

Social Services Annual Performance: End of Year Performance Overview



The department has completed 65% of service plan actions at end of year, with a further 23% on track for a later completion date. Details are available under each objective. There are a total of 52 actions in the plan; 34 are completed, 12 are on track and 6 have slipped.

The department has completed 74% of the actions against the Corporate Plan that were included in the 2013/14 service plan and a further 26% of actions are on track for a later completion date. Of the 19 actions within the service plan, 14 are completed and 5 are on track.

100% (all 3) of our Improvement Objective actions are completed.

There are no Outcome Agreement actions in the 2013/14 plan, as the Outcome Agreement was not agreed until 1 April 2014.

Of the 74 performance indicators in the plan, 11 (15%) did not have targets set for 2013/14. 42 (57%) met or exceeded target at end of year, 12 (16%) were within 10% of target and 8 (11%) missed target by more than 10%. Data was unavailable for 1 (1%) indicators.

Examples of exceptional performance during the year:

In terms of notable performance, we met our improvement objective targets to increase the number of in-house foster carers in the Vale with an additional 8 foster cares being recruited. Additionally, we also achieved a reduction in the number of externally provided foster carer placements. As a consequence, expenditure per looked after child in fostering placement reduced. 100% of young carers known to the Council were assessed. Completion of core assessments within the recommended 35 working days rose to 91%, compared with a Welsh average of 76%. The percentage of children with three or more placements has reduced from 14% in 2012/13 to 11% in 2013/14. Every looked after child has an allocated Social Worker, every care placement starts with a care plan in place and 97% of all care plans are reviewed within timescale.

In the Community Mental Health Team for Older People, waiting times for assessment reduced significantly. This performance was commended by CSSIW following its inspection. The percentage of adult protection referrals where the risk had been managed improved from 96% to 100%. There was an 8% increase in the number of adults supported to live at home.

How will we bring our slipped actions on track?:

No Corporate Plan or Improvement Objective actions have slipped for 2013/14.

All Actions						
	Total Number	Completed	On track	Slipped	Not started, but due to have	Not due to have started
No.	52	34	12	6	0	0
%	100%	65%	23%	12%	0%	0%
Corporate Plan Actions						
	Total Number	Completed	On track	Slipped	Not started, but due to have	Not due to have started
No.	19	14	5	0	0	0
%	100%	74%	26%	0%	0%	0%
Improvement Objective Actions						
	Total Number	Completed	On track	Slipped	Not started, but due to have	Not due to have started
No.	3	3	0	0	0	0
%	100%	100%	0%	0%	0%	0%
Outcome Agreement Actions (Reported separately for 2013/14)						
	Total Number	Completed	On track	Slipped	Not started, but due to have	Not due to have started
No.						
%						

Measures Key

Measures Key:

GREEN - On or above target

AMBER - Within 10% of target

RED - Missed target by more than 10%

Direction of Travel Arrows:



Performance has improved since last quarter, in relation to target



No significant change



Performance has worsened since last quarter, in relation to target

An explanation of the referencing used in this report:

e.g. SS01/A001

SS - this refers to the service plan, in this case, Social Services.

01 - this refers to the service plan objective the action contributes to, in this case, objective 1.

A - this refers to the fact that this is an action. Performance Indicators will have an 'M' for 'measure' here.

001 - this is the individual number reference for the action.

Where our actions link to other strategic plans, the following references may be seen in brackets after the action name:

e.g. (CP/CL1) - the CP refers to the Corporate Plan. CL1, for example, is the reference number of the Corporate Plan objective the action links to.

e.g. (IO/06) - the IO refers to the Improvement Objectives. The 06, for example, for refers to the number of the objective linked to.

SEP - this refers to actions which link to the Strategic Equality Plan.

Outcome 1: People in the Vale of Glamorgan are able to request support and receive the right help in a timely manner.

Performance against actions and performance indicators:

100% of the (6) actions against this outcome have been completed.

Of the 28 performance indicators under the outcome, 22 have met or exceeded target, 4 are within 10% of target and 2 have missed target by more than 10%.

Objective 1: To ensure that people have access to comprehensive information about Social Services and can easily contact key staff. Individuals get prompt advice and support (including advice about their eligibility for service) and they are well signposted to other services where appropriate.

Actions

Completed Q1, Q2 & Q3: 0% ; Completed Q4: 100% ; On Track: 0% ; Slipped: 0% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS01/A001 (CP/CYP6) Work with the third sector and other organisations to deliver information about services for children in need via the Family Information Service, the Council's Contact Centre and other communication channels.	100	The Family Information Service continues to be effective in ensuring up-to-date information is available, and that public information is distributed across the Vale. A review of the Council's website has also commenced which will further assist individuals accessing the site in locating their required information.
SS01/A002 (CP/CYP1) Provide young children and their families with a 'flying start' by improving information regarding suitable childcare places and activities which meet their particular needs.	100	The WG Flying Start initiative requires us to provide a full 'offer' of services to eligible families of the four streams of service. Contact has been established with all eligible families within the Castleland area and Flying Start has secured all four streams/elements as required to comply with the 'offer'.
SS01/A003 (CP/CL14) Tackle child poverty by working with families in need to raise awareness of entitlements to welfare benefits and allowances and to facilitate access to support services that help people into employment and training.	100	CYPS routinely refer families to CAB for specialist advice. Families First fund additional CAB services for families in need. The Children and Young People's Partnership are responsible for Council wide development of a Poverty Strategy.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SCC013aiA The percentage of open cases of children on the Child Protection Register who have an allocated social worker	100.00	100.00	■	100.00	
SCC013aiiA The percentage of open cases of children looked after who have an allocated social worker	100.00	100.00	■	100.00	
SCC013aiiiA The percentage of open cases of children in need who have an allocated social worker	70.02	60.00	■	74.74	

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SCC006A The percentage of referrals during the year on which a decision was made within 1 working day	98.88	95.00	↓	99.27	
SS01/M001A Percentage of service users visited within 20 working days of Financial Assessment for Residential/Nursing care being requested.	98.83	95.00	↑	98.05	
SS01/M002A Percentage of service users visited within 10 working days of Financial Assessment for non-residential care services being requested.	90.81	90.00	↑	79.63	

Objective 2: To ensure that people using Social Services are supported by assessments, care and support plans which are regularly reviewed.

Actions

Completed Q1, Q2 & Q3: 0% ; Completed Q4: 100% ; On Track: 0% ; Slipped: 0% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS02/A004 (CP/CYP5) Continue to improve multi-disciplinary transition support for young people moving into adulthood.	100	Appointment of a dedicated Transitions Social Worker in the Child Health and Disability Team supports this work.
SS02/A005 (CP/HSCW8) Establish integrated social care and health assessment and care management teams for all adult services in partnership with the Cardiff and Vale University Health Board.	100	Integrated models in place in MH, OPMH and LD. Locality services co-located at the end of March – Restructuring to deliver integration now required, as next phase.
SS02/A006 (CP/HSCW10) Work with partners to implement the Carers information and Consultation Strategy.	100	Joint working in relation to the Carers Measure continues to progress. Agreement from Welsh Government on spending proposals has been received. An update report was approved by all partners and submitted to Welsh Government in October 2013.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SS02/M003aA (previously SCA005aA) The average number of working days between initial enquiry and completion of the care plan, for specialist assessments	39.06	38.00	↓	38.46	This reflects the significant increase in demand on the services which continues to rise. 2010/11 = 68, 2011/12 = 39, 2012/13 = 38
SS02/M003bA (previously SCA005bA) The average number of working days between initial enquiry and completion of the care plan, for non-specialist assessments.	18.39	15.00	↓	15.35	This reflects the significant increase in demand on the services which continues to rise. 2010/11 = 15, 2011/12 = 20, 2012/13 = 15
SS02/M004A The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by a worker	81.20	80.00	↓	92.29	

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SCA007A The percentage of clients with a care plan at 31 March whose care plans should have been reviewed that were reviewed during the year	78.49	87.00	⬇️	87.83	The increased volume of work has resulted in reduced priority for planned reviews.
SCA018aA The percentage of carers of adult service users who were offered an assessment in their own right during the year	100.00	100.00	➡️	100.00	
SCA018bA The percentage of carers of adult service users who had an assessment in their own right during the year	100.00	100.00	⬇️	98.60	
SCA018cA The percentage of carers of adult service users who were assessed during the year who were provided with a service	100.00	100.00	⬇️	99.29	
SCC001aA The percentage of first placements of looked after children during the year that began with a care plan in place	100.00	100.00	➡️	100.00	
SCC001bA For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence at the due date	96.67	95.00	⬇️	100.00	
SCC016A The percentage of reviews of child in need plans carried out in accordance with the statutory timetable	96.55	80.00	➡️	96.85	
SCC024A The percentage of children looked after during the year with a Personal Education Plan within 20 school days of entering care or joining a new school in the year ending 31 March	40.00	65.00	⬇️	75.76	Most PEPs from 9th January 2014 were in place within the 20 days. This figure reflects the period when the system was being adapted.
SCC030aA The percentage of young carers known to Social Services who were assessed	100.00	100.00	➡️	100.00	
SCC030bA The percentage of young carers known to Social Services who were provided with a service	92.00	85.00	⬆️	89.74	
SCC034A The percentage of child protection reviews carried out within statutory timescales during the year	99.36	100.00	⬆️	97.87	1 review cancelled due to staff sickness; 1 review delayed to in best interests of young person
SCC039A The percentage of health assessments for looked after children due in the year that have been undertaken	66.53	70.00	⬆️	60.75	Although health assessments did not achieve target, performance has increased on 2012/13.
SCC041aA The percentage of eligible, relevant and former relevant children that have pathway plans as required	100.00	100.00	➡️	100.00	
SCC041bA The percentage of eligible, relevant and former relevant children that have been allocated a personal advisor	100.00	100.00	➡️	100.00	
SCC042aA The percentage of initial assessments completed within 7 working days	86.61	80.00	⬇️	89.13	
SCC042bA The average time taken to complete initial assessments that took longer than 7 working days to complete	13.99	15.00	⬆️	13.76	
SCC043aA The percentage of required core assessments completed within 35 working days	91.56	80.00	⬆️	87.41	
SCC043bA The average time taken to complete those required core assessments that took longer than 35 days	54.81	55.00	⬇️	47.38	
SCC045A The percentage of reviews carried out in accordance with the statutory timescale	98.02	95.00	⬆️	96.64	

Outcome 2: People eligible for Social Services in the Vale of Glamorgan are able to choose from a range of high quality services, helping them to maximise their independence whilst keeping them safe.

Performance against actions and performance indicators:

100% of the actions against this outcome have been completed, or are on track towards a later completion date. Of 9 actions, 5 are complete and 4 are on track.

Of the 6 performance indicators under the outcome, 5 do not have targets set. 1 has met or exceeded target.

Objective 3: To provide services which meet assessed individual needs.

Actions

Completed Q1, Q2 & Q3: 37.5% ; Completed Q4: 25% ; On Track: 37.5% ; Slipped: 0% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS03/A008 (CP/HSCW9) Work with the Cardiff and Vale University Health Board to provide an increased range of community based health and social care services, including the development of Barry Hospital as a centre of excellence.	100	A number of services have been developed at Barry Hospital including the reception area. Further capital funding has been made available by the UHB and through the RCF to facilitate co-location of services. VCRS full collocated.
SS03/A013 (IO/03) Invest in pre-approval training and additional assessment capacity.	100	Six Skills to Foster courses have taken place during 2013/14 a further six courses are planned for 2014/15. Eight new mainstream carers were approved during 2013/14. The service is currently assessing six new carers and have received a further two applications in March 2014.

On Track Actions

Title	% Complete	Comment
SS03/A007 (CP/CYP3) Co-ordinate preventative and early intervention services for families in the greatest need including Flying Start, Families First and Intensive Family Support Services.	75	All three preventative services are fully operational and reducing demand for longer term higher level statutory interventions. Action end date is 31/03/17.
SS03/A010 Develop a wide range of options for older people requiring support and prepare a feasibility study for the provision of an older people's village. (2013/14)	40	Accommodation with care strategy is under development. The major project regarding the use of the former Bryneithin care home site is underway and on track with the intention of marketing the site for accommodation with care for older people. The first Extra Care Development in Barry is due for completion in the summer of 2014 and will provide a new service option for older people in the Vale of Glamorgan. Action end date is 31/03/17.
SS03/A011 (CP/HSCW5) Increase the take up of assistive technologies such as Telecare that enable older people and their carers to manage the impacts and risks associated with chronic ill health	50	There has been an increase in the number of bespoke Telecare packages being used, enabling more service users to remain independent. A proposal to restructure the service is in progress and the service has moved to Adult Services. A review has been commissioned in collaboration with Cardiff Council. Action end date is 31/03/16.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SS03/M008aA The number of Home Care packages provided for less than 5 hours per week.	226.00				No target set for 2013/14. This is a new indicator - establish baseline.
SS03/M008bA The number of Home Care packages provided for 5-9 hours per week.	268.00				No target set for 2013/14. This is a new indicator - establish baseline.
SS03/M008cA The number of Home Care packages provided for 10-19 hours per week.	390.00				No target set for 2013/14. This is a new indicator - establish baseline.
SS03/M008dA The number of Home Care packages provided for more than 20 hours per week.	187.00				No target set for 2013/14. This is a new indicator - establish baseline.
SS03/M008eA The total number of Home Care packages provided.	1071.00				No target set for 2013/14. This is a new indicator - establish baseline.

Objective 4: To ensure that people's views on gaps in services and effectiveness of support result in changes and help inform how services are monitored and developed.

Actions

Completed: 0% ; On Track: 100% ; Slipped: 0% ; Not Started: 0%

On Track Actions

Title	% Complete	Comment
SS04/A015 Examine how best to secure an increased range of service providers, especially those who use a social entrepreneurial approach which engages communities and groups of service users or carers in design and delivery of services...	50	A report has been prepared outlining the options for future service delivery models in social care. Consultation processes have been initiated for the Learning Disabilities Commissioning Strategy. Action end date is 31/03/17.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SS04/M009A Percentage of complainants dealt with within statutory timescales	85.71	80.00	↓	80.70	

Outcome 3: The Vale of Glamorgan Council achieves good outcomes for service users and carers through its arrangements to protect vulnerable people and success in promoting independence and social inclusion.

Performance against actions and performance indicators:

84% of the actions against this outcome have been completed, or are on track towards a later completion date. Of 19 actions, 11 are complete, 5 are on track and 3 have slipped.

Of the 38 performance indicators under the outcome, 5 do not have targets set. 18 have met or exceeded target, 8 are within 10% of target and 6 have missed target by more than 10%. Data was not available for 1 indicator.

Objective 5: To ensure that people are helped to achieve the best possible outcome for them, maximising their independence, developing their abilities and overcoming barriers to social inclusion.

Actions

Completed Q1, Q2 & Q3: 9% ; Completed Q4: 27% ; On Track: 37% ; Slipped: 27% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS05/A016a With our two statutory partners, develop a service level agreement and governance arrangements for the service, which clarify accountability, management, financial and HR issues.	100	The decision making body has been redesigned to ensure strategic oversight of current integration arrangements. Closer working arrangements have been facilitated by the move to Hen Goleg. This is not likely to take the form of an SLA.
SS05/A016c 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, costs and effectiveness	100	All actions within the budget programme are supported by costed models. Care Home fees have been set taking into consideration the costs of care provision.
SS05/A021 (CP/HSCW7) Work with the Third Sector and business organisations to deliver a preventative, community approach to supporting older people to live as independently as possible, including people with dementia related illness.	100	This work was started as part of the Change Plan 2011 – 2014. The RCF has supported a tender for voluntary sector brokers as an alternative to statutory services. These contracts have been renewed for 2014/15. Engagement work has taken place with carers groups and the 3rd sector organisations regarding future service models and developments.

On Track Actions

Title	% Complete	Comment
SS05/A016 Ensure that service specifications are derived from commissioning plans and that they are clear about the practice and quality standards expected.	40	Commissioning strategies either complete or in draft form. All service agreements are reviewed in line with them. MH Partnership arrangements are ensuring that this work is completed across the UHB partnership Draft commissioning plan complete for LD following extensive consultation. Commissioning strategy in place for CYPS. Action end date is 31/03/16.
SS05/A017 (CP/HSCW3) Work with partners to raise awareness, provide appropriate support and targeted action in line with the Tobacco Free Strategic Action Plan, the Substance Misuse Strategy and the Alcohol Strategy.	40	Work is being taken forward through the Public Health Board to support these strategies across the public sector community. Action end date is 31/03/17.
SS05/A018 Through the integrated Community Learning Disability Service, support individuals to access a wider range of inclusive opportunities including leisure, work and training.	25	Steering group established to set strategy. Mapping and Gap analysis completed. Action end date is 31/03/16.
SS05/A022 (CP/CYP2) Develop and promote opportunities for all children and young people including those who have a disability or who undertake a caring role to engage in play, physical and cultural activity.	75	All opportunities for integration of disabled children are explored and supported. Additional Families First funding targeted at play opportunities. Action end date is 31/03/16.

Slipped Actions

Title	% Complete	Comment
SS05/A016b Finalise a S33 agreement and governance arrangements for the service, which clarify management, financial and HR issues	10	Governance arrangements have been clarified. Agreement in principle from all partners to pursue the development of a S33, although given the Social Services Bill this is unlikely to be taken forward as new integrated governance legislation is expected.
SS05/A016d Prioritise completion of actions set out in the Social Services Budget Programme	40	The budget programme is monitored on a monthly basis and reported to Scrutiny Committee.
SS05/A020 Consult upon and publish a commissioning strategy for learning disabilities to inform the further development of our services.	90	Draft prepared. Consultation complete. Final ratification and sign off now required.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SCA001A The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	7.35	5.60	■	5.95	There has been significant growth in the demand for social care services. The third quarter performance shows an improvement on the previous two quarters however as this is a cumulative indicator the total figure continues to grow. If quarter 4 performance is the same as quarter 3 a year end figure of 8.25 would be expected. The reduction for quarter 3 is in part due to the recruitment to vacant posts at the integrated discharge service. A project group has reviewed the DToC figures and an action plan to respond to the pressures is now in place. Quarter 4 - 70% of the delays occurred in the first half of the year when there were several vacancies in key teams. Posts are now in place and rigorous validation exercises are undertaken. Should the first half years performance been as the second then the result would have been 4.35

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SCA002aA The rate of older people (aged 65 or over) supported in the community per 1,000 population aged 65 or over at 31 March	47.49	50.00	⬆️	47.66	This indicator is not a useful representation of the activity within the service. The reduction in performance this year is due in the main to an increase in the population of people aged over 65 by 991, over 3 times the usual increase
SCA002bA The rate of older people (aged 65 or over) whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March	14.74	17.00	⬆️	16.96	
SCA003aA The percentage of clients, in the following age groups, who are supported in the community during the year aged 18-65	90.51	90.00	⬆️	90.09	
SCA003bA The percentage of clients, in the following age groups, who are supported in the community during the year aged 65+	81.12	75.00	⬆️	75.12	
SCA020A The percentage of Adult clients who are supported in the community during the year.	83.85	80.00	⬆️	78.72	
SCC002A The percentage of children looked after at 31 March who have experienced one or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March	16.36	15.00	⬆️	21.71	An improvement on the previous years performance. 2 young people's schools were closed and they moved to a new school. 1 young person's placement changed due to disruption. 3 were planned moves. 10 children moved out of the area. 2 young people changed schools to more specialist provision.
SCC004A The percentage of children looked after on 31 March who have had three or more placements during the year	10.87	10.00	⬆️	11.67	4 YP experienced moves due to complex needs and requirement for specialist placements. 5 children were moved temporarily following allegations made against carers, then moved to more permanent placements. 5 YP experienced planned moves to be placed nearer to home and education provision. 3 YP were readmitted to care following unsuccessful return home. 1 YP moved to independence on planned/step-down basis. 1 child was moved in preparation for adoption. 1 YP was moved to provide her main carer respite as result of injury.
SCC022Aa The percentage attendance of looked after pupils whilst in care in primary schools	94.25	95.00	⬇️	94.43	4 children were not engaged in education. 19 children had problems in placement and 1 child had medical appointments.
SCC022Ab The percentage attendance of looked after pupils whilst in care in secondary schools	87.61	91.00	⬇️	89.02	16 children were not engaged in education, 5 were out of school whilst a suitable placement was put in place. 6 had problems in placement and 3 children had medical appointments.
SCC033dA The percentage of young people formerly looked after with whom the authority is in contact at the age of 19.	100.00	95.00	⬆️	100.00	
SCC033eA The percentage of young people formerly looked after with whom the authority is in contact, who are known to be in suitable, non-emergency accommodation at the age of 19.	92.59	95.00	⬇️	100.00	1 young person in prison & 1YP in emergency accommodation (not categorised as suitable by WAG)
SCC033fA The percentage of young people formerly looked after with whom the authority is in contact, who are known to be engaged in education, training or employment at the age of 19.	44.44	50.00	⬇️	55.56	3 YP are currently pregnant, 5 YP have refused to engage despite all efforts to encourage them to do so and 6 YP have been unable to participate due to illness & 1 YP in prison.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SCC010A The percentage of referrals that are re-referrals within 12 months	24.16	35.00	⬇️	27.82	
SCC035A The percentage of looked after children eligible for assessment at the end of Key Stage 2 achieving the Core Subject Indicator, as determined by Teacher Assessment	58.33	60.00	⬇️	80.00	This percentage reflects the the small cohort of 12 with 6 on school action plus and 2 statemented.
SCC036A The percentage of looked after children eligible for assessment at the end of Key Stage 3 achieving the Core Subject Indicator, as determined by Teacher Assessment	40.00	30.00	⬇️	47.37	
SCC037A The average external qualifications point score for 16 year old looked after children, in any local authority maintained learning setting	347.59	200.00	⬇️	375.08	
SCC044aA The percentage of children looked after who were permanently excluded from school during the previous academic year	1.27	0.00	⬇️	0.00	One child was the excluded in the last academic year from a Newport school.
SCC044bA The average number of days spent out of school on fixed-term exclusions for children looked after who were excluded during the previous academic year	14.00	7.00	⬇️	6.63	This reflects the challenging nature of some of the complex children and young people who have moved to more specialised provision.
SCY001aA The percentage change in the average number of hours of suitable education, training or employment children and young people receive while within the youth justice system by: Children and young people of statutory school age.	86.52			86.82	This percentage is unverified and might differ to published figures. No targets set.
SCY001bA The percentage change in the average number of hours of suitable education, training or employment children and young people receive while within the youth justice system by: Young people above statutory school age.	237.50			105.41	This percentage change is unverified and might differ to published figures. No targets set.
SCY002aA The percentage change in the proportion of children and young people in the youth justice system with suitable accommodation: at the end of their court order compared with before the start of their court order.	1.52			-1.73	No targets set.
SCY002bA The percentage change in the proportion of children and young people in the youth justice system with suitable accommodation: upon their release from custody compared with before the start of their custodial sentence.	0.00			0.00	No targets set.
SCY003aA The percentage of children and young people in the youth justice system identified via screening as requiring a substance misuse assessment that commence the assessment within five working days of referral.	81.82			92.59	No targets set.
SCY003bA The percentage of those children and young people with an identified need for treatment or other intervention, who receive that within ten working days of the assessment.				86.36	Data not updated.
SS05/M010A Percentage reduction in first time entrants to the Youth Justice System.	-29.00	-5.00	⬇️	14.00	This figure is unverified and could potentially differ to other published data. The police now provide the information 6 months later.
SS05/M011A Number of first time entrants to the Youth Justice System.	23.00	46.00	⬆️	48.00	This figure is unverified and is no longer produced from the YOT systems. The figure is provided by the police national computer.

Objective 6: To ensure that people at particular risk have their wellbeing promoted and are safeguarded from abuse and exploitation through the Council working in co-ordination with other organisations.

Actions

Completed Q1, Q2 & Q3: 12.5% ; Completed Q4: 75% ; On Track: 12.5% ; Slipped: 0% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS06/A023 (CP/CYP9) Work with the LSCB, the Council's Safeguarding Steering Group and schools to deliver our safeguarding responsibilities, obtain the views of children and implement protocols in respect of neglect and child sexual exploitation.	100	The Council delivers its safeguarding responsibilities to children in accordance with the AWCPP. The Education Safeguarding Officer post is professionally supervised by the Principal Officer for Protection and Policy. The CSG monitors safeguarding compliance across the Council; areas of focus have included safe recruitment and safeguarding training. Consultation has commenced with young people subject of the CP process and will be reported to the LSCB. The Neglect Protocol has been reviewed and ratified by Cardiff and Vale LSCB. The Vale complies with the CSE requirements of the AWCPP and have a designated lead in place.
SS06/A025 (CP/HSCW12) Consult annually with vulnerable adults involved in the formal protection arrangements (Protection of Vulnerable Adults) and use the information to bring about improvements.	100	The outcome of the consultation process was reported to the Area Adult Protection Committee in June and was well received. This is now an annual exercise.
SS06/A026 (CP/CYP9) Survey annually the views of children involved in the child protection process and report this back to the LSCB.	100	A consultation exercise has commenced. Links have been made with CYPS to support young people taking part in this process.
SS06/A027 Deliver additional Protection of Vulnerable Adult investigation training as necessary to relevant staff to support robust investigation of abuse allegations.	100	Courses delivered throughout 2013-14 on: Gathering Information, Leading and Investigation – the Role of the DLM, Conducting Investigations. Ongoing training will be required during 2014-15 to maintain knowledge and skills and support recommendations from the Social Services and Wellbeing Bill.
SS06/A028 (CP/HSCW11) Continue to prevent abuse by professionals working in social care settings and in the community by ensuring the voice of the vulnerable adult is heard and staff witnessing abuse feel empowered to report their concerns.	100	The Directorate delivers its POVA responsibilities in accordance with the All Wales Procedures. Agencies are aware of the need to ensure the voice of the VA is central to the process. Where staff raise concerns these are taken seriously and appropriate steps taken. Where concerns do not meet the threshold for POVA, information is shared by the Central DLM with the Contracting Team. The PRACC sub group is used effectively to share information regarding the quality of commissioned care.
SS06/A030 Continue to offer MCA/DoLS awareness surgeries in care homes and possibly expand this service to the hospitals	100	Every care home contacted and training requirements requested. Approximately 300 staff from care homes now trained.

On Track Actions

Title	% Complete	Comment
SS06/A029 (CP/HSCW13) Increase compliance with Deprivation of Liberty Safeguards by providers of social care services.	50	In line with recommendations from CSIW/HIW report the MCA/DOLS service is developing an integrated training plan to raise awareness across the sector. DOLS report considered by steering group and AAPC. Action end date is 31/03/15.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SCA019A The percentage of adult protection referrals completed where the risk has been managed.	100.00	95.00	↓	95.83	
SCC007aA The percentage of referrals during the year that were allocated to a social worker for initial assessment	54.28	25.00	–	28.87	
SCC007bA The percentage of referrals during the year that were allocated to someone other than a social worker for initial assessment	10.97	15.00	↑	11.94	
SCC007cA The percentage of referrals during the year that did not proceed to allocation for initial assessment	34.76	70.00	↓	59.19	More referrals were allocated to an initial assessment.
SCC011aA The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by the Social Worker	67.38	65.00	↓	68.58	
SCC011bA The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen alone by the Social Worker	21.51	30.00	↓	24.31	It is not always appropriate for a child to be seen alone at an Initial Assessment. Reasons for this can include age and disability or where safeguarding concerns dictate a strategy meeting is required as a matter of urgency. The target should be seen as a guide
SCC014A The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion	97.98	100.00	↓	100.00	1 conference (2 children) delayed to enable parents to attend.
SCC015A The percentage of initial child protection conferences due in the year which were held within 10 working days of the initial child protection conference	95.12	90.00	↓	97.70	
SCC021A The percentage of looked after children reviews carried out within statutory timescales during the year	97.27	95.00	↑	95.92	
SCC025A The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations	95.29	95.00	↑	95.22	
SCC040A The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 working days of the start of the placement	98.60	90.00	↑	97.93	

Outcome 4: Performance of Social Services is actively managed and people accessing services in the Vale of Glamorgan are supported by sufficient staff, who have appropriate qualifications, training experience and skills.

Performance against actions and performance indicators:

86% of the actions against this outcome have been completed. Of 7 actions, 6 are complete and 1 has slipped.

The 1 performance indicator under the outcome has met or exceeded target.

Objective 7: To utilise performance management to improve customer outcome and the services provided.

Actions

Completed Q1, Q2 & Q3: 0% ; Completed Q4: 100% ; On Track: 0% ; Slipped: 0% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS07/A031 Complete a review of performance management reporting within the Directorate.	100	A review of AS MI has been completed. Discussions with CYPS have identified additional requirements which are currently being considered by the PM Team. The BMI MI report has been drafted and being considered by managers. Activity information and financial information is now regularly reported within adult services.
SS07/A032 Adopt and use a core set of analysis grids which provide evidence for the Director's Annual Report.	100	The Vale has adopted the new ACRF grid template developed through LA consultation with SSIA The grids were used to collate evidence, and were updated and used to develop HoS reports and the Directors report for 2012/2014. These will be reviewed to support the writing of the 2013/2014 report.

Objective 8: To ensure that robust workforce planning arrangements are in place within the Directorate.**Actions**

Completed Q1, Q2 & Q3: 20% ; Completed Q4: 60% ; On Track: 0% ; Slipped: 20% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS08/A033 Develop the staff engagement and communication strategy.	100	The service was involved in the development of the Workforce Development Plan. Heads of Service had agreed to lead some focus groups to develop the strategy.
SS08/A034 Develop a workforce planning framework for the social care sector as a whole in the Vale of Glamorgan.	100	A workforce plan for social services was developed for 2013/2014. Work is now ongoing with the wider sector to develop and social care workforce plan for the Vale of Glamorgan. The Council continues to offer a wide range of training opportunities to the social care sector across the Vale.
SS08/A036 Review social services training provision and use of grant monies	100	The training programme for 2013./2014 has been reviewed and circulated to the social care sector. Different methods of delivering training are being developed to ensure that staff are able to access quality training at times that best suit them. The service has been collocated with corporate training services as part of the Space Project enabling improved joint working to take place.

Slipped Actions

Title	% Complete	Comment
SS08/A037 Develop a training evaluation tool.	75	Development initiated. Carry forward to 2014-15.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SS08/M012A Percentage of places on appropriate training courses made available to non-council employees.	27.59	25.00	↑	25.55	

Outcome 5: Social Services in the Vale of Glamorgan review, plan, design and develop quality services that deliver best value for money to improve outcomes for individuals.

Performance against actions and performance indicators:

82% of the actions against this outcome have been completed, or are on track towards a later completion date. Of 11 actions, 9 are complete, 3 are on track and 2 have slipped.

The 1 performance indicator under this outcome does not have a target set.

Objective 9: To ensure that services are designed to reflect community need, that people who may use or need services and staff help to identify priorities and that clear models of services are identified in commissioning strategies and annual commissioning plans.

Actions

Completed Q1, Q2 & Q3: 0% ; Completed Q4: 86% ; On Track: 0% ; Slipped: 14% ; Not Started: 0%

Completed Actions

Title	% Complete	Comment
SS09/A039 Review all existing spot purchase agreements, using quantitative and qualitative analysis and consultation with existing providers, successfully identifying where changes to spot purchase agreements could be achieved.	100	Analysis of existing internal and block purchased services is ongoing to evidence existing demand and the need to reconsider existing arrangements. Talks have been held with a number of providers regarding movements to block rather than spot arrangements. Not currently cost beneficial for the authority to do so.
SS09/A039a 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 user and what service options can best provide these outcomes...	100	OP commissioning plan completed. Consultation with LD service users has recently concluded for the basis of the LD commissioning plan. MH services in the UHB are leading on the development of a commissioning plan for this area and intend to develop this for April 2014. A "Together for MH" Plan has been produced. Two commissioning strategies have been approved – Older People and Children and Young People. Others are currently being developed .
SS09/A039b Put in place systems to secure information about costs and performance from service providers. Develop commissioning plans consultation with service providers in the statutory, private and third sectors.	100	Letters of understanding are being developed with funded providers alongside requirement for quarterly RBA monitoring and financial analysis. Key data also being received from Care Home and Domiciliary sectors. Extensive consultation has occurred in developing commissioning strategies in older peoples services, learning disabilities and children's services to date.
SS09/A039c Ensure that service specifications are derived from commissioning plans and that they are clear about the practice and quality standards expected	100	Where services have been commissioned or are due to be commissioned in the near future, the relevant service specifications are written to ensure that our needs are met, but also link to relevant strategies/priorities that have been identified.
SS09/A039d Monitor and evaluate commissioning plans, procurement plans and the services they secure	100	The Directorate gathers considerable intelligence regarding the impact of contracting and commissioning decisions in areas such as service quality and costs. The impact of commissioning strategies will be evaluated over the coming years.
SS09/A040 Develop a commissioning strategy for Mental Health Services in partnership with Cardiff Council and Cardiff and the Vale UHB.	100	Initial consultation with stakeholders completed to develop the vision which has been approved by the programme board. Together for MH delivery plan has been developed and approved by the Partnership Board. The MH Commissioning Strategy is currently in draft form and will be taken forward into 2014/15, led by Cardiff and Vale UHB.

Slipped Actions

Title	% Complete	Comment
SS09/A038 Ensure 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 retendering for services.	75	Revisions to Financial and Contract Procedure Rules have been incorporated into the overall review of the Council's Constitution, as part of the move to adopt the Welsh Model Constitution. It is envisaged that this will be completed during 2014.

Annual Performance Indicators

Title	Actual	Quarterly Target	Status	Actual 2012/13	Comment
SS09/M013A Percentage of funded providers (outside of Community care and care homes) to receive a minimum 2 contract meeting in financial year.	60.00				New indicator for 2013/14 - establish baseline.

Objective 10: To have in place clear planning and programme management processes which help to ensure an appropriate range of services that deliver equity of access, joined up services and best value from a variety of providers within defined, proportionate budgets directed to meeting service priorities.

Actions

Completed Q1, Q2 & Q3: 0% ; Completed Q4: 0% ; On Track: 75% ; Slipped: 25% ; Not Started: 0%

On Track Actions

Title	% Complete	Comment
SS10/A041 Create an adult service remodelling unit with Cardiff Council.	75	Work is continuing with Cardiff Council and the UHB to take forward workstreams aimed at service remodelling as part of the wider integrated working framework using funding from the Welsh Government. A Programme Manager post has been established to progress the integration of the working groups. Action end date is 31/03/16.
SS10/A042 Consider the options for the delivery of long term care, to address the current shortfall in independent sector provision, particularly in relation to people with dementia related illnesses.	75	Work is continuing with the UHB and Cardiff Local Authority. This is now a key work stream for the integrated working framework. A Market Position Statement is being drawn up with Cardiff LA and the UHB in relation to older peoples services. The Council has agreed the 3 year dementia plan in partnership with UHB. Action end date is 31/03/15.
SS10/A044 Through the South East Wales Improvement Collaborative, plan how to develop a regional adoption service.	75	Regional Management Board established. Project Brief developed and informing development of an Implementation Plan. Project Manager identified. Sessions facilitated with managers and staff to inform suitable models of delivery. Action end date is 31/03/15.

Slipped Actions

Title	% Complete	Comment
SS10/A043 Implement a brokerage hub for care home placements with Cardiff and Vale UHB and Cardiff Council.	50	This is now a key work stream for the integrated services framework and is being progressed with regards to how the two authorities procure domiciliary care.