

The Vale of Glamorgan Council

Scrutiny Committee (Social Care and Health): 15 June 2015

Report of the Director of Social Services

Social Services End of Year Performance Report 2014-15

Purpose of the Report

1. To present end of year performance results for the period 1st April 2014 to 31st March 2015 outlined in **Appendix 1**.

Recommendations

1. That Committee note service performance results and remedial actions to be taken to address service underperformance.
2. That Committee note progress to date in achieving key outcomes as outlined in the Corporate Plan 2013-17, the Outcome Agreement with Welsh Government 2013-16 and the Improvement Plan Part 1 2014-15.

Reasons for the Recommendations

1. To ensure the Council is effectively assessing its performance in line with the requirement to secure continuous improvement outlined in the Local Government Measure (Wales) 2009.
2. To consider the Social Services end of year performance results as at 31st March 2015 in order to highlight areas for service improvement.

Background

2. The Service Plans for 2014/15 focus on the achievement of key objectives within each Directorate which in turn contributes towards the achievement of identified outcomes in the Corporate Plan 2013-17, the Outcome Agreement 2013-16 and the Improvement Plan Part 1 2014-15.
3. Quarterly performance reports have been developed to reflect these Service Plans and designed to ensure that the Council reports performance in the context of progress against its objectives.
4. End of year (quarter 4) performance reports are cumulative and comprise of performance information covering the period 1st April 2014 to 31st March 2015. The performance report is structured as follows:

- An overview provides a snapshot of the Directorate's progress towards achieving the objectives contributing towards its service outcomes. It highlights progress towards key actions in the Corporate Plan 2013-17, the Outcome Agreement 2013-16 and the Improvement Plan Part 1 2014-15 for which the Directorate has lead responsibility. Examples of exceptional performance during the quarter are highlighted as are any key areas of slippage and the planned remedial action.
- A brief evaluation is provided of each service outcome outlining overall progress (including actions and performance measures) towards achievement.
- Detailed progress is reported for each service objective looking at all actions broken down into completed, on track, slipped and not due actions. Progress is provided for all performance indicators by allocating a performance status, ☺ relates to performance that has met or exceeded target, 😊 relates to performance within 10% of target and ☹ relates to performance that has missed target by more than 10%.
- A direction of travel arrow is also provided against each measure indicating whether current performance has improved, stayed static or declined on previous year's performance. An upward arrow indicates that performance has improved from the previous year's performance, a static arrow indicates performance has remained the same and a downward arrow shows performance has declined compared to the previous year.

Relevant Issues and Options

5. Overall Social Services has completed 70% of Service Plan actions at end of year, with a further 10% on track for a later completion date. Details are available under each objective. There are a total of 30 actions in the plan; 21 are completed, 3 are on track and 6 have slipped. The three actions that are on track are due to be completed in March 2016. Of the 6 slipped actions, 4 will be progressed and carried forward to the 2015/16 Service Plan and 2 will be deleted. The rationale for deleting these actions is outlined in the Appendix to this report.
6. The Directorate has completed 86% of the actions against the Corporate Plan that were included in the 2014/15 service plan. Of the 14 actions within the service plan, 12 are completed and 2 have slipped.
7. 8 (89%) of our 9 actions relating to the Improvement Objectives have been completed and 11% (1) has slipped. There are 15 measures relating to the Improvement Objectives. Of these 8 (53%) have met or exceeded target, 5 (33%) are within 10% of target, 1 (7%) has missed target by more than 10% and, performance status was not available for the 1 (7%) measure. The indicator that has missed target by more than 10% relates to SCC044b. See relevant objective for reason for underperformance and proposed remedial action where appropriate.
8. There are currently no actions relating to the Outcome Agreement. There are 10 measures relating to the Outcome Agreement. Of these, 8 (80%) have met or exceeded target, 1 (10%) is within 10% of target, and 1 (10%) has missed target by more than 10%. The indicator that has missed target by more than 10% relates to OA3/M26. See relevant objective for reason for underperformance and proposed remedial action where appropriate.
9. Of the 78 performance indicators in the plan, 45 (58%) met or exceeded target at end of year, 17 (22%) were within 10% of target and 6 (8%) missed target by more than 10%. Performance status was not available for the remaining 10 (12%) indicators. The six indicators that missed target related to SS/M007, SCA/007, SCA/002a,

SCC/044b, SS/M008a and OA3/M27. The reasons for underperformance and any proposed remedial action is provided under the relevant objective

10. In terms of notable service achievements during the year, Children and Young People Services have demonstrated improvement in the time taken to complete initial and core assessments. Some of this achievement has been made as a result of a temporary allocation of additional resources in the Intake Team. Consideration is currently being given to how we best manage demand at the front door and appropriate structures to support this.
11. The performance for Delayed Transfers of Care improved significantly compared with last year. Improved and integrated access arrangements, discharge services and reablement have all helped support improvement in this area despite significant winter pressures.
12. Children and Young People Services have worked in partnership with Learning and Skills to raise the percentage of Personal Education Plans (PEPs) being completed from 40% in 2013/14 to 97% in 2014/15. Performance has increased during the year and both Directorates are committed to ensuring the timely preparation of PEPs for Looked After Children. Together these factors provide a positive indication of our ability to maintain this performance.
13. Golau Caredig, the first Extracare scheme in the Vale, received its first tenants in October 2014 and was officially opened in April 2015. All apartments are occupied and the feedback from tenants is positive. The scheme provides an exciting new option for older people in the Vale, enabling them to remain in their communities whilst accessing support as required.
14. We worked effectively 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, and collaboration on a joint resource directory has already started. The Family Information Service is meeting standards as set out in 'Delivering Quality Information for Families Together' issued by Welsh Government in 2014. The Vale of Glamorgan Care Directory that provides signposting to local services for older people has been reviewed and updated and published in early 2015. Work continues in order to develop an online directory of services in collaboration with North Wales Single Point of Access (SPOA) and SSIA, including an audit of existing directory services.
15. We worked 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 by concluding the merger of the Cardiff and Vale LSCBs, ensuring that our statutory responsibilities in respect of the joint LSCB are delivered. An annual survey to obtain the views of children involved in the child protection process has been reported back via the LSCB and a dedicated Education Safeguarding Officer is ensuring that schools deliver their safeguarding responsibilities. The Corporate Safeguarding Group monitors safeguarding compliance across the Council and areas of focus have included safer recruitment and safeguarding training. We have also reviewed the Neglect Protocol that has been ratified by the Cardiff and Vale LSCB.
16. We embarked on tackling child poverty by working with families in need to raise their awareness of entitlements to welfare benefits and allowances as well as facilitated access to support services that help people get into employment and training. We have achieved this by taking the lead on the development of a Council-wide Poverty Strategy that has been embedded within the Community Strategy. There are a range

of support services for families in need such as referrals to the CAB service and a range of Families First projects that are targeted at early intervention and prevention services for children, young people and families. The FACT service (Families Achieving Change Together) is a key element of the Families First programme that has a strong focus on tackling issues associated with poverty. This service takes a 'Team around the Family' approach to providing tailored family support that meets their needs.

17. In relation to slippage, work is progressing to improve multi-disciplinary transition support for young people moving into adulthood. A Project Officer will be hosted by Cardiff and the advertisement for this post will go live in April. Appointment to this post will provide capacity to take this work forward [SS/A004 (CP/CYP5)]
18. Work continues to progress with the Third Sector and business organisations to deliver a preventative, community approach to supporting older people to live as independently as possible. A number of Intermediate Care Fund (ICF) / Regional Care Fund (RCF) third sector projects have been maintained in 2015/16. This action is due to be completed on 31/06/2016 [SS/A021 (IO) (CP/HSCW7)].
19. We are continuing to work in partnership with Cardiff Council and Cardiff and Vale University Health Board (UHB) to develop a Health led commissioning strategy for Mental Health services. A local delivery plan is in place however the UHB have not yet developed a commissioning strategy. Cardiff and Vale UHB have agreed to convene a group to prepare a commissioning strategy [SS/A055a (CSSIW/AREF/IP2/2011)].
20. We continue to consider options for the delivery of long term care, to address any shortfall in independent sector provision, particularly in relation to people with dementia related illnesses. Work has started on a review of accommodation with care options for older people [SS/A055b (CSSIW/AREF/IP2/2011)].
21. In relation to implementing a brokerage hub for care home placements with Cardiff and Vale University Health Board (UHB) and Cardiff Council, an external review has been undertaken to look at joint working to include care home placements. A report will be considered in April [SS/A043].
22. Limited progress has been made in developing formally agreed governance arrangements for the Mental Health service, which clarify accountability, management, financial and HR issues. Whilst arrangements are in place a more formal agreement has yet to be reached. A community review has since commenced. [SS/A054].
23. A detailed report of the Directorate's overall performance is provided at **Appendix 1**.

Resource Implications (Financial and Employment)

24. There are no additional budgetary implications arising from this report although underperformance in some areas may have a negative impact on external assessments of the Council and could put certain funding opportunities at risk.

Sustainability and Climate Change Implications

25. Underperformance issues relating to sustainability will be given due consideration both corporately and within the relevant service areas.

Legal Implications (to Include Human Rights Implications)

26. The Local Government Act 1999, the Wales Programme for Improvement and the Local Government (Wales) Measure 2009 require that the Council secure continuous improvement across the full range of local services for which it is responsible.

Crime and Disorder Implications

27. Underperformance issues relating to crime and disorder will be given due consideration both corporately and within the relevant service areas.

Equal Opportunities Implications (to include Welsh Language issues)

28. Underperformance issues relating to equalities will be given due consideration both corporately and within the relevant service areas.

Corporate/Service Objectives

29. The Corporate Plan 2013-17 outlines community leadership as a priority for the Council. Improving how the Council evidences and reports achievements of its outcomes and objectives contributes towards effective community leadership.

Policy Framework and Budget

30. This is a matter for Executive decision.

Consultation (including Ward Member Consultation)

31. The information contained within the report is based on quarterly returns provided by service Directorates to the Performance and Development Team. An overall Council report on performance has been considered by Cabinet. Quarterly performance reports are reported to relevant Scrutiny Committees.

Relevant Scrutiny Committee

32. Social Care and Health

Background Papers

Social Services End of Year Performance Report 2014/15

Contact Officer

Julia Esseen, Corporate Performance Co-ordinator

Officers Consulted

Corporate Management Team
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Julia Archampong, Performance Manager

Responsible Officer:

Philip Evans, Director of Social Services.

Appendix 1: Social Services Annual Performance: End of Year Performance Overview



Overall, the Directorate has completed 70% of Service Plan actions at end of year, with a further 10% on track for a later completion date. Details are available under each objective. There are a total of 30 actions in the plan; 21 are completed, 3 are on track and 6 have slipped. The three actions that are on track are due to be completed in March 2016. Of the 6 slipped actions, 4 will be progressed and carried forward to the 2015/16 Service Plan and 2 will be deleted. The rationale for deleting these actions is outlined in the body of this report.

The Directorate has completed 86% of the actions against the Corporate Plan that were included in the 2014/15 service plan. Of the 14 actions within the Service Plan, 12 are completed and 2 have slipped.

8 (89%) of our 9 Improvement Objectives have been completed and 11% (1) has slipped. There are 15 measures relating to the Improvement Objectives. Of these 8 (53%) have met or exceeded target, 5 (33%) are within 10% of target, 1 (7%) has missed target by more than 10% and, performance status was not available for the 1 (7%) measure. The indicator that has missed target by more than 10% relates to SCC044b. See relevant objective for reason for underperformance and proposed remedial action where appropriate.

There are currently no actions relating to the Outcome Agreement. There are 10 measures relating to the Outcome Agreement. Of these, 8 (80%) have met or exceeded target, 1 (10%) is within 10% of target, and 1 (10%) has missed target by more than 10%. The indicator that has missed target by more than 10% relates to OA3/M26. See relevant objective for reason for underperformance and proposed remedial action where appropriate.

Of the 78 performance indicators in the plan, 46 (59%) met or exceeded target at end of year, 17 (22%) were within 10% of target and 5 (7%) missed target by more than 10%. Performance status was not available for the remaining 10 (12%) indicators. The 5 indicators that have missed target by more than 10% relate to SS/M003b, SCA007, SCA002a, SCC044b, and SS/M008a. See relevant objective for reason for underperformance and proposed remedial action where appropriate.

Examples of exceptional performance during the year including our contribution to Corporate Plan priorities:

Children and Young People Services have worked in partnership with Learning and Skills to raise the percentage of Personal Education Plans (PEPs) being completed from 40% in 2013/14 to 97% in 2014/15. Performance has increased during the year and both Directorates are committed to ensuring the timely preparation of PEPs for looked after children.

Children and Young People Services have demonstrated improvement in the time taken to complete initial and core assessments. Some of this achievement has been made as a result of a temporary allocation of additional resources in the Intake Team. Consideration is currently being given to how we best manage demand at the front door and appropriate structures to support this.

The performance for Delayed Transfers of Care improved significantly compared with last year. Improved and integrated access arrangements, discharge services and reablement have all helped support improvement in this area despite significant winter pressures.

Golau Caredig, the first Extracare scheme in the Vale, received its first tenants in October 2014 and was officially opened in April 2015. All apartments are occupied and the feedback from tenants is positive. The scheme provides an exciting new option for older people in the Vale, enabling them to remain in their communities whilst accessing support as required.

We worked effectively 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, and collaboration on a joint resource directory has already started. The Family Information Service is meeting standards as set out in 'Delivering Quality Information for Families Together' issued by Welsh Government in 2014. The Vale of Glamorgan Care Directory that provides signposting to local services for older people has been reviewed and updated and published in early 2015. Work continues in order to develop an on-line directory of services in collaboration with North Wales Single Point of Access (SPOA) and SSIA, including an audit of existing directory services. [CYP6]

We worked 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 by concluding the merger of the Cardiff and Vale LSCBs, ensuring that our statutory responsibilities in respect of the joint LSCB are delivered. An annual survey to obtain the views of children involved in the child protection process has been reported back via the LSCB and a dedicated Education Safeguarding Officer is ensuring that schools deliver their safeguarding responsibilities. The Corporate Safeguarding Group monitors safeguarding compliance across the Council and areas of focus have included safer recruitment and safeguarding training. We have also reviewed the Neglect Protocol that has been ratified by the Cardiff and Vale LSCB. [CYP9]

Embarked on tackling child poverty by working with families in need to raise their awareness of entitlements to welfare benefits and allowances as well as facilitated access to support services that help people get into employment and training. We have achieved this by taking the lead on the development of a Council-wide Poverty Strategy that has been embedded within the Community Strategy. There are a range of support services for families in need such as referrals to the CAB service and a range of Families First projects that are targeted at early intervention and prevention services for children, young people and families. The FACT service (Families Achieving Change Together) is a key element of the Families First programme that has a strong focus on tackling issues associated with poverty. This service takes a 'Team around the Family' approach to providing tailored family support that meets their needs. [CL14]

We have increased the availability of reablement and rehabilitation services that help older people to prevent them from experiencing a crisis. The remodelling of the CRT team has been completed which has resulted in increased number of people achieving full independence. This is currently approaching 70% of service users who enter the service. [HSCW6]

We have effectively worked with our partners to implement the Carers Information and Consultation Strategy 2012-15. A pilot initiative to provide carers with support in hospital settings has been extended to full time provision until the end of March 2015 at least. Strategy action plans have been reviewed and further developed for 2014/15 and 2015/16. The Carers Handbook is produced jointly under the Strategy and has been updated and reprinted. A leaflet has been drafted to signpost carers to help and support in relation to manual handling and a pictorial guide to manual handling equipment for carers and families. We have also developed a training algorithm and observation sheet for practitioners. [HSCW10]

Established integrated social care and health assessment and care management teams for all adult services in partnership with the Cardiff and Vale University Health Board. These integrated models are in place for Mental Health, Older People's Mental Health and Learning Disability while locality services are now co-located. [HSCW8]

We have worked 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 illnesses The Regional Collaboration Fund has supported the tendering of Third Sector brokers as an alternative to statutory services. We have effectively engaged with carers groups and Third Sector organisations to consult on future service models and developments. The Council has endorsed the Dementia Strategy with the Health Board. [HSCW7]

How will we bring our slipped actions and measures on track?:

SS/A004 (CP/CYP5): In relation to continuing to improve multi-disciplinary transition support for young people moving into adulthood, a Project Officer will be hosted by Cardiff and the advertisement for the post will go live in April. Appointment to this post will provide capacity to take this work forward.

SS/A021 (IO) (CP/HSCW7): Work continues with the Third Sector and business organisations to deliver a preventative, community approach to supporting older people to live as independently as possible. A number of Intermediate Care Fund (ICF)/ Regional Care Fund (RCF) third sector projects have been maintained in 2015/16. This action is due to be completed on 31/06/2016.

SS/A055a (CSSIW/AREF/IP2/2011): In relation to influencing the development of a Health led commissioning strategy for Mental Health services in partnership with Cardiff Council and Cardiff and Vale University Health Board (UHB), a local delivery plan is in place however the UHB have not yet developed a commissioning strategy. Cardiff and Vale UHB have agreed to convene a group to prepare a commissioning strategy.

SS/A055b (CSSIW/AREF/IP2/2011): We continue to consider options for the delivery of long term care, to address any shortfall in independent sector provision, particularly in relation to people with dementia related illnesses. Work has started to review accommodation with care options for older people. This action has been carried forward into 2015/16.

SS/A043: In relation to implementing a brokerage hub for care home placements with Cardiff and Vale University Health Board (UHB) and Cardiff Council an external review has been undertaken to look at joint working to include care home placements. A report is being considered in April 2015.

SS/A054: Limited progress has been made in developing formally agreed governance arrangements for the Mental Health service, which clarify accountability, management, financial and HR issues. Whilst arrangements are in place, a more formal agreement has yet to be reached and further progress on formal arrangements is not being made. A community review has commenced and the action has been discontinued.

SS/M003b: The average number of working days between initial enquiry and completion of the care plan, for non-specialist assessments. Our performance of 17.99 days whilst an improvement on the previous year's performance of 18.39 days, is below our target of 15 days and work is on-going to improve performance. This includes the development of an integrated contact centre to provide initial assessments through the implementation of the Integrated Assessment guidance.

SCA007: The percentage of clients with a care plan at 31 March whose care plans should have been reviewed that were reviewed during the year. Our performance of 75.69% is lower than the previous year's performance of 78.30% and our annual target of 87% however, this is indicative of the increase in demand for services. Priority has to be given to progressing new Integrated Assessments over reviewing established cases.

SCA002a: The rate of older people (aged 65 or over) supported in the community per 1000 population at 31 March. Whilst our performance of 41.13 was lower than our performance from the previous year (47.49) and our annual target of 50, this is indicative of the low numbers of older people who are supported in the community per population; where the population has significantly increased in this age group.

SCC044b (IO2): 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. The number of days increased from 14 in 2013/14 to 15.50 in 2014/15 which was well below the annual target of 6 days. Use of fixed term exclusions is decided by education as a suitable mechanism for controlling behaviour. This decision is not within social services control.

SS/M008a: The number of Home Care packages provided for less than 5 hours per week. Performance for 2014/15 at 198 was lower than that targeted (226) and the previous year's performance of 226. It must be noted that the target for this performance indicator is indicative only, to allow the tracking of care packages.

OA3/M26: Rate per 1,000 population of over 65s who have had a UA assessment. Our performance of 31.52 is below our annual target of 42 and the previous year's (43.60). The reconfiguration of the service and a change in the procedure following review, coupled with an increase in the population of the over 65s, has resulted in a fall in the performance. This will be monitored during 2015-16, while the new arrangements become embedded in to practice

All Actions					
	Total number	Completed	On Track	Slipped	Not due to have started
No.	30	21	3	6	0
%	100%	70%	10%	20%	0%
Corporate Plan Actions					
	Total number	Completed	On Track	Slipped	Not due to have started
No.	14	12	0	2	0
%	100%	86%	0%	14%	0%
Improvement Objective Actions					
	Total number	Completed	On Track	Slipped	Not due to have started
No.	9	8	0	1	0
%	100%	89%	0%	11%	0%
Outcome Agreement Actions					
	Total number	Completed	On Track	Slipped	Not due to have started
No.	0	0	0	0	0
%	100%	0%	0%	0%	0%

All Measures					
	Total number	😊	😐	☹️	N/A
No.	78	46	17	5	10
%	100%	59%	22%	7%	12%
Improvement Objective Measures					
	Total number	😊	😐	☹️	N/A
No.	15	8	5	1	1
%	100%	53%	33%	7%	7%
Outcome Agreement Measures					
	Total number	😊	😐	☹️	N/A
No.	10	8	1	1	0
%	100%	80%	10%	10%	0%

Key**Measures:**

☺ Performance is on or above target

☹ Performance is within 10% of target

☹ Performance missed target by more than 10%

Direction of travel:

↑ Performance has improved on last year

↔ Performance has remained the same as last year

↓ Performance has declined since last year

Actions:**Completed:** Completed in full by due date.**On track:** Progressing and due to be completed by due date. On track actions reported at end of year relate to actions with an end date later than 31 March 2015.**Slipped:** Limited progress has been made and an explanation must be provided including any planned remedial action(s) where appropriate.**Not due:** Action has been rescheduled for a later start date than that originally planned.**An explanation of the referencing used in this report:**e.g. **SS/A001****SS:** This refers to the service plan, in this case, Social Services**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:****CP/CL1:** The **CP** refers to the Corporate Plan. **CL1** is the reference number of the Corporate Plan objective the action links to.**IO/06:** The **IO** refers to the Improvement Objectives. **06**, refers to the number of the Improvement Plan objective linked to.**OA/01:** The **OA** refers to the Outcome Agreement with Welsh Government. **01** refers to the number of the Agreement linked to.**SEP:** This refers to actions which link to the Strategic Equality Plan.**WAO:** This refers to Wales Audit Office improvement proposals related to the service area.**CSSIW:** This refers to the Care and Social Services Inspectorate Wales improvement proposals related to the service area.

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

Performance against actions and performance indicators:

We have completed 64% of the actions contributing to this outcome. Of 11 actions, 7 have been completed, 3 are on track for completion, and 1 has slipped.

Of the 27 performance indicators under this outcome, 21 have met or exceeded target, 4 are within 10% of the target and 2 have missed target by more than 10%. Details are available under each objective in the next section of the report.

Objective 1: To ensure that people have access to comprehensive information about Social Services and other forms of help and support, are appropriately signposted to help and supported by proportionate assessments, care and support plans and services which meet their individual assessed needs.

Actions

Completed Q1, Q2 & Q3: 9%; Completed Q4: 55%; On Track: 27%; Slipped: 9%

Completed Actions

Action Ref	% Complete	Comment
SS/A001 Work with the third sector and other organisations to deliver information about services for people in need via the Family Information Service, the Council's Contact Centre and other communication channels. (CP/CYP6)	100	All targets for production of Directories and newsletters have been met, including Activity Programmes for Families during the major school holiday periods, quarterly Disability Index and Carers' newsletters and a directory of Care Services. On-line social services information has been updated and plans are in place to continue updates. Family Information Service (FIS) is coordinating Vale engagement with WG funded project to develop on-line information for Families in Wales

Action Ref	% Complete	Comment
SS/A002 Provide young children and their families with a 'flying start' by improving information regarding suitable childcare places and activities which meet their particular needs. (CP/CYP1)	100	All four streams of the programme have been offered to all families eligible for the Flying Start programme. The team continues to work closely with partner agencies to ensure that all relevant families are signposted appropriately and transitions between services are managed effectively.
SS/A006 Work with partners to implement the Carers Information and Consultation Strategy. (CP/HSCW10)	100	The strategy is complete and all targets within the Carers (Wales) Measure Strategy Action Plan for 2014/15 have been achieved.
SS/A007 Co-ordinate preventative and early intervention services for families in the greatest need including Flying Start, Families First and Intensive Family Support Services. (CP/HSCW3)	100	All three preventative services are fully operational and working together positively to reduce demand for longer term higher level statutory interventions.
SS/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 or similar community-wide model for meeting need for care and support. (CP/H2)	100	New step down facilities are available at Golau Caredig and Redlands to support older people requiring additional support. Work is ongoing with the Wales Cooperative Centre with a workshop taking place with partners in May to proceed with this work
SS/A011 Increase the take up of assistive technologies such as Telecare that enable older people and their carers to manage the impact and risks associated with chronic ill health. (CP/HSCW5)(CSSIW/AREF/IP5/2011)	100	The Task and Finish Group has concluded and an action plan has been developed for 2015/16

On Track Actions

Action Ref	% Complete	Comment
SS/A015 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).	75	Work continuing with the Wales Cooperative Centre. Further work done with the third sector on service provision. On track for completion by 31/03/2016.

Action Ref	% Complete	Comment
SS/A018 Through the integrated Community Learning Disability Service, support individuals to access a wider range of inclusive opportunities including leisure, work and training.	75	Service user reviews are taking place and the strategy is being implemented. On-going work required to achieve full implementation in 2015/16. This action is due to be completed 31/03/2016.
SS/A019 Through integrated Community Health Teams, improve the way in which services promote the quality of life and independence of service users and carers.	75	The management structure is complete. Further work required to evaluate and embed the model in to 2015/16. This action is due to be completed 31/03/2016.

Slipped Actions

Action Ref	% Complete	Comment
SS/A004 Continue to improve multi-disciplinary transition support for young people moving into adulthood. (CP/CYP5)	75	In relation to continuing to improve multi-disciplinary transition support for young people moving into adulthood, a Project Officer will be hosted by Cardiff and the advertisement for the post will go live in April. Appointment to this post will provide capacity to take this work forward.

Annual Performance Indicators

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SS/M001 Percentage of service users visited within 20 working days of Financial Assessment for Residential/Nursing care being requested.	98.53	95.00	☺	↓	98.83	The minor reduction in performance reflects the difficulty in arranging visits to include family members.
SS/M002 Percentage of service users visited within 10 working days of Financial Assessment for non-residential care services being requested.	97.18	90.00	☺	↑	90.81	
SCC006 The percentage of referral during the year in which a decision was made within 1 working day.	99.39	98.00	☺	↑	98.88	This indicator has exceeded target for 2014/15.

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SS/M003a The average number of working days between initial enquiry and completion of the care plan, for specialist assessments.	36.70	35.00	☺	↑	39.06	An improvement on last year. There is ongoing work to further improve performance
SS/M003b The average number of working days between initial enquiry and completion of the care plan, for non-specialist assessments.	17.99	15.00	☹	↑	18.39	Work is on-going to improve performance. This includes the development of an integrated contact centre to provide initial assessments through the implementation of the Integrated Assessment guidance.
SS/M004 The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by a worker.	81.24	85.00	☹	↑	81.20	Performance has been maintained throughout 2014-15; there will be situations where it is not always appropriate for a child to be seen during the initial assessment. Performance is satisfactory in this context.
SCA018a 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	We have maintained top quartile performance.
SCA018b The percentage of carers of adult service users who had an assessment in their own right during the year.	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCA018c The percentage of carers of adult service users who were assessed during the year who were provided with a service.	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCC001a The percentage of first placements of looked after children during the year that began with a care plan in place. (IO2)	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCC001b 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. (IO2)	100.00	100.00	☺	↑	96.67	We have maintained top quartile performance.

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SCC016 The percentage of reviews of child in need plans carried out in accordance with the statutory timetable.	90.12	90.00	☺	↓	96.55	There has been an increase of 50% in the number of Children in Need Plans completed. All reviews were carried out
SCC024 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.	97.14	65.00	☺	↑	40.00	We have achieved top quartile performance.
SCC030a The percentage of young carers known to Social Services who were assessed.	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCC030b The percentage of young carers known to Social Services who were provided with a service.	100.00	89.00	☺	↑	92.00	We have maintained top quartile performance.
SCC039 The percentage of health assessments for looked after children due in the year that have been undertaken. (IO2)	63.31	70.00	☺	↓	66.53	Discussions continue with health colleagues which raises issues about resources they have available. This is a task which the UHB undertake on behalf of the local authority.
SCC041a The percentage of eligible, relevant and former relevant children that have pathway plans as required.	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCC041b The percentage of eligible, relevant and former relevant children that have been allocated a personal advisor.	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCC042a The percentage of initial assessments completed within 7 working days.	89.36	85.00	☺	↑	86.61	The improved performance reflects the additional resources allocated during 2014-15.
SCC042b The average time taken to complete initial assessments that took longer than 7 working days to complete.	13.97	15.00	☺	↑	13.99	The improved performance reflects the additional resources allocated during 2014-15.
SCC043a The percentage of required core assessments completed with 35 working days.	94.23	85.00	☺	↑	91.56	We have maintained top quartile performance.

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SCC043b The average time taken to complete those required core assessments that took longer than 35 days.	51.21	55.00	☺	↑	54.81	Although there are reduced social work resources, 2014/15 performance has improved on the previous year.
SCC045 The percentage of reviews of looked after children, children on the Child Protection Register and children in need carried out in line with the statutory timetable.	96.44	95.00	☺	↓	98.02	There has been an increase of 50% in the number of Children in Need Plans completed. All reviews were carried out.
SCC010 The percentage of referrals that are re-referrals within 12 months.	16.24	30.00	☺	↑	24.16	We have maintained top quartile performance.
SCC007a The percentage of referrals during the year that were allocated to a social worker for initial assessment.	56.59	40.00	☺	↑	54.28	Although there are reduced social work resources, 2014/15 performance has improved on the previous year.
SCC007b The percentage of referrals during the year that were allocated to someone other than a social worker for initial assessment.	12.36	12.00	☺	↓	10.97	This target although narrowly missed is an acceptable position where referrals are allocated to an experienced social care officer - line managed / supervised by a qualified social worker
SCC007c The percentage of referrals during the year that did not proceed to allocation for initial assessment.	30.85	40.00	☺	↑	34.76	Although there will always be cases that do not proceed to initial assessment, 2014/15 performance has improved on the previous year.

Outcome 2: The Vale of Glamorgan Council protects vulnerable people and promotes their independence and social inclusion.

Performance against actions and performance indicators:

We have completed 91% of the actions contributing to this outcome. Of 11 actions, 10 have been completed and 1 has slipped.

Of the 49 performance indicators under the outcome, 22 have met or exceeded the target, 13 are within 10% of the target and 4 have missed target by more than 10%. Performance status was not applicable for the remaining 10 indicators. Details are available under each objective in the next section of the report.

Objective 2: Through the Council working in co-ordination with other organisations, to ensure that people are helped to achieve their best possible outcome and that people at particular risk have their wellbeing promoted and are safeguarded from abuse and exploitation.

Actions

Completed Q1, Q2 & Q3: 18%; Completed Q4: 73%; On Track: 0%; Slipped: 9%

Completed Actions

Action Ref	% Complete	Comment
SS/A023 Work with the Local Safeguarding Children Board (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. (CP/CYP9)/(IO)	100	A corporate safeguarding policy and procedure has been drafted and is being consulted on via Directorate representatives. The safeguarding children board communication and engagement sub-group is developing consultation work with children and our policy officer with responsibility for consultation represents the Vale on this group. Contribution to the Cardiff and Vale Child Sexual Exploitation (CSE) Forum and sub-groups has been maintained. The Safeguarding Children Board has now developed a CSE sub group to steer activity.

Action Ref	% Complete	Comment
SS/A045 Build and develop on the regional LSCB model.	100	The merged board is established. The business planning group continues to develop and oversee the workplan. Sub-groups are established and maintained. Merged policies and procedures are implemented.
SS/A047 Build on the work of the Corporate Safeguarding Group.	100	The corporate safeguarding group continues to meet. A new action plan has been developed; directorate representatives to contribute relevant actions. A corporate safeguarding policy and procedure has been drafted and is being consulted on via directorate representatives.
SS/A048 Ensure that protection, fieldwork and contracting services work together to protect vulnerable people and take timely and appropriate action.	100	Systems now in place to ensure timely and appropriate action are taken to protect vulnerable people.
SS/A049 Realign Telecareservices and review the role and function of the team. (IO)	100	The Task and Finish Group has concluded and an action plan has been developed for 2015/16. The action plan provides a detailed approach to increasing the use of Telecare in the Vale.
SS/A050 Develop an integrated assessment and care management structure which enables signposting, screening and swift allocation of services in partnership with Cardiff and Vale University Health Board. (CP/HSCW8)(IO)	100	The management structure is complete. Further work required to evaluate and embed the model in 2015/16
SS/A051 Progress the Foster Carer Recruitment Strategy to ensure delivery against agreed targets. (IO)	100	Nine new foster carers have been approved -one in Q1, five in Q2 and one in Q3. Two further assessments are expected to go to panel in Q4.
SS/A052 Complete an annual external placement audit, with resulting actions tracked through the year, to assure the suitability of existing placements and identify potential looked after children placed out of the area where local placement would be more appropriate. (IO)	100	The annual audit was completed in February and actions will be monitored through Placement and Permanency Panels, to assure the suitability of existing placements.

Slipped Actions

Action Ref	% Complete	Comment
SS/A021 Continue to 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. (IO)(CP/HSCW7)	75	Work continues with the Third Sector and business organisations to deliver a preventative, community approach to supporting older people to live as independently as possible. A number of Intermediate Care Fund (ICF)/ Regional Care Fund (RCF) third sector projects have been maintained in 2015/16. This action will be completed on 31/06/2016.

Annual Performance Indicators

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SCC013ai The percentage of open cases of children on the Child Protection Register who have an allocated social worker.	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCC013aii The percentage of open cases of children looked after who have an allocated social worker.	100.00	100.00	☺	↔	100.00	We have maintained top quartile performance.
SCC013aiii The percentage of open cases of children in need who have an allocated social worker.	72.04	70.00	☺	↑	70.02	Although there are reduced social work resources, 2014/15 performance has improved on the previous year.
SCA007 The percentage of clients with a care plan at 31 March whose care plans should have been reviewed that were reviewed during the year.	75.69	87.00	☹	↓	78.30	This is indicative of the increase in demand for services. Priority has to be given to progressing new Integrated Assessments over reviewing established cases

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SCC034 The percentage of child protection reviews carried out within statutory timescales during the year.	98.95	100.00	☺	↓	99.36	3 Child Protection (CP) review conferences were cancelled in Q2. 2 CP reviews (1 conference) due to Independent Review Officer (IRO) sickness, no other IRO's were available to cover. 1 conference was delayed until after the summer holidays due to the unavailability of school / health staff.
SS/M009 Percentage of complainants dealt with within statutory timescales.	90.91	80.00	☺	↑	85.71	This indicator has exceeded target for 2014/15.
SCA001 The rate of delayed transfers of care for social care reasons per 1000 population aged 75 and over. (IO2)	4.55	5.50	☺	↑	8.17	This performance indicates 51 delays for social care reasons: It should actually be 50 as one from the Princess of Wales Hospital, was incorrectly reported on the Health database, HOWIS. Negotiations are currently on-going to get this removed.
SCA002a The rate of older people (aged 65 or over) supported in the community per 1000 population at 31 March.	41.13	50.00	☹	↓	47.49	This is indicative of low numbers of older people who are supported in the community per population; where the population has significantly increased in this age group.
SCA002b The rate of older people (aged 65 or over) whom the local authority supports in care homes per 1000 population at 31 March. (IO3)	15.70	16.00	☺	↓	14.74	This is indicative of slightly higher numbers of people requiring support in care homes following last year's reduction.
SCA003a The percentage of clients, in the following age groups, who are supported in the community during the year aged 18-65.	89.80	90.00	☹	↓	90.51	This indicator is not a useful measure of service improvement. Small changes occur primarily due to changes in population number.
SCA003b The percentage of clients, in the following age groups, who are supported in the community during the year aged 65.	77.82	75.00	☺	↓	81.12	This indicator is not a useful measure of service improvement. Small changes occur primarily due to changes in population number.
SCA020 The percentage of adult clients who are supported in the community during the year.	81.13	80.00	☺	↓	83.85	This indicator is not a useful measure of service improvement. Small changes occur

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
						primarily due to changes in population number.
SCC002 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. (IO2)	13.04	13.00	☹	↑	16.36	This is a significant improvement on 2013-14 performance and when compared with the Welsh average. This target is met as 0.04% does not represent a child
SCC004 The percentage of children looked after on 31 March who have had three or more placements during the year. (IO2)	6.88	9.00	☺	↑	10.40	Although there are complex needs of some of our LAC population, this indicator has exceeded target for 2014/15.
SCC022a The percentage attendance of looked after pupils whilst in care in primary schools. (IO2)	94.48	95.00	☹	↑	94.25	Performance has improved since 2013-14, with the target narrowly missed.
SCC022b The percentage attendance of looked after pupils whilst in care in secondary schools. (IO2)	90.05	91.00	☹	↑	87.61	Performance has improved since 2013-14, with the target narrowly missed.
SCC033d 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	We have maintained top quartile performance.
SCC033e 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.	92.86	95.00	☹	↑	92.59	1 Young Person (YP) is in custody; by WG definition this is deemed unsuitable.
SCC033f 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. (OA2) (IO5)	57.14	52.00	☺	↑	44.44	This indicator represents a small cohort of young people.

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SCC035 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.	60.00	60.00	☺	↑	58.33	This indicator represents a small cohort of young people.
SCC036 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.	50.00	40.00	☺	↑	40.00	This indicator represents a small cohort of young people.
SCC037 The average external qualifications point score for 16 year old looked after children, in any local authority maintained learning setting.	224.46	200.00	☺	↓	348.00	Performance in 2013/14 reflects the exceptional achievement of one young person.
SCC044a The percentage of children looked after who were permanently excluded from school during the previous academic year.	0.00	0.00	☺	↑	1.27	We have maintained top quartile performance.
SCC044b 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. (IO2)	15.50	6.00	☹	↓	14.00	Use of fixed term exclusions is decided by education as a suitable mechanism for controlling behaviour. This decision is not within social services control.
SCY001a 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.	N/A	N/A	N/A	N/A	12.90	Unable to be updated until Youth Justice Board (YJB) validated data received towards the end of May 2015.
SCY001b 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.	N/A	N/A	N/A	N/A	21.60	Unable to be updated until YJB validated data received towards the end of May 2015.

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SCY002a 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.	N/A	N/A	N/A	N/A	-1.60	Unable to be updated until YJB validated data received towards the end of May 2015.
SCY002b 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.	N/A	N/A	N/A	N/A	0.00	Unable to be updated until YJB validated data received towards the end of May 2015.
SCY003a 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.	N/A	N/A	N/A	N/A	81.82	Unable to be updated until YJB validated data received towards the end of May 2015.
SCY003b 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.	N/A	N/A	N/A	N/A	97.00	Unable to be updated until YJB validated data received towards the end of May 2015.
SCA019 The percentage of adult protection referrals completed where the risk has been managed. (OA3)	100.00	95.00	😊	↔	100.00	We have maintained top quartile performance.
SCC011a 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.	66.77	68.00	😊	↓	67.38	Although this target was missed, it is not always appropriate for a child to be seen during the initial assessment. Efforts continue to also ensure accurate recording.

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SCC011b 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.	29.99	30.00	☹️	↑	21.51	Although this target was missed, it is not always appropriate for a child to be seen during the initial assessment. Efforts continue to also ensure accurate recording.
SCC014 The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion.	99.28	100.00	☹️	↑	97.98	1 conference cancelled in Q1 on the day, due to new information received after the report was prepared
SCC015 The percentage of initial child protection conferences due in the year which were held within 10 working days of the initial child protection conference.	99.12	92.00	☺️	↑	95.12	We have maintained top quartile performance.
SCC021 The percentage of looked after children reviews carried out within statutory timescales during the year.	95.94	100.00	☹️	↓	97.27	2 in Q1, 8 in Q2, 3 in Q3. 4 delays in Q4. 3 reviews cancelled at short notice; 2 due to availability of school and 1 due to social worker being unwell. 1 postponed in best interests of child as in transition between placements.
SCC025 The percentage of statutory visits to looked after children due in the year that took place in accordance with regulations. (IO2)	94.49	95.00	☹️	↓	95.29	This reflects two placements which were not registered with a GP within the timescales. 88 were registered.
SCC040 The percentage of placements started during the year where the child is registered with a provider of general medical services within 10 days of the start of the placement.	96.70	95.00	☺️	↓	98.60	Although performance has declined from the previous year, this indicator has met target for 2014/15.
SCC020 The percentage of looked after children who have had their teeth checked by a dentist during the year.	61.76	50.00	☺️	N/A	N/A	This indicator has met target for 2014/15.
SS/M005 The number of TeleV Packages provided throughout the year	240.00	N/A	N/A	↑	189.00	

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SS/M006 The number of TeleV Plus packages provided throughout the year	69.00	N/A	N/A	↑	61.00	
SS/M007 The number of direct payments provided during the year.	56.00	50.00	☺	↑	50.00	This indicator has met target for 2014/15.
SS/M008a The number of Home Care packages provided for less than 5 hours per week.	198.00	226.00	☹	↓	226.00	The target for this Performance Indicator (PI) is indicative only, to allow the tracking of care packages
SS/M008b The number of Home Care packages provided for 5-9 hours per week.	243.00	268.00	☹	↓	268.00	The target for this PI is indicative only, to allow the tracking of care packages
SS/M008c The number of Home Care packages provided for 10-19 hours per week.	402.00	390.00	☺	↑	390.00	The target for this PI is indicative only, to allow the tracking of care packages
SS/M008d The number of Home Care packages provided for more than 20 hours per week.	202.00	187.00	☺	↑	187.00	The target for this PI is indicative only, to allow the tracking of care packages
SS/M008e The total number of Home Care packages provided.	1045.00	1071.00	☹	↓	1071.00	The target for this PI is indicative only, to allow the tracking of care packages
SS/M010 Percentage reduction in first time entrants to the Youth Justice System.	N/A	-5.00	N/A	N/A	-29.00	Unable to be updated until YJB validated data received towards the end of May 2015.
SS/M011 Number of first time entrants to the Youth Justice System.	N/A	36.00	N/A	N/A	23.00	Unable to be updated until YJB validated data received towards the end of May 2015.

Outcome 3: 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:

We have completed 50% of the actions contributing to this outcome. Of 8 actions, 4 have been completed and 4 have slipped.

There are 2 performance indicators under this outcome. Both indicators have met or exceeded the target. Details are available under each objective in the next section of the report.

Objective 3: To have in place clear planning and programme management processes, which are identified in commissioning strategies and annual commissioning plans, and 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.

Actions

Completed: 50%; On Track: 0%; Slipped: 50%

Completed Actions

Action Ref	% Complete	Comment
SS/A022 Develop and promote opportunities for children and young people who have a disability or who undertake a caring role to engage in play, physical and cultural activity. (CP/CYP2)	100	Families First Funding and Carers Services funding combined to procure a new Young Carers Project. Tender awarded for a Young Carers Project, offering additional 1 to 1 support as an enhancement to existing services. The service has started advertising in schools and recruiting young carers. Family First Disability Strand funds a play and teen scheme to enhance play opportunities for disabled children, these are run throughout the year at each holiday provision point acting as an opportunity for informal family respite. Play provision is enhanced by the play team widening access and opportunities, with a plan to draw in additional funds from various Town and Community Councils. Through the sense of play project 1-1 play opportunities are offered within the home to children with or awaiting a diagnoses to experience play opportunities - this has a leaflet which is shared with professionals and families interested in taking up the provision. Rainbows and Adventure rangers, 2 projects acts as a weekly out of school play opportunity which also supports the parents.
SS/A039c Ensure that service specifications are derived from commissioning plans and that they are clear about the practice and quality standards expected. (CSSIW/AREF/IP2/2011)	100	All service specifications are developed with operational staff to ensure they meet current and future service needs.

Action Ref	% Complete	Comment
SS/A039d Monitor and evaluate commissioning plans, procurement plans and the services they secure. (CSSIW/AREF/IP2/2011)	100	All contracts are closely monitored to ensure the correct services are provided. The procurement plan is reviewed to ensure it meets the current service demands.
SS/A053 Prioritise completion of actions set out in the Social Services Budget Programme.	100	Further savings required over future years and so this is therefore ongoing and monitored through the Social Services Budget Programme Board.

Slipped Actions

Action Ref	% Complete	Comment
SS/A043 Implement a brokerage hub for care home placements with Cardiff and Vale University Health Board (UHB) and Cardiff Council.	75	In relation to implementing a brokerage hub for care home placements with Cardiff and Vale University Health Board (UHB) and Cardiff Council an external review has been undertaken to look at joint working to include care home placements. A report being considered in April 2015.
SS/A054 With our two statutory partners, develop agreed governance arrangements for the Mental Health service, which clarify accountability, management, financial and HR issues.	25	Limited progress has been made in developing formally agreed governance arrangements for the Mental Health service, which clarify accountability, management, financial and HR issues. Whilst arrangements are in place, a more formal agreement has yet to be reached and further progress on formal arrangements is not being made. A community review has commenced. Action has been discontinued.
SS/A055a Influence the development of a Health led commissioning strategy for Mental Health Services in partnership with Cardiff Council and Cardiff and the Vale UHB. (CSSIW/AREF/IP2/2011)	50	In relation to influencing the development of a Health led commissioning strategy for Mental Health services in partnership with Cardiff Council and Cardiff and Vale University Health Board (UHB), a local delivery plan is in place however the UHB have not yet developed a commissioning strategy. Cardiff and Vale UHB have agreed to convene a group to prepare a commissioning strategy.

Action Ref	% Complete	Comment
SS/A055b Consider the options for the delivery of long term care, to address any shortfall in independent sector provision, particularly in relation to people with dementia related illnesses. (CSSIW/AREF/IP2/2011)	75	We continue to consider options for the delivery of long term care, to address any shortfall in independent sector provision, particularly in relation to people with dementia related illnesses. Work has started to review accommodation with care options for older people.

Annual Performance Indicators

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
SS/M012 Percentage of places on appropriate training courses made available to non-Council employees.	28.51	25.00	☺	↑	27.59	This indicator has exceeded target for 2014/15.
SS/M013 Percentage of funded providers (outside of Community care and care home) to receive a minimum 2 contract meeting in financial year.	93.75	80.00	☺	↑	60.00	This indicator has exceeded target for 2014/15.

Outcome Agreement Measures

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
OA3/M29 The number of telecare installations completed within one calendar month.	283.00	80.00	☺	↑	225.00	This indicator has exceeded target for 2014/15.
OA3/M28 Number of people over 65 who are clients of Social Services who are provided with benefits advice.	884.00	135.00	☺	↓	1942.00	The definition for this measure is now more specific to reflect visits and contacts with service users, for financial assessments and benefits advice. Previously the data was calculated on financial assessments undertaken i.e. not visits. This figure for 2014-

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
						15 is 1676, reflecting the demand for the service.
OA3/M25 Number of new telecare users.	309.00	110.00	☺	↑	250.00	This indicator has exceeded target for 2014/15.
OA3/M26 Rate per 1,000 population of over 65s who have had a UA assessment.	31.52	42.00	☹	↓	43.60	The reconfiguration of the service and a change in the procedure following review, coupled with an increase in the population of the over 65s, has resulted in a fall in the performance. This will be monitored during 2015-16, while the new arrangements become embedded in to practice
OA3/M27 Rate per 1,000 population of over 65s who have had an OT assessment.	31.96	33.00	☹	↓	32.40	30 more Occupational Therapist (OT) assessments have been completed this year but the improvement has been eroded by a 750 increased in the population in the age group.
OA3/M30 Percentage of complaints received by or on behalf of people over 65, which have resulted in service modification or improvement.	100.00	50.00	☺	↑	75.00	This indicator has exceeded target for 2014/15.
OA3/M32 Number of adult service users receiving a direct payment.	143.00	120.00	☺	↑	122.00	This indicator has exceeded target for 2014/15.
OA3/M34 Percentage of community supported clients receiving 20 hours or more care per week.	19.30	25.00	☺	↑	18.10	Regular reviews of complex cases has resulted in reducing packages where possible and appropriate to do so

Improvement Objective Measures

PI Ref	Actual 2014/15	Annual Target	Status	Direction of travel	Actual 2013/14	Comment
IO3/M11 The percentage reduction in home care hours required following a period of reablement from VCRS.	29	N/A	N/A	N/A	N/A	This is a new measure- establish baseline.
IO3/M12a Current active telecare cases: TeleV	634	225.00	☺	↑	200	This indicator has exceeded target for 2014/15.
IO3/M12b Current active telecare cases: TeleV+	135	120.00	☺	↑	100	This indicator has exceeded target for 2014/15.