



# **VALE OF GLAMORGAN COUNCIL**

**DIRECTOR OF SOCIAL SERVICES  
ANNUAL REPORT  
2012 – 2013**

**THE DELIVERY OF SOCIAL SERVICES  
AND  
OUR PRIORITIES FOR IMPROVEMENT**

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

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

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

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

## 1. Overview

My annual report outlines for people in the Vale of Glamorgan how effectively social services are meeting the needs of service users and carers, how we have delivered on our priorities during 2012/13 and what our focus will be for the next 12 months.

The Council's Social Services Directorate is required by law to carry out a wide range of responsibilities:

- supporting people through periods of difficulty and vulnerability;
- protecting children and adults from abuse or neglect;
- providing services which respond well to people, families and communities with differing needs and circumstances; and
- promoting social inclusion and independence for people who are vulnerable and at risk.

To assess how well we are carrying out these tasks, we have listened to what our service users and carers say, analysed and included information from performance indicators, and measured progress against the overall goals set by the Council and the Welsh Government.

As part of our drive to achieve improved services year on year, in my last report, I set out a number of priorities for 2011/12. I said that we would:

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

We have been trying to make these changes at a time when levels of demand for social services continue to rise every year while we have to respond to severe financial challenges. As with last year and for the foreseeable future, we expect to see a continuing reduction in the money available for social services, despite the Council's welcome commitment to supporting us through these difficult times. 2012/13 proved to be another challenging year; the requirement to make cost savings of £1.4m was achieved a further savings target of £2.15m has been set for 2013/14.

This makes it even more important that we continue being creative and radical in our approach, if we are to provide an appropriate range of care services. Because of rising demand and changing expectations, the current pattern of services is unsustainable. A focus on developing new “whole person, whole system” models of health and social care, ones that place greater emphasis on prevention and on providing services jointly with our partners, will help us move towards models which can respond to the financial and demographic challenges.

As shown in this annual report, our work to introduce these new models of care is very challenging but progressing well in areas such as mental health services, older people’s services, children’s services and services for people with learning disabilities. The approach taken in the Vale of Glamorgan is consistent with the Welsh Government’s strategic direction for social services set out in its ten-year strategy (*Sustainable Social Services for Wales - A Framework for Action*) and the provisions of the Social Services (Wales) Bill which is due to become an Assembly Act in 2014.

In planning how we will deliver services over the next four years, we have put in place a Service Plan for the period 2013 to 2017 which provides an overview of the Directorate’s improvement work. It outlines what the Directorate is trying to achieve; why this is important; how it will be achieved; how we will monitor progress; and what success will look like.

This unified service plan builds on the key objectives in other major planning documents such as the Social Services Change Plan 2011-14, the Social Services Budget Programme, the Director’s Annual Report 2011-12, the Annual Reports of the three Heads of Service and the recommendations from the Care and Social Services Inspectorate Wales (CSSIW) annual evaluation of our performance. The outcomes and priorities for 2013/14 contained in the plan are a central part of this annual report.

I want to take this opportunity to thank again all our staff. They work hard to deliver good quality social services for the people of the Vale of Glamorgan and to bring about improvements. This report again demonstrates:

- the quality of their work;
- their ability to achieve real improvements in overall performance despite financial constraints and the many difficulties associated with the work they do; and
- the positive outcomes achieved for many of the people who depend upon our services.

**Philip Evans**  
**Director of Social Services**

## **2. CURRENT EFFECTIVENESS AND OUR PRIORITIES FOR 2013/14**

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

#### **Our aims:**

- **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 are well signposted to other services where appropriate. (objective 1 in our 2013/17 directorate service plan)**
- **To ensure that people using Social Services are supported by assessments, care and support plans which are regularly reviewed. (objective 2 in our 2013/17 directorate service plan)**
- **To provide services which meet the assessed needs of individuals and families. (objective 3 in our 2013/17 directorate service plan)**

#### **What did we do in 2012/13?**

#### **We have:**

- Updated the content of our public information and reviewed access points, reviewed information for people who fund their own care, worked with partners to produce joint information and signposting where practicable, and drafted guidance for staff to follow when preparing public information documents.
- Evaluated independently our written information for service users and carers.
- Delivered even better response times to initial requests for help.
- Strengthened case planning for young people making the transition from children's to adult services.
- Delivered effective and timely assessment of carers' needs.
- Decreased the level of delayed transfers of care from hospital for reasons involving the Council.
- Continued our work to improve some response times in specific areas of adult services, especially for older people with problems brought about by dementia-related illnesses.
- Implemented the Mental Health (Wales) Measure 2010 which came into force during 2012.
- Ensured that, when changes to services are proposed, Equality Impact Assessments are completed to a high standard.
- Undertaken a thematic Quality Assurance audit of planning for individual Children In Need across each service area.
- Developed reablement services where staff from social services and health share a base and focus on helping people to regain independence
- Ensured that service users living in supported and other accommodation can make full use of Telecare equipment to live more independently.
- Explored options for making available more 'accommodation with care' for older people.

- Provided an increasing range of services to support children and young people within their own families and communities by making full use of new children's services provided in partnership such as Families First, Flying Start and the Integrated Family Support Service.
- Provided appropriate placements for children and young people with especially complex needs, and focused on permanence planning for Looked After Children
- Implemented a new Children and Young People Services Commissioning Strategy for 2013/18.
- Established a multi-agency resource panel to co-ordinate our preventative and early intervention service for Children and Young People.
- Increased to above the Wales average the number of Looked After Children who have a personal education plan in place within 20 days of becoming looked after.

### **What impact did this have?**

There are established single entry referral points in both Adult and Children and Young People Services. Where referrals include concerns about risk, these are dealt with as a priority.

New technologies are providing the council with an opportunity to make easier the process of informing people about services and helping them to gain access while increasing choice and reducing transaction costs. A management database and knowledge management procedures maximise the number of enquiries that can be resolved at the first point of contact. 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.

As well as distributing information throughout the community, the Directorate continues to make available a range of leaflets through the corporate contact centre to provide enquirers and those referred to social services with a bespoke set of information. The Vale of Glamorgan Care Directory, available at a range of outlets, offers advice and signposting to people looking to address their own care needs independently. A survey undertaken in 2012 showed that 89% of all people receiving services were satisfied with the information provided.

### **Adults**

The average length of time an adult can expect to wait between making an enquiry to social services and a care plan being drawn up is reducing consistently (from 99 days to 40 days), both for a non-specialist assessment and for those requiring more specialist care.

At the end of 2012/13, 32% of Adult Services Assessments undertaken by our Contact1Vale service resulted in a referral to social work teams, with 7% signposted to other services. A further significant improvement has been the outcome of our integrated hospital discharge service with the NHS. Together with the recently developed Community Resource Service, this has delivered a 25% reduction in the number of people waiting in hospital due to social care related delays. Increasing

numbers of older people receive a reablement service without having to go through a complex assessment process.

Despite these improvements, the demand for older peoples' services continued to increase and ensuring that older people get a timely response has been challenging on times, particularly during the winter when pressures experienced by the NHS had a direct impact on our ability to deliver services as quickly as we would like.

For those adults with mental ill health, all referrals are properly screened by a multi-agency meeting to ensure appropriate allocation; this system is working well. The Carers Support Officer is now an integral part of the team and this has meant more effective and timely assessment of carers' needs. Hafal continues to provide support to individual carers and to operate carers' support and activity groups. Community Support Workers continue to perform a crucial role in enabling service users to gain access to community resources.

During 2012/13, the demand for older people's services continued to increase. Whilst response times had improved, there was a dramatic increase in the number of referrals and, by January 2013, a waiting list had emerged in our Adult Community Care team (ACCT). Strategies have been employed successfully to eliminate the waiting list, within our current resources. This has helped to keep the waiting list at a manageable level and to ensure that cases are appropriately prioritised.

Through restructuring and improving staffing levels in our Occupational Therapy teams, we have seen a significant improvement in the waiting times for services, now reduced to one month. In addition, the team have introduced new ways of working (including an 'Assess and Provide' service) and new screening models which it is anticipated will reduce further waiting times in 2013/14.

The reconfiguration of adult services assessment and care management teams is now fully operational and the benefits of working in neighbourhoods have been demonstrated. Changes to the older people's day service have been completed. This has enabled us to focus upon those with the greatest levels of need and to reduce our running costs.

In 2011/12, the Community Mental Health Older Persons team was aligned with the broader Older Person's Locality Team rather than with Mental Health Services. This change allowed us to tackle problems regarding workload management, which had resulted in long waiting lists. Working in partnership with the Cardiff & Vale University Health Board, we have helped the team to cut drastically their waiting list during 2012/13 through more efficient ways of working and the introduction of the Mental Health Measure. The service continues to implement a focused action plan to target the management of waiting lists.

Mental Health Services have been a priority during 2012/13, with a specific project forming part of the overall programme of the Integrating Health and Social Care Programme Board. More health and social services staff have been trained to meet the demand for mental health services and the Assertive Outreach and Early Intervention services are being extended. . The Mental Health (Wales) Measure 2010 means that all people using the services of the Community Mental Health Team (CMHT) have an up

to date Care and Treatment Plan, people can re-access the CMHT through self-referral and quality assessments and short term interventions are available to citizens as required. As a result, we have reduced waiting times for allocating a case manager and the subsequent provision of services.

## **Children**

The Department continues to work with its partners to produce joint information and service signposting such as the Positive Parenting Guide (with the Children and Young People's Partnership), a Carers' Support Services Directory (with the Vale Centre for Voluntary Services) and Activale Summer brochure listing services and support for children and young people during the summer holiday period (with a range of Council services).

All contacts and referrals for Children and Young People Services are managed through the division's Intake and Family Support Team. We have maintained good performance for initial decision making with 100% of referrals receiving a decision within one working day.

During the past twelve months, we have strengthened our individual case planning for young people who are making the transition from children's services to adult services by creating a dedicated Transitions Social Worker role within the Child Health and Disability Team.

We have secured improvements in the quality of Children In Need plans and there has been a reduction in the number of Looked After Children from 202 to 184 through improved permanence planning. All the children had a care plan in place when they first became looked after and all of them had a plan for permanence on time. The percentage of health assessments for Looked After Children has increased from 48% to 60% but this is still below the Welsh average of 81% and we are committed to improving the figure.

We have maintained performance in relation to carers' assessments. Performance indicators show that all carers of adults were offered an assessment in their own right in 2012/13, 93% of carers took this up and 82% of these were provided with a service.

Our plans for staff and service reconfiguration have been implemented successfully, improving frontline service provision while achieving corporate savings.

Assessment, planning and reviewing processes for individual cases has been simplified, to reduce the levels of bureaucracy and the disproportionate time spent by staff entering information on to case management systems.

A new multi-disciplinary early intervention team became operational in the summer of 2012, made available through the Families First grant from the Welsh Government. It has created a range of early intervention and preventative family support services targeted at harder-to-reach children and their families. This was in addition to a successful partnership bid with Cardiff City Council and Cardiff and Vale University Health Board for funding to start an Integrated Family Support Service (IFSS) which became fully operational in February 2012.

## **What are our priorities for 2013/14?**

### **We will:**

- 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.
- Provide young children and their families with a 'flying start' by improving information regarding suitable childcare places and activities which meet their particular needs.
- Continue to improve multi-disciplinary transition support for young people moving into adulthood.
- Scope the development of an "intensive placement support team" to deliver targeted interventions to prevent placement breakdowns in respect of Looked After Children.
- 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.
- Work with partners to implement the Carers information and Consultation Strategy. The draft Strategy was developed to meet the requirements of the Carers Strategies (Wales) Measure 2010. The Measure and the Strategy will seek to improve the information available to, and the engagement of, unpaid carers of people with illnesses or disabilities. The strategy has been developed and will now be implemented during 2013/14.

**How will you know if we are making a difference?** People contacting the Council's contact centre will receive timely information about the range of services available.

Vulnerable children and their families will benefit from early intervention and preventative services.

Young People in need will be supported well if they move to Adult Services and their independence will be promoted at all times.

Reduction in placement breakdowns experienced by children who are looked after by the Council.

Adults and older people will be able to access services which promote independence and enable them to remain in their own homes for as long as possible.

The most vulnerable people in our community will be able to access a wider range of integrated health and social services.

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

## **Our aims:**

- ***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. (objective 4 in our 2013/17 directorate service plan)***
- ***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. (objective 5 in our 2013/17 directorate service plan)***

## **What did we do in 2012/13?**

- Maintained service continuity throughout the year, including periods of severely inclement weather. The one example where a service provider defaulted without much warning was managed well.
- Consulted stakeholders when undertaking Equality Impact Assessments about proposed service changes.
- Reviewed Carers Services and implemented the Carers Measure.
- Integrated the reablement elements of our intermediate care service (VICS) with the University Health Board's community rehabilitation services. This was achieved in full consultation with all stakeholders.
- Achieved a Single Point of Engagement (SPOE) for substance misuse services and integrated the services of the substance misuse social worker and counsellors to provide a single care pathway.
- Retendered our Supported Accommodation contracts.
- Led development of a monitoring and support service for adults with Asperger's and Autistic spectrum disorder across four local authority areas.
- Instituted a travel training programme for younger people with Asperger's, autistic spectrum disorder and communication difficulties to increase their independence.
- Worked with partners to improve the support available to meet the health, education and training/employment needs of looked after young people and care leavers.
- Reviewed our respite care provision to ensure that service users get access to the most appropriate setting.
- Increased the capacity of home care services, to maximise the number of people regaining greater levels of independence.
- Developed a "Lessons Learnt" report from the complaints received during the year, to share issues across the directorate.
- Reviewed our consultation timetable to ensure that we gather the views of service users and carers at key times to influence service development work.

## **What impact did this have?**

Collaboration with neighbouring authorities, reconfiguring commissioning arrangements with voluntary sector partners and integration with health services have ensured best use of resources and helped us to continue to change and develop the services

delivered on a decreased budget.

We have continued to support more service users to remain in their own home through an increase in services such as reablement, and the use of assistive technology which helps to promote independence and increase choices about how and where people live. The initial Telecare trial was successful and it has resulted in greater levels of independence for those using the equipment in their accommodation. The pilot has now been extended and further equipment purchased so that we can deliver this initiative to more services users more quickly.

During 2012/13, we witnessed an increase in the number of people with complex needs being cared for at home and a reduction in the number of people in residential/nursing care (from 427 to 394).

The construction of an Extra Care Unit is underway in Barry which will provide more accommodation choice for people living in the area. Working with the NHS, we have also been trying to create a residential intermediate care service, although we have not yet realised all the resources required to deliver this service.

The Carers Measure places a duty on the NHS and Local Authorities to work jointly in preparing, publishing and implementing a strategy for carers. It is designed to support carers in ways that matter to them, focusing on the provision of information and guidance for carers and constructive engagement with carers in decision making about the provision of services for them and for those to they support.

We use the Carers' Budget to fund specific projects via the third sector and to ensure that we have made the best use of our resources without compromising quality. Additionally, a six-week joint consultation by Cardiff and the Vale of Glamorgan Councils was undertaken regarding the type of services which carers most need and want. Feedback from carers will identify the priorities for service delivery as part of our four-year Service Plan.

From February 2013, the new structure for the Vale Intermediate Care Service (ICS) will ensure seamless care provision, overseen by an integrated locality management structure across health and social services. Estimated savings of £150,000 will contribute to the care packages budget reduction.

The Single Point of Engagement has provided a locally based accessible environment for substance misuse users; it brings together health, the local authority and voluntary sector agencies under one roof. Integrating the substance misuse worker with counsellors providing a single care pathway has reduced duplication, waiting lists and waiting times for services and support.

Supported Living Accommodation has become more available and cost effective, thereby promoting independence and increasing options for learning opportunities

Service users with Asperger's and autistic spectrum disorder experience improved choice and safe, flexible and reliable support services. Travel training programmes have enabled young people to learn how to travel safely using different means of transport, to improve their independence and offer increased life opportunities.

The new Children and Young People Services Commissioning Strategy is aimed at supporting families to stay together, confidently managing risk, securing a flexible and affordable mix of high quality placements and setting out clear journeys through care.

The revised Families First grant funding criteria has been used as an opportunity to review all commissioned services to ensure they are targeted at those children and families who may be harder to reach and so more vulnerable. When planning a new early intervention project for Families First, a multi-agency task group adopted the Team around the Child/Team around the Family methodology, whereby all the agencies acknowledge ongoing responsibilities for providing and co-ordinating the support they provide. This service development will play a critical role in supporting children and young people to remain living within their family networks and minimise the need for more intrusive and costly intervention at the stage where families are in crisis.

### **What are our priorities for 2013/14?**

#### **We will:**

- Examine how best to secure an increased range of service providers in social care, especially those who use a social entrepreneurial approach which engages communities and groups of service users or carers in the design and delivery of services, achieves wider training and employment outcomes, and promotes better social networks (perhaps using volunteers and peer support). Improve the integrated Community Learning Disability Service, to support individuals to access a wider range of inclusive opportunities including leisure, work and training, and through integrated Community Health Teams, improve the way in which services promote the quality of life and independence of service users and carers.
- Consult upon and publish a commissioning strategy for learning disabilities, to inform the further development of our services.
- 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.
- Consult upon and publish a commissioning strategy for learning disabilities, to inform the further development of our services.
- 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.
- Co-ordinate preventative and early intervention services for families in the greatest need including Flying Start, Families First and Intensive Family Support Services.
- Develop and promote opportunities for disabled children and young people or those who undertake a caring role to engage in play, physical and cultural activity.
- Recruit more foster carers who are able to provide placements for older children and teenagers and children with health and disability needs, develop a foster carer recruitment strategy and marketing campaign and invest in pre-

approval training and additional assessment capacity, work with other local authorities in south east Wales to develop a regional approach to recruiting foster carers.

- Explore options to provide locally more residential care for looked after children with very complex needs, to enable them to maintain their family and community links.
- When services are commissioned from external providers, ensure that service specifications are derived from commissioning strategies and that they are clear about the practice and quality standards expected.

### **How will you know if we are making a difference?**

We will listen to individuals groups and communities and empower them to shape the support and services they receive.

Service users with learning disabilities will have improved access, choice and involvement in the services they receive.

Disabled children will have greater opportunities to play and engage in physical and cultural activities.

People struggling with substance misuse will benefit from targeted prevention work and help us reduce the impacts and cost of addictive misuse on our services helping use to provide a sustainable future for social care services.

Families in need are able to make use of preventative and early intervention services.

More looked after children are in appropriate placements and looked after locally.

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### **C Achieving good outcomes for service users and carers (arrangements to protect vulnerable people; success in promoting independence and social inclusion)**

**Our aim:**

- ***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 (objective 6 in our 2013/17 directorate service plan)***

**What did we do in 2012/13?**

- Ensured that the systems in place to protect children continue to work very well, with high levels of compliance with national procedures; for example, all children on the Child Protection Register had an allocated social worker.
- Made progress with the merger of the Vale of Glamorgan and Cardiff Local Safeguarding Children Boards (LSCBs), and developed a Council wide

Corporate Safeguarding Group.

- Agreed a way forward in respect of the Integrated Children's Services Child Protection exemplars, delivered relevant briefings and training on the Child Sexual Exploitation Protocol and implemented a Neglect Protocol
- Piloted an evaluation process to gather views of service users who have experience of the Protection of Vulnerable Adults (POVA) process, reviewed the protocol for the allocation and management of referrals and delivered POVA investigation training to relevant staff.
- Completed the consultation phase in respect of the draft Provider Performance and Home Closure Protocols and sought Social Services / Health ratification.
- Developed quality standards for assessments under the Deprivation of Liberty Safeguards (DoLS) procedures compliant with Welsh Government Guidance, developed a more detailed service specification with performance indicators, and piloted public awareness initiatives through surgeries held in care homes and community settings.
- Established a Best Interest Assessor induction and training record.
- Coordinated the work of both the LSCB and the Adult Area Protection Committee effectively throughout the year.

### **What impact did this have?**

We have ensured that information provided to child protection conferences is sufficiently thorough and supports robust decision making, and that staff are supported in implementing the Child Sexual Exploitation Protocol. We have also improved the recognition and management of neglect concerns.

At the age of 19, all young people who had been looked after by the Council were still in contact with social services and were living in suitable accommodation. An increasing number of them were in education, training or employment.

Over 95% of referrals in respect of adult protection led to the risks being managed; the exceptions were cases where adults with the capacity to make decisions in their own right refused safeguarding measures.

There is now an annual consultation process in place aimed at ascertaining the views of service users who have been subject of the POVA process and looking at the need for changes.

There has been an increased awareness of the priorities and challenges involved in the protecting adults at risk of abuse and we have effectively engaged Adult Services operational managers in the management of POVA and wider safeguarding referrals.

Our collaborative working is not just about commissioning the right service but ensuring that we monitor the performance of those external organisations that provide those services. To ensure high levels of care for the most vulnerable, we have developed a joint framework with Cardiff & Vale University Health Board to support how concerns in

respect of service provider performance are managed. Our relationship with partners including those from whom we commission services is important to those who benefit from the care that is provided

People who lack the capacity to make decisions about their care and accommodation are supported by our social care professionals who can make decisions on their behalf and in their best interests. The Deprivation of Liberty Safeguards (DoLS) team have developed simple quality standards for all Best Interest Assessments that ensure timeliness, thoroughness and legal compliance for Assessors and initial scrutiny of assessments before being sent to the Supervisory body. This has meant that Supervisory bodies have felt able to authorise all Best Interest Assessments without the need for further work, eliminating delay and uncertainty for the relevant person, their family and managing authorities.

The DoLS coordinators have organised and run a number of Mental Capacity Act 2005/DoLS awareness surgeries at care homes across the Cardiff and Vale of Glamorgan. Because of a vacancy DoLS coordinator post, we have not achieved as many surgeries as we would have liked but will continue with this programme throughout 2013/14.

### **What are our priorities for 2013/14?**

- Conclude the merger of the Cardiff and Vale LSCBs and ensure our statutory responsibilities in respect of the joint LSCB are delivered.
- Survey annually the views of children involved in the child protection process and report this back to the LSCB.
- 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.
- Deliver additional Protection of Vulnerable Adult investigation training to relevant staff as necessary, to support robust investigation of abuse allegations.

### **How will you know if we are making a difference?**

**Consult annually with vulnerable adults involved in the formal protection arrangements (Protection of Vulnerable Adults) and use the information to bring about improvements.**

Adults at risk of harm or abuse will be suitably safeguarded with allegations investigated thoroughly.

Vulnerable adults involved in the POVA process will be empowered to share their views and to help shape improvements in practice.

Vulnerable adults and those witnessing abuse will contribute meaningfully to the information used within POVA processes and their views will be taken properly into account.

Continue to offer Mental Capacity Act/DoLS awareness surgeries in residential care

homes and explore the possibility of expanding this service to hospitals.

Increase compliance with Deprivation of Liberty Safeguards by providers of social care services.

Staff in residential care homes and hospitals will become more skilled through access to monthly MCA/DoLS surgeries.

Children and young people involved in the child protection process are empowered to share their views and these views are used constructively to bring about improvements in practice.

The LSCB will be merged successfully, have an agreed work place in place and sub groups are functioning as planned.

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

**Our aims:**

- ***To use performance management information as a key means of improving customer outcome and the services provided (objective 7 in our 2013/17 directorate service plan)***
- ***To ensure that robust workforce planning arrangements are in place within the Directorate. (objective 8 in our 2013/17 directorate service plan)***

**What did we do in 2012/13?**

- Managed vacancies and team reconfigurations, to maintain retention and to reduce the number of agency staff and overall staffing costs.
- Increased staff qualification levels across all aspects of the Directorate's work.
- Developed a revised Management Information package for adult services, incorporating information from Contact1Vale.
- Introduced an agreed monitoring framework to ensure delivery of the implementation plan for the Health, Social Care and Wellbeing Strategy.
- Provided further training for managers in relation to change management and ensured appropriate HR advice on change management projects.
- Developed tools/processes to support staff undertaking collaborative and interdisciplinary working across organisational and professional boundaries.
- Developed the methodology to support Directorate and corporate workforce planning.
- Provided all staff with a personal and training development review.

**What impact did this have?**

We have improved our ability to anticipate future HR needs and reduced staffing costs whilst minimising impact on service provision.

We increased staff competences and ability to manage their own performance.

The Management Information pack delivers up to date information twice a month which assists the service to monitor financial information and informs our decision making process.

Elected Members and stakeholders are able to monitor and challenge progress against the actions of the Health Social Care and Wellbeing Strategy.

More frontline and HR staff understand the challenges of delivering high quality services in an environment of significant financial pressure and growing demand, and have a greater understanding the reasons why service change is needed and are comfortable in engaging with the process.

We have demonstrated a capacity for innovation, change and collaboration with key partners, in pursuit of service improvement.

#### **What are our priorities for 2013/14?**

- Develop a workforce planning framework for the social care sector as a whole in the Vale of Glamorgan.
- Complete a review of performance management reporting within the Directorate.
- Review social services training provision and use of grant monies.
- Develop a training evaluation tool.
- Develop further the staff engagement and communication strategy.
- Adapt the core set of analysis grids which provide evidence for the Director's Annual Report.

#### **How will you know if we are making a difference?**

People who receive services and those with whom we work will have confidence that performance within the Directorate is reported honestly and that, where performance issues occur, the response is quick and effective.

More staff will be able to work in integrated health and social care services.

Staff evaluation responses are used to influence the quality of training delivered.

Children and adults will receive effective and more responsive services through integrated workforce planning and training across the range of social care providers.

The Care and Social Services Inspectorate Wales (CSSIW) will continue to have confidence that the Director's Annual Report provides a realistic annual account of performance, and that we are meeting the needs of the people to whom we provide services.

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## **E Developing quality services that deliver best value (planning and partnerships, commissioning and contracting, resource management)**

### **Our aims:**

- ***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. (objective 9 in our 2013/17 directorate service plan)***
- ***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 with defined, proportionate budgets directed to meeting service priorities. (objective 10 in our 2013/17 directorate service plan)***

### **What did we do in 2012/13?**

- Worked to reduce costs, reshape services to divert demand, regionalise some services and integrate services with the NHS and Cardiff Council.
- Produced further service models and commissioning plans for specific areas of service, to complete the actions set out in the Directorate's 2011/14 Change Plan and ensure effective engagement with social care markets.
- Collaborated with Cardiff Council and the University Health Board to develop and implement integrated services for older people, people with mental health problems, people with learning disabilities, children and families.
- Continued tripartite actions with Cardiff & Vale University Health Board and Cardiff Council on joint commissioning; monitoring and evaluating commissioning plans, procurement plans and the services they secure.
- In response to budget pressures, worked closely with corporate staff to design and implement a comprehensive budget programme which tackled the factors producing overspends and ensured tight control over expenditure.
- Based 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.
- Retendered supported accommodation and learning disabilities services, expanded use of Telecare and maximised use of supporting people funding

- Renegotiated a number of contracts with service providers.
- Reconfigured day care services for older people to get the best possible outcomes for the money available.
- Recruited to the joint management post for Learning Disability Services.
- Planned a multiagency bed bureau which enables professionals, service users and carers to access timely information regarding residential care home bed vacancies.
- Worked with the Vale Centre for Voluntary Services (VCVS) to identify overlaps in Council funding of third sector social care services.
- Maintained good relationships with independent sector and third sector providers of services, despite the need to manage costs in a difficult financial context.
- Collaborated in commissioning on a wider scale, partly through the South East Wales Improvement Collaborative (SEWIC).
- Provided staff with a good practice guide to managing resources in social services, to ensure budget accountability and employed robust controls.
- Successfully pressed the Welsh Government to acknowledge the need for additional funding to reimburse the council for income lost because of the First Steps initiative.

### **What impact did this have?**

Social services budgets remain very challenging but they are now clear, proportionate, mainly under control and directed to meeting service priorities.

During 2012/13, the Directorate was required to find savings totalling £1.43m. In order to progress the savings programme and to reduce the savings required in future years, the directorate itself set a savings target of £1.833m and this has been achieved.

The Vale is establishing an excellent track record for pioneering initiatives, many of them involving key partners and an increasing number of services are provided as joint enterprises.

With the Cardiff & Vale University Health Board and Cardiff Council, we sponsored a major programme to develop integrated social care and health services in: □ joint assessment and care planning; securing better long term care for older people; locality teams; support for people with learning disabilities and in adult mental health services; coordinating service provision for children with the most complex needs.

Single assessments promoted greater clarity and understanding for those assessed but also avoided duplication of effort and waste of staff resources.

We continued to change the balance between residential care and community based solutions through promoting prevention and changing from crisis management to better coordinated care in the community, with a particular emphasis on high risk groups and those with increasing frailty and vulnerability.

The Public Health and Wellbeing Board is working well to tackle health inequalities in the local authority area and the determinants of need for health and social care services. The focus is dealing with issues such as food and fitness, heart disease and healthy lifestyles.

People will benefit from the new service models that have been developed as services become more responsive to their needs and more sustainable in the longer-term but we recognise the need to progress the development of service models for adults with a physical disability and those with a learning disability, currently out to consultation.

SEWIC is making good progress with the agreed programme for collaboration; for example, a commissioning hub for high-cost, low volume placements in adult services has become operational this year and the ten local authorities are co-operating in a programme to improve recruitment practice in foster care services.

The Council is achieving better value from commissioned services and the strategies are helping to provide the Council with additional means of delivering service modernisation and cost effectiveness.

Key stake holders have information about the overall strategic direction set for each service area, the Council's priorities for service development, commissioning and decommissioning, and the needs we are able to meet and those we cannot.

Affordable contracts have been renegotiated in Children and Young People Services.

Collaboration and joint management have enabled us to begin developing more effective and more efficient services where the citizen is increasingly at the core of planning, design and delivery. Our commitment to the Integrated Health and Social Care Programme Board is also essential in making best use of scarce resources where we will work together to help shape health and social services for our communities over the next 3 to 5 years and beyond.

Carers will be supported in trying to find vacant care beds and more informed choices can be made.

More people are receiving services from the most appropriate providers, helping to maintain quality of care standards.

### **What are our priorities for 2013/14?**

- Complete agreed service models and commissioning plans for all areas of service.
- 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.
- Develop a commissioning strategy for Mental Health Services in partnership with

Cardiff Council and Cardiff & Vale UHB.

- Continue the work with Cardiff Council and the Cardiff & Vale UHB to develop and implement integrated services.
- 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.
- Create an adult service remodelling unit with Cardiff Council, if grant funding is made available from Welsh Government.
- Consider the options for the delivery of long term care, to address the current shortfall in independent sector nursing home provision, particularly in relation to people with dementia related illnesses.
- Implement a brokerage hub for care home placements with Cardiff and Vale UHB and Cardiff County Council.
- Through the South East Wales Improvement Collaborative, develop a regional adoption service.
- 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.

### **How will you know if we are making a difference?**

Social care services will be commissioned in a timely manner and all appropriate providers will have the opportunity to compete fairly for services.

The strategy will enable us to describe and predict the population needs for Mental Health Services over the next 5 years and set out an action plan of services to meet this challenge.

Where appropriate, the Council will move away from spot purchasing to block contracts and volume discounts and service level agreements. This will lead to further value for money from all commissioned services.

The overall shape of adult services and children's services will be based upon the agreed new models of care.

A better match will be achieved between demand for placements and the available supply, including extra care units.

A regional adoption service will be in place which delivers better performance in

recruiting and assessing potential adopters, placing children appropriately and providing post-adoption support in need.

People will benefit from services that are commissioned by staff who have the right skills, training and support.