in the money central government makes available to the Council for social services must result in cuts to some services. We have been very dependent on annual grants to social services from the Welsh Assembly Government to provide new services and it is known that these are to end soon. These grants have been used, for example, to reduce waiting lists for occupational therapy assessment and to provide increased access to day services by people with dementia related illnesses and to provide a programme for reducing the number of trips and falls experienced by older people.

We have done exceptionally well in managing the resources available to social services in recent years but now we will need to do even better. This means pressing on with our efforts to modernise services in order to help people maintain their independence. Our work to understand costs and to use more sophisticated techniques for financial planning has been developing and it will become even more crucial. Unless a better understanding of financial consequences is developed, the anticipated savings are likely to result in client groups:

- not receiving the service to which they are entitled and which the Council wishes to provide; or

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- budget overspends; or
- to misdirected savings that run counter to the Council's long-term policy objectives.

Maintaining investment in our capacity for commissioning services or managing change will help to improve the quality, appropriateness and range of services made available by the Council.

We must concentrate even more on:

- robust business appraisals covering revenue and capital proposals that demonstrate the relative worth of various options;
- quick movement towards joint commissioning and pooled budget plans, especially with the NHS and other local authorities. Working with partners to achieve economies of scale and avoiding duplication is often the most effective way of delivering services and managing scarce resources
- ensuring that all spending pressures are accurately reflected in the Council's Medium Term Financial Plan, and that these are reflected in service plans;
- linking budgets to levels of service activity through the business planning process;
- ensuring budget monitoring reports link both finance and service performance, to determine the reasons for financial variations;
- making staff at all levels in the Directorate better able to use appropriate business skills in managing their use of resources (for example, awareness of costs and the financial consequences of decisions, ability to negotiate etc.);
- moving away from spot purchasing to block contracts and volume discounts and service level agreements;
- using quantitative data such as benchmarked unit costs;
- having a keen focus on establishing the outcomes and effectiveness of our investment activity in terms of meeting need and improving people's lives. This means more use of techniques such as Results Based Accountability within our business planning processes for teams and services;
- looking at the possibilities for increasing income, including changes to service user charges within the fair charging guidance;
- examining way in which the Directorate's budget is balanced between different service user categories; and
- considering the impact of tightening agreed eligibility criteria for service access.

Regretfully some of these possible measures may have an adverse impact upon already vulnerable service users and carers. They may be subject to considerable challenge. We must always look to mitigating wherever possible the effects upon individual services users and carers. However, exploring such options is essential if we are to tackle budget pressures in ways which:

- reflect the need for the Directorate to remain within the budget set by the Council;
- are consistent with obligations to meet statutory responsibilities, wherever possible;
- support the service objectives set by the Council; and

- help to deliver the commitments to services users set out in the Council’s Charter for Social Services.

| <p>Objective 1: The Council uses the money and assets it provides for social care services as effectively as possible by ensuring that:</p> <ul style="list-style-type: none"> • there are effective budget setting and financial planning processes to deal with current and future spending needs; • resource allocation decisions are linked to strategic and service planning priorities; • social services are able to meet commitments and remain within allocated budgets; and • systems work well for devolving financial responsibility, monitoring expenditure against budget and informing managers; • effective steps have been taken to achieve better value. | | | | | | | | | |
|--|---------------------------|--|--|---|---|------------|-------------|---|-----------|
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| RM 1. | | Ensure that all spending pressures in social care are accurately reflected in the Council’s Medium Term Financial Plan and in service plans. | All cost pressures identified and quantified for all services. | The budget planning process is better informed. | Heads of Service (GJ, CL, LC) | April 2011 | May 2011 | | Yes |
| RM 2. | | Update the information regarding demand and demographic | Likely demographic pressures identified for all services. | The budget planning process is better informed. | Head of BMI (CL) Business Manager (CP) | April 2011 | May 2011 | | Yes |

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|----------------|----------------------------------|--|--|--|-------------------------------|-------------------|--------------------|--|------------------|
| | | pressures for Social Services for the period 2011/12 to 2013/14. | | | | | | | |
| RM 3. | | Identify the additional costs related to demographic pressures for the period 2011/12 to 2013/14. | Likely demographic pressures financially quantified for all services | The budget planning process is better informed | Senior Group Accountant (CM) | April 2011 | May 2011 | | Yes |
| RM 4. | | Identify and cost the anticipated legislative changes for Social Services for the period 2011/12 to 2013/14. | All cost pressures identified and quantified for all services. | The budget planning process is better informed. | Heads of Service (GJ, CL, LC) | April 2011 | May 2011 | | Yes |

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|----------------|----------------------------------|---|--|---|----------------------------|-------------------|---------------------------------|--|------------------|
| RM 5. | | Link social services budgets to levels of service activity through the business planning process. | Business Plans for all services are fully costed and reflect service levels that can be achieved with available budget. | All staff are aware of the cost of service provision and implications of service decisions. | Business Manager (CP) | Feb each year | March each year | | Yes |
| RM 6. | | Ensure that the Social Services Directorate has a keen focus on establishing the outcomes and effectiveness of investment activity in terms of meeting need and improvement people's lives. | More use of techniques such as Results Based Accountability within our business planning processes for teams and services. | Outcomes will be better planned. Performance can be better managed. | Head of BMI (CL) | Sept. 2011 | April 2012 Revised to June 2012 | | Yes |

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|----------------|----------------------------------|---|---|--|--|-------------------|---------------------------------|--|------------------|
| RM 7. | | Link budget monitoring reports with both finance and service performance, to determine the reasons for financial variations. | Integrated reports will be available for managers. | All performance information is reported and considered at the same time. | Head of Accountancy and Resource Management (AJ) Head of BMI (CL) | June 2011 | Dec 2011 Revised to Apr 2012 | | Yes |
| RM 8. | | Ensure that staff at all levels in the Directorate can use appropriate business skills in managing their use of resources (for example, awareness of costs and the financial consequences of decisions, Ability to negotiated etc). | Regular information is requested by managers to inform decision making. | Decisions made by managers are informed. | Business Manager (CP) | April 2011 | Sept 2012 | | |

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| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference It will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
|----------------|----------------------------------|--|--|--|--|-------------------|--------------------|--|------------------|
| RM 9. | | Balance the Directorate's budget appropriately between different service user categories. | Spend reflects budget allocation within available resources. | Budgets reflect the differing levels of need across the different service areas. | Head of BMI (CL) Senior Group Accountant (CM) | April 2011 | April 2012 | | See update |
| RM 10. | | Examine ways of increasing income in respect of Social Service, including changes to service user charges within the fair charging guidance. | Improved levels of income collection. | Guidance fully implemented equitably across all client groups. | Head of BMI (CL) Team Leader CCF (BM) Senior Lawyer (JL) | April 2011 | Sept 2011 | | Yes |
| RM 11. | | Monitor the impact of financial restraints on independent sector and service providers. | Improved working relationships with providers. | Three year financial planning arrangements in place. | Head of BMI (CL) Business Manager (CP) | April 2011 | March 2012 | | Work ongoing |

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|----------------|----------------------------------|---|--|--|--|-------------------|--------------------|--|------------------|
| RM 12. | | Undertake a review of the service areas under Business Management and Innovation, and a review of the possibility of shared training on a regional basis. | BMI will provide the service required to support the directorate in an efficient manner. | The configuration of the service will improve. A joint training team may be in place with Bridgend. | Head of BMI (CL) Training Team Manager (SCJ) Business Manager (CP) OM (RE) | April 2011 | March 2012 | | Almost complete |
| RM 13. | SS Budget Programme | Prioritise completion of actions set out in the Social Services Budget Programme. | Budget programme timescales and commitments are adhered to. | The Directorate will deliver its statutory responsibilities within the budget set by the Council and meet savings targets. | Director of Social Services (PE) and Heads of Service (CL, GJ, LC) | April 2012 | March 2014 | | |

2.7 Co-production and equality impact (CPE)

Through consultations and advocacy, we try to engage with service users, carers in helping us to plan these changes to services, acknowledging that they often know best what works for them and whether proposals for change properly reflect their hopes and wishes. We also consult with providers of services and with partner agencies. Growing social diversity means that 'one size fits all' solutions have little credibility. We also routinely consult with service users and carers about the services they receive. In the interests of openness and transparency, we make the results of these consultations available on our website.

The Council has a duty to consider the needs and requirements of the community who are affected by our policies and procedures, ensuring that relevant groups are neither directly or indirectly discriminated against in the planning and delivery of Council services, in compliance with legislation and good practice. An equality impact assessment is a systematic way of finding out the impact of a policy or proposed policy on different groups.

In the longer-term, our goal is to increase the amount of social care that can be described as *citizen directed support*, which is about people being in control of the support they need to live their life as they choose. Such support is likely to have the following main components:

- reduced dependency so that people are more in control of their lives;
- transparency – it should be clear to each individual how much money has been allocated to them to spend on their care and support packages;
- assessment - the assessment process should be simplified so that less time is spent providing information and there is more of a focus on user-led assessment, where possible;
- a personalised support plan that reflects an individual's ambitions for their life based on an early indication of the budget available;
- access to sources of support and advice, perhaps from a personal adviser, to help them draw up their plans;
- empowering individuals to determine their choices and to find new and innovative ways of getting a life that is right for them and being supported in a way that is right for them;
- possible use of a Personal Budget devolved to the individual or to a personal adviser working with them;
- the ability to mix formal and informal services and support in the community;
- oversight by the Council to ensure the money is well spent and risks are well managed.

We need to become more intent on looking for opportunities to move forward this agenda, placing a value on co-production of services (*which means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours*). There is good evidence that where activities are co-produced in this way, both services and

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neighbourhoods become far more effective agents of change and able to help people become more self-reliant in due course. The central idea in co-production is that people who use services are a resource and that services which fail to make best use of this resource cannot be efficient or effective enough.

The people who are currently defined as users, clients or patients are the basic building blocks of our neighbourhood-level support systems – families and communities. One of our tasks is to help remake the social networks that both reduce demand on services and also enable public service interventions to succeed. This can be done, for example, by building into our work to commission services a requirement that potential providers should have to describe how they will achieve wider training and employment outcomes, greater community participation and better social networks, perhaps using volunteers and peer support.

| Objective 1: | | | | | | | | | |
|---|----------------------------------|---|--|--|--|-------------------|--------------------|--|------------------|
| The Council places a value on co-production of services as a means to: | | | | | | | | | |
| <ul style="list-style-type: none"> • Deliver public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours; • Promote services and neighbourhoods as effective agents of change; and • Reduce reliance on public services. | | | | | | | | | |
| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How we will know</i> | Outcomes <i>What difference it will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
| CPE 1. | | Engage with the Vale Centre for Voluntary Services and Citizens Advice Bureau on their ideas for more | Service delivery maintained and/or improved. | Potential to reduce duplication and identify savings. | Heads of Service (GJo, LC, CL) Team Manager Contracting and Finance (GJ) VCVS (RC) | April 2011 | March 2012 | | Yes |

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|----------------|----------------------------------|---|---|--|---|-------------------|---------------------------------|--|------------------|
| | | efficient and effective involvement of the voluntary sector. | | | CAB (JC) | | | | |
| CPE 2. | | Identify areas for potential collaboration with communities in the design and delivery of services. | Communities engaged effectively in the services they receive. | Service delivery informed by individuals who use the service and therefore more efficient and effective. | Children and Adult Services OM's (SC, ACo, CD, CLim) Team Manager Contracting and Finance (GJo) | April 2011 | March 2012 Revised to Sept 2012 | | |
| CPE 3. | | With the Vale Centre for Voluntary Services, identify overlaps in Council funding of third sector social care services. | Improved use of resources. | Duplicate funding reduced and appropriate efficiencies made. | VCVS (RC) Team Manager Contracting and Finance (GJo) | April 2011 | March 2012 | | Yes |

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|----------------|----------------------------------|---|--|---|---|-------------------|--------------------|--|------------------|
| CPE 4. | | Include in our work to commission services a requirement that potential providers describe how they will achieve wider training and employment outcomes, greater community participation and better social networks, perhaps using volunteers and peer support. | Social networks and community facilities improved. | Reduced demand on services and enablement of public service interventions to succeed. | Children and Adult Services OM's (SC, ACo, CD, CLim) Team Manager Contracting and Finance (GJo) | April 2011 | March 2013 | | |

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|----------------|----------------------------------|---|---|---|--|-------------------|--------------------|--|------------------|
| CPE 5. | | Use consultation and engagement effectively to inform and monitor service change. | Services accurately reflect the needs of its users. | More effective service delivery, targeted appropriately. | Children and Adult Services OM's (SC, ACo, CD, CLim) Policy and Quality Assurance Officer (LE), Corporate Improvement Manager (SJ) | April 2011 | Ongoing | | |
| CPE 6. | | With the Vale Centre for Voluntary Services, encourage the development of Social Enterprises delivering social care services in the Vale of | An increase in the number of social care Social Enterprises operating in the Vale of Glamorgan. | Strong vibrant third sector able to engage in co-production and service delivery. | VCVS (RC) Heads of Service (GJ, LC,CL), Team Manager Contracting and Finance (GJo) | April 2011 | March 2014 | | |

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|----------------|----------------------------------|--|--|--|----------------------------|-------------------|--------------------|--|------------------|
| | | Glamorgan, recognising the need for capacity building initiatives to enable existing organisations to develop into Social Enterprises. | | | | | | | |

Objective 2: The Council fulfils its duty to consider the needs and requirements of the community who are affected by its policies and procedures by ensuring that relevant groups are neither directly or indirectly discriminated against in the planning and delivery of Council services in compliance with legislation and good practice.

| Sub Ref | Ref to Other Action Plans | Action <i>What we will do</i> | Success Criteria <i>How will we know</i> | Outcomes <i>What difference It will make</i> | Officer Responsible | Start Date | Finish Date | Resource Implications currently not within budget | Completed |
|----------------|----------------------------------|--|--|---|---|-------------------|--------------------|--|------------------|
| CPE 7. | | Undertake Equality Impact Assessments for each proposed area | Decisions informed by systematic assessment of impact on different groups. | Opportunity to mitigate negative and promote positive impact. | Relevant Chief Officer, Equality Coordinator (TG) | Ongoing | | | Yes for 2011/12 |

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|----------------|----------------------------------|---|--|--|----------------------------|-------------------|--------------------|--|------------------|
| | | of efficiency saving/change of policy across the Council. | | | | | | | |

Appendix 1: Officers Responsible

| | | | |
|------|------------------|-----|--------------------|
| ACo | Andy Cole | LE | Laura Eddins |
| AC | Alison Cummins | NH | Nicola Hale |
| AD | Andrea Davies | PE | Phil Evans |
| AJ | Alan Jenkins | RB | Reuben Bergman |
| AL | Anne Lintern | RC | Rachel Connor |
| AU | Adrian Unsworth | RE | Rachel Evans |
| AW | Allan Williams | RJ | Rob Jones |
| BM | Brenda Maurer | SC | Suzanne Clifton |
| CD | Carol Davies | SCJ | Sian Crinion-Jones |
| CL | Carys Lord | SD | Sian Davies |
| CM | Carolyn Michael | SJ | Sarah Jeffery |
| CP | Chris Payne | TG | Tim Greaves |
| CLim | Colette Limbrick | TE | Tom Evans |
| CR | Caroline Rees | | |
| GJ | Gareth Jenkins | | |
| GJo | Gaynor Jones | | |
| HC | Heidi Cook | | |
| JC | Jane Clay | | |
| JL | John Lewis | | |
| LC | Lance Carver | | |
| | | | |
| | | | |
| | | | |

Appendix 2: Glossary

- **AAPC** – Area Adult Protection Committee
- **ADSS Cymru** – Association of Directors of Social Services
- **C1V/Contact OneVale** – Corporate contact centre
- **CLDS** – Community Learning Disability Service
- **CMHT** – Community Mental Health Teams
- **Co-production** – delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.
- **CSSIW** – Care and Social Services Inspectorate, Wales
- **Cymorth grant** – A Welsh Assembly Government Grant distributed by Children and Young People’s Partnerships.
- **CYPP** – Children and Young People’s Partnership
- **DCELLS** – Department for Children, Education, Lifelong Learning and Skills
- **Direct Payments** – Most adult service users, carers, and carers of children with a disability can choose to organise services themselves and receive regular payments from the council to pay for all or part of this.
- **EMI** – Elderly mentally infirm
- **Extra Care** – A service providing accommodation with care services. Service users have more independence than they would in traditional residential care.
- **Families First** – Welsh Assembly Government programme to develop new models of integrated working to better support families with children living in poverty.
- **FIS** – Family Information Service
- **Flying Start** – Welsh Assembly Government programme targeted at 0-3 year olds in the most disadvantaged communities in Wales. It aims to create positive outcomes in the medium and long term.

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- **HR** – Human Resources
- **HSC&WB** – Health, Social Care and Wellbeing
- **ICS** – Integrated Children’s System. A system for recording assessment and care management information of children in need throughout Wales.
- **IFSS** – Intensive Family Support Service
- **IT** – Information Technology. Computers and related technology such as telephones and networks.
- **LSCB** – Local Safeguarding Children Board
- **NHS** – National Health Service
- **NVQ** – National Vocational Qualification
- **Option 2** – A service assisting families with substance misuse problems to provide a safe and secure home for their children.
- **OT** - Occupational Therapy
- **POVA** – Protection of Vulnerable Adults
- **Reablement** – Regaining skills, confidence and independence (often after an illness or accident).
- **SEWIC** – South East Wales Improvement Collaborative
- **Social enterprises** – Businesses trading for social and environmental purposes.
- **SSIA** – Social Services Improvement Agency. A partnership of all the councils in Wales, with the Welsh Assembly Government and the Welsh Local Government Association.
- **Telecare** – Using a range of electronic sensors to detect that vulnerable people may need help, and alerting the alarm centre, or a carer to the potential problem.
- **Third sector** – The voluntary sector, community sector or non-profit sector.
- **UA** – Unified Assessment. The system used to assess an individual’s need for services.