| Meeting of: | **Healthy Living and Social Care Scrutiny Committee** |
|---|---|
| Date of Meeting: | **Tuesday, 15 October 2019** |
| Relevant Scrutiny Committee: | Healthy Living and Social Care |
| Report Title: | Quarter 1 2019/20 Performance Report: An Active & Healthy Vale |
| Purpose of Report: | To present quarter 1 performance results for the period 1st April 2019 to 30th June 2019 for the Corporate Plan Well-being Outcome 4, 'An Active and Healthy Vale.' |
| Report Owner: | Lance Carver, Director of Social Services and Sponsoring Director for Well-being Outcome 4, 'An Active and Healthy Vale.' . |
| Responsible Officer: | Lance Carver, Director of Social Services and Sponsoring Director for Well-being Outcome 4, 'An Active and Healthy Vale.' . |
| Elected Member and Officer Consultation: | Consultation has been undertaken with designated Corporate Risk Owners, the Insight Board and Corporate Management Team. The performance report applies to the whole authority.  Quarterly performance reports covering the Corporate Plan Well-being Outcomes and Objectives along with an overall Corporate Health Report will be considered by relevant Scrutiny Committees and Cabinet.  Consultation has been undertaken with relevant Sponsoring Directors, Corporate Management Team and the Head of Policy & Business Transformation. |
| Policy Framework: | This is a matter for Executive decision by Cabinet. |

Executive Summary:

- The performance report presents our progress at quarter 1 (1st April to 30th June 2019) towards achieving our Corporate Plan Well-being Outcomes for year 4 of the Corporate Plan 2016-20 as aligned to Well-being Outcome 4, 'An Active and Healthy Vale'.

- Overall, we have made good progress in delivering our Corporate Plan in relation to the Well-being Outcome 4 Objectives of, 'Encouraging and promoting active and healthy lifestyles' and 'Safeguarding those who are vulnerable and promoting independent living'. This has contributed to an overall **GREEN** status for the Outcome at quarter 1 (Q1).

- 92% (66) of planned activities aligned to an, 'Active and Healthy Vale' have been attributed a Green performance status reflecting the exceptional progress made during the quarter. 2.7% (2) of planned actions have been attributed a Red status. There is a need to progress the work programme in relation to SRS and more specifically in relation to undertaking actions to support

the provisions of the Public Health (Minimum price for alcohol) (Wales) Act 2018 and undertaking interventions in accordance with the Food Law Enforcement Service Plan.

- Of the 24 performance measures aligned to this Well-being outcome, data was reported for 8 measures where a performance status was applicable. 50% (4) measures were attributed a Green performance Status, 25% (2) an Amber status and 25% (2) a Red status. A performance status was not applicable for 16 measures including a number of annual indicators and those establishing baseline performance for the year.

- In relation to our measures, there is a need to improve our performance in relation to the rate of delayed transfers of care per 1,000 population (CPM/057) and the numbers of new Telecare users (CPM/209).

- The report seeks elected members' consideration of Q1 performance results as aligned to Well-being Outcome 4 and the proposed remedial actions to address areas of identified underperformance.  Upon consideration, the Scrutiny Committee is recommended to refer their views and any recommendations to Cabinet for their consideration.

## Recommendations

1.  That members consider performance results and progress towards achieving key outcomes in line with our year 4 priorities for Corporate Plan Well-being Outcome 4 - 'Residents of the Vale of Glamorgan lead healthy lives and vulnerable people are protected and supported'.

2.  That members consider the remedial actions to be taken to address areas of underperformance and to tackle the key challenges identified, with their views and recommendations referred thereafter to Cabinet for their consideration and approval.

## Reasons for Recommendations

1.  To ensure the Council clearly demonstrates the progress being made towards achieving its Corporate Plan Well-being Outcomes aimed at making a positive difference to the lives of Vale of Glamorgan citizens.

2.  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 and reflecting the requirement of the Well-being of Future Generations (Wales) Act 2015 that it maximises its contribution to achieving the well-being goals for Wales.

## 1.  Background

**1.1**   The Council's Performance Management Framework is the mechanism through which our key priorities and targets are monitored and realised in order to secure continuous improvement.

**1.2**   As part of the review of its Performance Management Framework, the Council has adopted a Corporate Plan (2016-20) which reflects the requirements of the Well-being of Future Generations (Wales) Act 2015 and identifies 4 Well-being Outcomes and 8 Well-being Objectives for the Council.

**1.3**   On a quarterly basis, each Scrutiny Committee receives performance information linked with the Council's Well-being Outcome with which that Committee is aligned. In addition, Corporate Health priorities are also considered by the Corporate Performance and Resources Scrutiny Committee. Work has continued with Officers and a Member Working Group to further develop and enhance our Performance Management Framework arrangements and performance reporting in line with our duties as outlined in the WBFG (Wales) Act and the LGM with reference to the wider local government agenda.

**1.4**   **Appendix A** outlines our performance for the period 1st April to 30th June 2019 as aligned with Well-being Outcome 4, 'An Active and Healthy Vale. The quarterly performance report presents the reader with a more accessible view of performance in relation to our priorities and draws together information from a wide range of sources. An additional overall Corporate Plan Summary Report provides an overview of the contribution to the national Well-being Goals and

**1.5** overall progress against the Corporate Plan's Well-being Objectives and Corporate Health. This overview has been designed for use by all elected members, Council staff and customers and will be appended to the Cabinet and Corporate Performance and Resources Scrutiny quarterly performance report. The Corporate Plan Summary Report is referenced in the Background Papers to this report.

**1.6** The performance report is structured as follows:

**1.7** **Section 1:** States the overall RAG status attributed to the Well-being Outcome reflecting the progress made in delivering our priorities.

- Position Statement: Provides an overall summary of performance in relation to Corporate Health and highlights the main developments, achievements and challenges for the quarter.

- Performance Snapshot: Provides an overview for each Well-being Objective, describing the status of Corporate Plan actions and performance indicators. A RAG status is attributed to actions and measures under each Well-being Objective to reflect overall progress to date and contributes to the overall RAG status for the Well-being Outcome.

- Performance Exceptions: For ease of scrutiny, any actions or PIs attributed a Red status are presented here including a direction of travel and commentary on the performance.

- Achievements: Highlights the key achievements to date in delivering the intended outcomes for the Well-being Outcome.

- Challenges: Highlights the key challenges that are or could impact on achieving the intended outcomes for the Well-being Outcome.

- **Section 2**: Corporate Health - Managing our Resources

- Provides a summary of the key issues relating to the use of resources and the impact on delivering improvement during the quarter. The focus is on key aspects relating to People, Finance, Assets, ICT, Customer Focus and Risk Management (both service level and corporate risks) contributing to the Corporate Plan Well-being Outcome.

- **Glossary:** Provides an explanation of the performance terms used within the report.

- The performance report uses the traffic light system, that is, a Red, Amber or Green (RAG) status and a Direction of Travel (DOT) to aid performance analysis.

- Progress is reported for all key performance indicators and actions by allocating a RAG performance status.

- **Appendices:**

- **Appendix 1:** Provides, by Well-being Objective, detailed information relating to the Service Plan actions which have contributed to Corporate Plan actions.

**1.8** **Appendix 2:** Provides detailed performance indicator information linked to each Well-being Objective which show for our planned activities, how much we have done, how well we have performed and what difference this has made. It must be noted that any annually reported performance indicators will be reported at end of year when data becomes available. In addition, new performance

indicators that have been introduced in 2019 as part of the Council's revised Performance Management Framework will not have data available until end of year as this year will be used to establish baseline performance. A Not Available (N/A) status will be attributed to all such measures with commentary provided confirming this status.  We will continue to develop our key measures within each Well-being Objective to ensure these most accurately reflect our Corporate Plan Well-being Outcomes.

## 2.  Key Issues for Consideration

**2.1**   An overall **GREEN** RAG status has been attributed to Well-being Outcome 4, 'An Active and Healthy Vale', to reflect the good progress made towards achieving improved outcomes for residents and our customers during the quarter.

**2.2**   In relation to the 72 planned activities aligned to this Well-being Outcome for 2019/20, 92% have been attributed a Green performance status reflecting the good progress made during the quarter. For four actions, minor slippage was reported in terms of their performance resulting in an amber status for these actions. Slippage (red status) was only reported in relation to two actions during quarter 1. These actions related to: SRS/A031 Undertake actions to support the provisions of the Public Health (Minimum price for alcohol) (Wales) Act 2018, SRS/A035 Undertake interventions where appropriate in accordance with the Food Law Enforcement Service Plan.

**2.3**   Of the 24 performance measures aligned to this Well-being outcome, data was reported for 8 measures where a performance status was applicable. 50% (4) measures were attributed a Green performance Status, 25% (2) an Amber status and 25% (2) a Red status. A performance status was not applicable for 16 measures including a number of annual indicators and those establishing baseline performance for the year.

**2.4**   In relation to our measures, there is a need to improve our performance in the following areas:  the rate of delayed transfers of care per 1,000 population (CPM/057) and the numbers of new Telecare users (CPM/209).

**2.5**   A detailed report outlining the progress made this quarter towards achieving Well-being Outcome 4 is provided at **Appendix A**.

**2.6**   An overview of overall progress against the Corporate Plan Well-being Objectives and how this contributes to the national Well-being Goals is provided in the [Corporate Plan Summary Report](#)

## 3.  How do proposals evidence the Five Ways of Working and contribute to our Well-being Objectives?

**3.1**   Performance Management is an intrinsic part of corporate governance and integrated business planning which underpins the delivery of the Council's Corporate Plan and its Well-being Outcomes. Our Corporate Plan has been structured around the Well-being of Future Generations (Wales) Act 2015, through the development of four Well-being Outcomes and eight Well-being Objectives. By aligning our Well-being Outcomes in the Corporate Plan with the

Well-being Goals of the Act, this will enable us to better evidence our contribution to the Goals.

3.2 Performance reporting is an important vehicle for showing our progress, not only in terms of impacts across the national well-being goals through achievement of our well-being objectives but also in terms of the changes and improvements made in our approach to integrated planning.

3.3 The five ways of working are a key consideration in our corporate Performance Management Framework ensuring that we continue to focus on working differently and in an inclusive way to challenge why, what and how we respond to our key performance challenges.

## 4. Resources and Legal Considerations

**Financial**

4.1 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.

4.2 The report includes information relating to the use of financial, asset, ICT and people resources and how these are being deployed to support the delivery of the Council's Well-being Outcomes.

**Employment**

4.3 There are no direct workforce related implications associated with this report. However, there are a number of issues contained within the performance report that if not effectively managed have the potential to impact on our staff establishment and performance overall. This may in turn impact adversely on achievement of key outcomes associated with the Corporate Plan and our Corporate Health priorities.

**Legal (Including Equalities)**

4.4 The Local Government (Wales) Measure 2009 requires that the Council secure continuous improvement across the full range of local services for which it is responsible.

4.5 The Well-being of Future Generations (Wales) Act 2015 requires the Council to set and publish annual Well-being Objectives that maximise its contribution to achieving the Well-being goals for Wales and report its progress in meeting these.

## 5. Background Papers

Corporate Plan Summary Report

**ACTIVE & HEALTHY**

# VALE OF GLAMORGAN COUNCIL

## Active and Healthy Vale Performance Report

### QUARTER 1:1 APRIL 2019 – 30 JUNE 2019

**VALE of GLAMORGAN**
**BRO MORGANNWG**

## Our overall RAG status for 'An Active and Healthy Vale' is GREEN
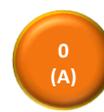
## 1.0 POSITION STATEMENT

During quarter 1, we have made good progress in delivering our Corporate Plan priorities in relation to the Well-being Outcome 4 Objectives of, 'Encouraging and promoting active and healthy lifestyles' and 'Safeguarding those who are vulnerable and promoting independent living'. Overall this has resulted in an overall **GREEN** status for the outcome at Q1.

92% of planned actions aligned to 'An Active and Healthy Vale' have been attributed a Green performance status reflecting that strong progress that has been made during the quarter. 5% of actions were allocated an amber status whilst just 3% of planned actions were have been attributed a red status.

Of the 24 performance measures aligned to this well-being outcome, eight measures could be allocated a RAG status. Four of these measures were attributed a green RAG status and were in relation to the 'number of sports clubs which offer either inclusive or specific disability opportunities', the 'percentage of re-registrations of children on local authority Child Protection Registers (CPR)' and the 'percentage of adults who completed a period of reablement a) and have a reduced package of care and support 6 months later and b) have no package of care and support 6 months later'. Two were allocated an amber status in relation to the 'percentage of adult protection enquiries completed within statutory timescales' and the 'percentage of care and support [plans for children that were reviewed within agreed timescales. Two measures were allocated a red status, these were in relation to the 'number of new Telecare users' and the 'rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over'.

## 1.1 PERFORMANCE SNAPSHOT

**ACTIONS**

Our performance against the Corporate Plan actions is on track for delivery, giving us an overall **GREEN** RAG status for this outcome

**Service Plan Actions**
**Objective 7: Encouraging and promoting active and healthy lifestyles**

| 17 (G) | 0 (A) | 1 (R) | N/A | Total |
|---|---|---|---|---|
| | | | 0 | 18 |

**Objective 8: Safeguarding those who are vulnerable and promoting independent living**

| 49 (G) | 4 (A) | 1 (R) | N/A | Total |
|---|---|---|---|---|
| | | | 0 | 54 |

**PERFORMANCE MEASURES**

Our performance against performance measures is on track, giving us on overall **AMBER** RAG Status against this outcome

**Performance Measures**
**Objective 7: Encouraging and promoting active and healthy lifestyles**

| 1 (G) | 0 (A) | 0 (R) | N/A | Total |
|---|---|---|---|---|
| | | | 10 | 11 |

**Objective 8: Safeguarding those who are vulnerable and promoting independent living**

| 3 (G) | 2 (A) | 2 (R) | N/A | Total |
|---|---|---|---|---|
| | | | 6 | 13 |

| Total for the Outcome | | | | |
|:---:|:---:|:---:|:---:|:---:|
| 66 (G) | 4 (A) | 2 (R) | N/A | Total |
| | | | 0 | 72 |

| Total for the Outcome | | | | |
|:---:|:---:|:---:|:---:|:---:|
| 4 (G) | 2 (A) | 2 (R) | N/A | Total |
| | | | 16 | 24 |

## 1.2 Objective 7: Encouraging and promoting active and health lifestyles

Of the 11 indicators identified for Objective 7, ten are annual and one is quarterly. Data was only available in relation to CPM/028: Number of Sports Clubs offering inclusive or specific disability opportunities was attributed a green status.

| Corporate Health Actions | Action | | Direction of Travel compared to previous quarter status |
|---|---|---|---|
| | Service Plan Actions | Action Status | |
| **AH1:** Work in partnership to deliver a range of activities through our leisure, community facilities and parks to increase levels of participation and physical activity. (2019/20) | 5 | G | N/A at quarter 1 |
| **AH2:** Work with partners to deliver the Cardiff and Vale Substance Misuse Commissioning Strategy 2013-2018, providing support, information and effective interventions. (2017/18) | 1 | G | N/A at quarter 1 |
| **AH3:** Work in partnership to deliver a comprehensive play programme that improves the well-being of children and their families. (2019/20) | 2 | G | N/A at quarter 1 |
| **AH4:** Provide and promote a range of early years services including information and support for parents, access to childcare and learning opportunities to recognise the benefits of early development in achieving better outcomes for young people and their families (2019/20) | 3 | G | N/A at quarter 1 |
| **AH5:** Work with the Cardiff and Vale Health and Well-being Board to undertake a range of actions to prevent and tackle obesity and encourage healthy eating and healthier lifestyles. (2019/20) | 6 | G | N/A at quarter 1 |
| **AH6:** Achieve Green Flag status for 7 parks as a mark of excellence, demonstrating good amenities and community involvement in the parks. (2017/18) | 1 | G | N/A at quarter 1 |

## 1.3 Objective 8: Safeguarding those who are vulnerable and promoting independent living

Of the 13 indicators identified for Objective 8, data was available for 7 measures this quarter and 3 were attributed a Green RAG status. These related to CPM/060, CPM/058 and CPM/059. Both CPM/056 and CPM/208 were attributed an amber status. The remaining indicators CPM/057 and CPM/209 were attributed a red Status.

| Corporate Plan Actions | Action | | Direction of Travel compared to previous quarter |
|---|---|---|---|
| | Service Plan Actions | Action Status | |
| **AH7:** Implement new ways of working in light of the Social Services Well-being (Wales) Act with a particular focus on the priority work streams of:<br>• provision of information<br>• advice and assistance services<br>• eligibility/assessment of need<br>• planning &promotion of preventative services<br>• workforce<br>• performance measures (2016/17) | 16 | G | N/A at quarter 1 |
| **AH8:** Improve access to health and social care services by improving the speed, simplicity and choice of how to access services. (2018/19) | 9 | G | N/A at quarter 1 |
| **AH9:** Work with partners to progress the integration of adult social care and community health services. (2018/19) | 8 | A | N/A at quarter 1 |
| **AH10:** Explore options for single integrated ICT systems and integrated budgets across the Cardiff and Vale region for social care. (2018/19) | 4 | G | N/A at quarter 1 |
| **AH11:** Develop and implement a corporate policy on safeguarding to provide a clear strategic direction and lines of accountability across the Council. (2016/17). | 6 | G | N/A at quarter 1 |
| **AH12:** Minimise delays in transfers of care and discharge from hospital through improved co-ordination of services and the delivery of the Accommodations Solutions Service. (2017/18) | 1 | G | N/A at quarter 1 |
| **AH13:** Review accommodation with care options for older people and develop our commissioning strategy for future years. (2016/17) | 1 | G | N/A at quarter 1 |
| **AH14:** Work with partners through the Cardiff and Vale Local Safeguarding Children's Board to develop a Child Sexual Exploitation Strategy. (2016/17) | 2 | A | N/A at quarter 1 |
| **AH15:** Improve procedures with providers of nursing, residential and domiciliary care providers to enable early intervention and prevent the escalation of incidents. (2017/18) | 2 | G | N/A at quarter 1 |
| **AH16:** Undertake an annual programme of targeted inspections at premises undertaking commercial activities that affect vulnerable people (for example care homes and food establishments in schools). (2019/20) | 5 | A | N/A at quarter 1 |

## 1.4 Performance Exceptions

### 1.4.1 Objective 7: Encouraging and promoting active and healthy lifestyles

**Corporate Plan Action AH005: Work with the Cardiff and Vale Health and Well-being Board to undertake a range of actions to prevent and tackle obesity and encourage health eating and healthier lifestyles.**

| Service Plan Action | % Complete | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|
| SRS/A031: Undertake actions to support the provisions of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018. | 0 | R | N/A | It had been anticipated that this work would commence over the summer months ahead of an autumn 2019 implementation date for the new legislation. However, an EU member state has submitted a detailed opinion on the draft legislation meaning that there has been a further delay of at least three months. As a result, materials are unlikely to be available until Q4. |

### 1.4.2 Objective 8: Safeguarding those who are vulnerable and promoting independent living

**Corporate Plan Action AH016: Undertake an annual programme of targeted inspections at premises undertaking commercial activities that affect vulnerable people (for example, care homes and food establishments in schools)**

| Service Plan Action | % Complete | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|
| SRS/A035: Undertake interventions where appropriate in accordance with the Food Law Enforcement Service Plan. | 10 | R | N/A | Currently there are a number of vacancies within the food and port health team which is impacting on completion of the statutory inspection programme. Recruitment has begun; however, we will require the engagement of contractors to assist with the outstanding inspection programme. |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | Direction of Travel | Commentary |
|---|---|---|---|---|---|
| CPM/057 (SSM/019) (PAM/025) (SCA/021): The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over. | 0.75 | 1.41 | 3.5 | ↓ | This measure has been allocated a red status because, although our performance for the first three months of the financial year (April-June 2019) is within the annual target of 3.5 our performance reporting for this measure is done cumulatively. Therefore, we anticipate that |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | Direction of Travel | Commentary |
|---|---|---|---|---|---|
| | | | | | within the next two quarters our DTOC figures are likely to increase further resulting in us no longer performing within target. Based on quarter one's performance we project a cumulative annual performance of 5.64 which would give us a red status at end of year against target. Performance in this area continues to be a significant ongoing challenge due to capacity within and the viability of the domiciliary sector which impacts negatively on delayed transfers of care. In order to address these pressures, we are working with the independent home care sector and our own reablement care service to increase this capacity. |
| CPM/209 (SS/M018): Number of new Telecare users. | 80 | 92 | 375 | ⬇ | This is a local measure, which continues to be rolled out; to further promote the awareness and take up of Telecare services amongst our service users to remain living independently at home for as long as possible. 75 TeleV & 18TeleV+ (cumulative figure = 372). |

## 1.5 OUR ACHIEVEMENTS

- The Vale of Glamorgan Council remains one of the top three performing Councils in Wales in relation to participation in physical activity. We have successfully secured £305,128 of funding via Sport Wales to deliver the Local Authority Partnership Agreement (LAPA) plan for 2019/20. The funding we have received will enable us to deliver the Active Young People programme, Aquatics and funding for other additional projects. Additional projects include Mental Wellbeing, Women and Girls on the Move, Creating Confident Coaches, Young Carers, walking sports, Hot Shots and Young Ambassadors/ Play Makers.

We have continued to work with our partners in Public Health to deliver the Public Health Wales Agenda. During the quarter some key highlights have included:

- Continuing to work with schools as a priority to ensure compliance with the Healthy Eating in Schools (Wales) Regulations and all primary schools remain compliant with the nutritional regulations whilst all secondary schools remain compliant with food-based standards from the regulations.
- Work continues with local communities to maximise our existing assets including improving access to green spaces, local playing facilities and community centres, enabling them to offer increased opportunities to participate in leisure and physical activity. 8 Green Flags applied for this year and all have been retained and the Vale now has 25 Green Flags in total and this includes community Green Flags. This is joint top performance (with Cardiff Council) in Wales.
- We continue to proactively promote the 'availability of healthy options' awards (via the Shared Regulatory Services) to food businesses in Cardiff and the Vale to encourage healthier lifestyles.

- Active Travel improvements including walkways and cycleways continue to be delivered across the Vale and these are being actively promoted to encourage more active travel lifestyles.

- We continue to successfully deliver a comprehensive play programme for children and their families. During quarter 1, we successfully secured £29,588 via the Welsh Government's Flexible Funding Childcare and Play element of the Children and Communities Grant to recruit a temporary Play Development Worker. This will enable us to further build capacity within our Play Programme. The Play Development Worker's role will focus on developing additional play opportunities with consideration given to low income families and children with additional needs. A comprehensive summer programme has already been planned as a joint initiative with the Sports Development Team. The Vale Council's Healthy Living Team are working in partnership with Play Wales, Cardiff Children's Services, Recreate and Agored Cymru to deliver a 3-year project to develop Community Play Ambassadors. This project has recently successfully received funding via the Healthy & Active Fund (where Play Wales is the lead organisation on this project). This will benefit the development of play opportunities in the Vale greatly with an increase in training opportunities also planned as part of this project.

- We continue to focus on improving the overall condition and the quality of facilities at our Leisure Centres. We have successfully upgraded the electrical system in our Leisure Centres, and we have re-opened our dry changing facilities at Penarth Leisure Centre following extensive refurbishment work. We are currently finalising works on the wet changing facilities at Barry Leisure Centre which is due to re-open during quarter 2. This will be followed with the completion of the refurbishment work of Penarth Leisure Centre's wet changing facility in quarter 3.

- We continue to successfully roll out the Childcare Offer universally to three and four year-olds across the Vale of Glamorgan. Between April and June 2019, 650 applications for the Child Care offer were received from Vale of Glamorgan parents. Of these, 601 were approved and 13 applications were awaiting further information and four children with additional needs are currently accessing extra support with their childcare provision. Through the Childcare Offer scheme there are 172 childcare providers who are currently registered to participate in the programme.

- The Shared Regulatory Services (SRS) has formally advised Welsh Government of its intention to become an approved training centre to deliver the Level 2 RSPH infection control courses to prepare businesses for the forthcoming changes/requirements set out in the Public Health Bill. We are currently considering best utilisation of resources in order to manage course administration and delivery, as we anticipate the demand for training will be high given that many of our neighbouring authorities are not in a position to become an approved training centre.

We continue to make positive progress in meeting the requirements of the Social Services and Well-being (Wales) Act.
- In relation to the work associated with the Regional Steering Group, several work streams are now in place to deliver a comprehensive action plan. Workstreams have been established for advocacy, performance measures, carers policies and procedures and Dewis Cymru.
- In relation to developing a regional pool of policies for children and adults in line with the requirements of the Act, a regional work stream has now been established and a work programme is in place. A recruitment process is underway that will enable us to progress the work plan going forward.
- Through investment of grant funding we have been able to increase our Third Sector broker presence within the Contact Centre which provides support under the Information and Advice Service. We continue to promote the use of DEWIS and encourage other organisations to utilise the system.

- Within Children and Young People Services, we are strengthening our focus on co-production by implementing new assessment care and support plans in line with requirements of the Social Services and Well-being (Wales) Act. The new forms have now been developed and are being tested before they are due to go live in quarter 2.

- The Customer Contact Centre remains pivotal to the work of the Vale Locality, Adult Social Care services and regional community health services. We have continued to enhance our referral management processes at the Customer Contact Centre. In relation to Intake and Assessment, referral pathways have been re-established to remove blockages within the referral pathway.
- In relation to the Contact Centre, we have created Enhanced Outbound Officer posts (Well-being Officers) within the Contact Centre to provide a consistent response to all adult service contacts including an improved Information, Advice and Assistance service as well as rapid decision making/progress to social work interventions. Full establishment of these Well-being Officers will be in quarter 3.
- Further expansion of the Contact Centre/Single Point of Contact is planned, subject to securing ICF and Transformation monies. This expansion will enable us to ensure that we can continue to meet the demands of our citizens/population and support them at the earliest opportunity through effective signposting.

- We have continued to enhance our work in relation to Dementia Care Services. Phase 1 of creating a Dementia Friendly environment in our Residential Care homes has been completed which has seen improvements made to communal areas in Ty Dewi Sant and Southway. In relation to implementing a 'Team around an individual' approach to Dementia Services, Community Navigators are now operating in the locality and recruitment is underway for the project. Opportunities to bid for further ICF monies will be explored on a regional basis during quarter 2.

- Managing the stability of placements for children and young people remains a key priority for Social Services. Placement instability is more likely to have a negative impact on the child/young person's well-being in terms of social/physical health as well as their educational outcomes. Our performance in this area continues to remain strong, as during quarter 1 just 1.4% of Children Looked After experienced three or more placements during the year compared against a target of 9%. By focusing on improving the stability of placements we have also been able to minimise the cost of more expensive placements.

- We have successfully enhanced and expanded our Adult Placement Service. The Vale of Glamorgan Council now hosts the Bridgend Adult Placement Service and there is ongoing discussion with Cardiff to look at the future regionalisation of this service.

Safeguarding continues to be a core focus across all Council services. Some key developments during quarter 1 have included:

- Continuing to monitor and report on compliance with the Safer Recruitment Policy. Overall our compliance corporately and across schools during quarter 1 was 96% which is consistent with previous years. We continually strive to improve compliance levels across the Board and during quarter 1 schools were consulted on the current safer recruitment mechanism and as a result further enhancements will be implemented during quarters 1 and 2 to further improve compliance rates. These improvements will involve strengthening the escalation process and ensuring that the risk assessment process is only used in exceptional circumstances.

- A review of the Corporate Safeguarding Policy is underway along with the development of a training matrix and self-assessment tool to further assist with our monitoring of compliance with the Corporate Safeguarding Policy.

- Work continues to progress well in relation to finalising the All Wales Safeguarding Procedures with the procedures due to be launched in quarter 3 (November 2019).

- We have continued to contribute to the development of a Regional Exploitation Strategy that encompasses all aspects of exploitation (including child sexual exploitation) and we anticipate the regional strategy will be launched in September 2019.

- The piloting of a GP Triage Scheme is part of a Transformation Bid project that will support us in implementing the recommendations of the Parliamentary Review for Health and Social Care. The Head of Adult Services/Locality Manager leading on this work that will see us bringing together primary care and social prescribing using the Customer Contact Centre as a platform. Work has currently focused on working with GP practices in the Eastern Vale to understand and map demand with ongoing data analysis and clinical models being developed. We intend to implement the first operational phase during quarter 3. Transformational funding is also being utilised to support the implementation of a 'Get Me Home' project which helps to assess people in their own homes for ongoing care and support instead of being remaining in a hospital environment. Quarter 1 saw the soft launch of this service to a small cohort of individuals. Although there have been some initial difficulties with the implementation, these issues are being worked through as part of the roll out.

- We have continued to focus our efforts on progressing opportunities for joint/regional commissioning. For example, work is being finalised on the development of a joint specification as part of the Let's Agree to Agree Toolkit for use by commissioners and providers for setting residential/nursing fees.

## 1.6 OUR CHALLENGES

- We continue to deliver a play programme across the Vale of Glamorgan against a back drop of rising demand and pressure on our resources. The challenge is how we continue to sustain the delivery of a play programme in at a time when funding continues to diminish. Delivering an ambitious and comprehensive play programme that is in line with the requirements of new legislation will continue to be a challenge at a time when budgets are being squeezed. To address this, we will continue to look at new ways of engaging and working with community groups and key stakeholders to develop and deliver more sustainable play opportunities in the future.

- Sustaining and improving participation levels in physical activity at a time of diminishing resources continues to be a challenge. Despite successfully securing £305K of funding to deliver the Local Authority Partnership Agreement (LAPA) for 2019/20 in real terms there has been a cut in our budgets. This has mainly affected the Aquatics

- programme that has seen a 50% cut and the Active and Uoung People's programme that has seen a 5% cut compared to the previous year. Although some budgetary cuts were anticipated and planned for (in relation to the Active Young People Programme), the cuts associated with Aquatics have potential implications for delivering free swimming sessions through the Leisure Centres. Our focus will continue to be on how we bring together all aspects of leisure and physical activity under the umbrella of a Leisure Strategy that will be used as a vehicle to maximise opportunities and our resources to increase physical activity and participation rates across the Vale. We will also continue to work closely with key stakeholders such as Sport Wales.

- We have worked effectively in partnership with The Cardiff and the Vale Health and Well-being board to promote healthy eating and lifestyle messages, the ability to effectively change can be slow and difficult to evidence. We continue to ensure that we are maintaining a high profile on all relevant Board meetings to ensure that we can have a say on emerging initiatives so that we can have support and influence over developments.

- The Social Services and Well-being (Wales) Act 2014, places significant duties and requirements on local authorities, putting pressure on our capacity to deliver this level of transformational change. The Regional Steering Group and the associated work streams continue to play a big part of ensuring that staff are compliant with the new ways of working associated with the legislation. Despite having these robust mechanisms in place challenges continue to exist in relation to our capacity to fully meet requirements of the Act in a climate where budgets are reducing and demand for Social Services is increasing.

- Sustaining and improving levels of service delivery and performance whilst managing demand for our services at a time when resources are diminishing is increasingly more challenging. This is particularly relevant in the context of the growing demand for services that is being experienced across the board (and within Social Services). Demographic changes are having a significant impact on our capacity to meet rising demand for our services. There are increasing numbers of children and young people and their families and adults are presenting with more complex needs which is affecting our ability to meet those needs in the current financial climate.

- Managing customer expectations in a climate when there is a high demand for our services continues to be a challenge in relation to accessing health and social care services. In quarter 1 there has continued to be investment and focus on improving the simplicity and the choice of how our citizen access our health and social care services via our Single Point of Access within the Customer Contact Centre (C1V). Although we have further integrated health and social care services through the ongoing development of the GP Triage Service and Get Me Home projects, there are some challenges to overcome in terms of their development in relation to joining up processes, information systems, enhancing closer operational management, staff engagement and ways of working and further strengthening the shared brand 'Well-being Matters'.

- Our capacity to meet the growing demand for children and family support services to ensure that needs are met whilst minimising duplication in service delivery is a challenge. To help address this we have invested resources to increase our capacity at the 'front door' to improve the timeliness of assessments of need and risk and enable appropriate signposting to other services. This has been an effective way of preventing the escalation of issues by seeking to support families at the lowest tier.

- There is a lack of capacity and resilience within local markets to fulfil the requirements of domiciliary care and the availability of placements for Children Looked After. Monitoring the quality of our externally commissioned service providers is increasingly more challenging due to insufficient capacity and resources to undertake this work, which is further compounded by the volatility of external markets.

- Timescales for adhering to the Deprivation of Liberty (DoLS) continues to place significant pressure on the division in terms of officer work load/capacity and budgets. It is hoped that forthcoming changes in legislation (in the form of the Mental Capacity (Amendment) Act and the proposed Liberty Protection Safeguards (LiPS) will help to address some of the resource/capacity issues when the legislation comes into force. Therefore, our focus over the coming year will be on reviewing our service to identify our readiness for these changes and to work with legal services to gain advice on the next steps of implementation.

- We have made significant progress in strengthening our responsibilities in relation to Safeguarding across the Council by ensuring that is it 'everyone's responsibility' and raising awareness and understanding of the safeguarding policy and practice that has been the core of this work. Resources carry on being cut, placing pressure on our capacity to ensure that safeguarding procedures remain robust, are regularly reviewed, updated and applied consistently.

- Delivering a targeted inspection programme as part of the Shared Regulatory Service against a back drop of reducing resources will continue to be challenging. Staff capacity is particularly having an impact on delivery of our SRS statutory inspection programme, as within the Food and Port Team there are currently a number of vacancies. Although recruitment to these vacant posts is underway, the service will need to engage with contractors to assist us with our inspection work.

## 2.0 CORPORATE HEALTH: MANAGING OUR RESOURCES

## 2.1 PEOPLE

Attendance management remains a priority and we continue to closely monitor progress to help improve performance corporately. Between Quarter 1 2018/19 and Quarter 1 2019/20 the number of days lost per full time equivalent (FTE) due to sickness increased by 1.45 days. Sickness absence increased from 2.10 working days lost in Quarter 1 in 2018/19 to 3.55 days in Quarter 1 2019/20. The graph below shows sickness absence data for services contributing to this Well-being Outcome at quarter 1 for the past 2 years.
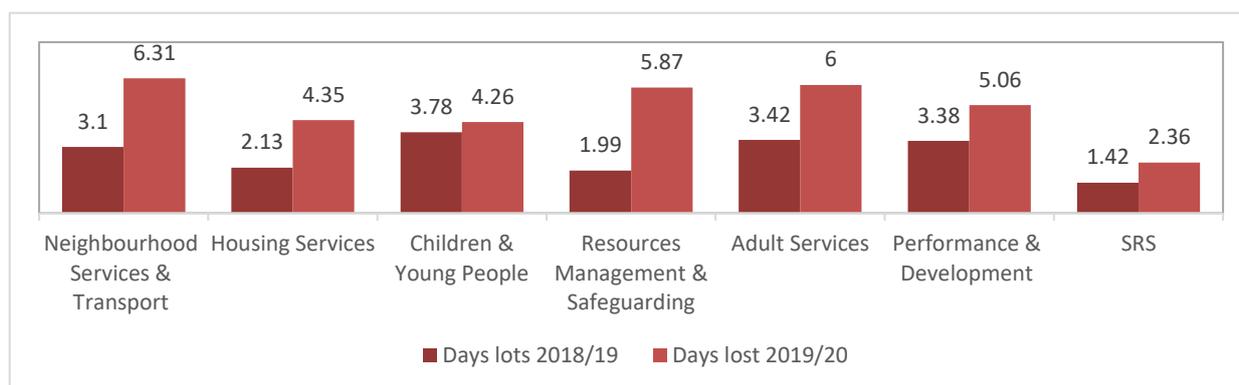


The total percentage turnover for services contributing to this Well-being Outcome during quarter 1 2019/20 can be seen in the chart below.
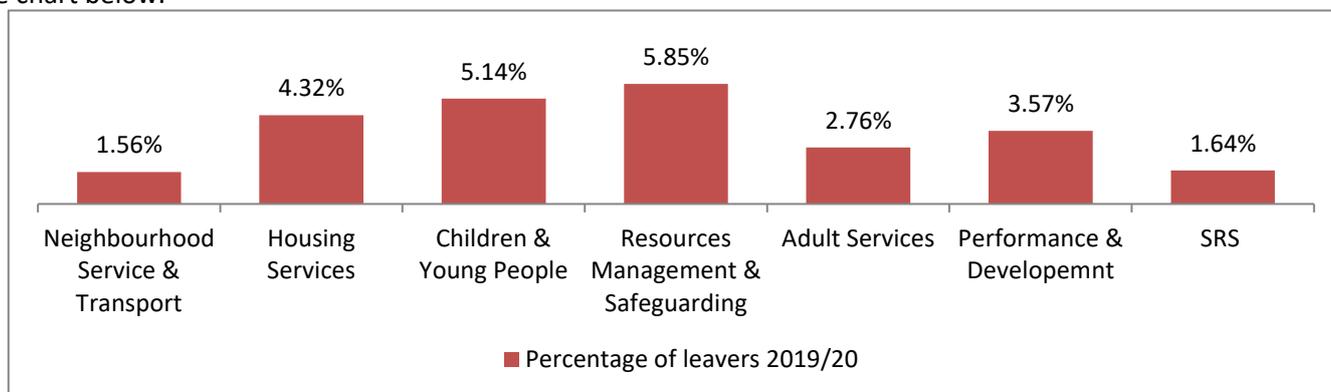


Positive progress continues to be made in relation to a number of ongoing workforce-related issues identified by services contributing to this Well-being Outcome.  Overall, services across the Council continue to make positive progress in implementing succession planning arrangements including those contributing to this Outcome.

Key highlights for Q1 include:
- The new Resource Management and Safeguarding Service structure has now been fully embedded within the Social Services Directorate that has increased our service flexibility. The focus during quarter 1 has been ensuring that permanent appointments for team leaders and managers are made in the finance team with in turn brings resilience to the service.
- The Vale of Glamorgan is hosting the Bridgend Adult Placement Services (APS), with ongoing discussion with Cardiff regarding the regionalisation of the service. This is a positive start to the implementation of a single integrated management structure in relation to the Long Term Care Services and Nurse Assessor Team. This also cover the review of the role of nurses and social workers within the Long Term Care and Nurse Assessor teams.

## 2.1 PEOPLE

- 100% of the training requirements associated with the Social Services and Well-bring (Wales) Act has now been embedded.
- 100% of the framework is in place to deliver an apprenticeship scheme within the Children and Young People's Services divisions.
- To complement our approach to succession planning, within Adult Services, we have offer qualified social work staff opportunities to broaden their skill mix, allowing them to progress with their own development. During the quarter we have also successfully carried out an ICT skills assessment and plan on developing opportunities for further training for staff.

All service areas continue to contribute to the Council's Workforce Plan and Staff Charter initiatives in relation to workforce development, succession planning, recruitment and retention.

## 2.2 FINANCIAL

The latest Revenue Monitoring report relates to the period 1st April to 31st May 2019 which was reported to Cabinet on the 2nd July 2019. As per this report, the forecast for Social Services is shown as a balanced budget, but this is after a potential unplanned transfer from reserves of £1.5m.

Across the Social Services divisions there continue to be a number of cost pressures facing the services. Regarding Children and Young People Services the greatest cost pressure continues to be in relation to the placements budget linked to the cohort of children being supported who have increasingly complex needs which results in higher cost placements. Our focus continues to be on ensuring that children are in the most appropriate and cost-effective placements to meet their needs and support their well-being. But given the volatility of the budget associated the complexity of needs and the national challenges in identifying placements, it is projected that this budget could overspend by approximately £1.5m this year.  Depending on the number of Children Looked After and the complexity of need, this outturn position could fluctuate. Although in previous years, the Welsh Government have provided some additional funding to assist with this cost pressure at year end, it cannot be guaranteed and relied upon at this early point in the financial year. The service does hold a reserve, that could be accessed at year end to fund high cost placements should it be required.

Within Adult Services, the division is currently projecting a break-even position. However, the main area of concern during this financial year will be the cost pressure associated with Community Care Packages. Similarly, this budget is very volatile as it is influenced by legislative changes associated with the National Minimum Wage, and as a result the outturn position is difficult to predict. This division also faces pressures due to demographic growth. Within the Vale of Glamorgan, we have an increasingly ageing population that have increasingly complex needs, which is increasing the cost of care packages and service provision. The service continues to focus on managing this growing demand and is looking at savings initiatives that may be funded via regional grants. The Welsh Government has continued to provide the ICF grant to Cardiff and Vale University Health Board to enable collaborative working between Health and Cardiff and Vale Councils, but this funding is not guaranteed on an ongoing basis.

Overall the authority has a savings target of £3.020m for 2019/20 (excluding schools). For the service areas aligned to this outcome, £547K of savings have been identified for Social Services and £102K of savings in relation to the Shared Regulatory Service. These services anticipate that they will achieve their target savings for the year.

## 2.3 ASSETS

During the quarter, positive progress has been made to date in relation to maximising our key asset priorities as follows:

We continue to upgrade our changing room facilities, to enhance the provision of leisure facilities. During Quarter 1 we re-opened Penarth dry change facilities and we are set to re-open Barry wet change facilities in quarter 2 and Penarth wet change refurbishment is due for completion in Quarter 3.

A 'shared properties' meeting has been established with the University Health Board representation to ensure that where we have the UHB and Council staff within the premises that an appropriate agreement is in place regarding outlining the responsibilities and roles. Additionally, we consider opportunities for using our collective assets more effectively and with developing further integration of services. Allowing us to review the quality of our existing assets ensures that they are fit for purpose both now and in the future.

## 2.4 ICT

We continue to make good progress towards delivering our ICT priorities during this quarter contributing to improving services for residents and customers. Key projects of particular note are outlined below:

WCCIS development continues to progress well. All training has been delivered to Social Services users and the system is now in use by all Social Services staff.  Its implementation is monitored via a directorate-wide Operational Group to ensure issues post- implementation are identified and addressed appropriately. Project groups have been established and weekly meetings have commenced, with a view to residential payments being made via WCCIS by the 1st October 2019.

The Social Service Directorate continues to support delivery of the 'Digital Place' strand of the Digital Strategy. Within Adult Services our focus has been on maximising the use of digital technology within our residential care homes and day services. There has been an introduction of a pilot with Learning Disability day opportunities users, allowing them to record their own profiles known as the SeeMe project, which has enabled our service users to outline how they wish to be supported and what's important to them and their preferences.

The trial of new technology solutions with Independent Reviewing Officers and the 'agile working' pilot with Financial Assessment and Benefit Officer teams is progressing well. ICT equipment has been provided to Independent Reviewing Officer and FABA team. Officers are due to commence using the equipment and identify any issues in due course.

## 2.5 CUSTOMER

Ensuring good customer focus remains a key priority in delivering council services and a number of planned improvement activities have been undertaken across the Council during the quarter with this focus in mind.

Enhanced Outbound Officer Posts (Wellbeing Officers) have been created within the Contact Centre to provide a consistent response to all adult service contacts including improved Information, advice and assistance and rapid decision making and to progress to social work interventions. The establishment of wellbeing officers is due to be completed in Quarter 3. In relation to the Intake and Assessment Team, the referral pathway within the Contact Centre has been  re-established to remove and blockages within the pathway.

The Customer Contact Centre and Adult Services continue to work together to provide a single point of access for community health and social care services. Quarter 1 has seen the customer contact centre remain pivotal to the work of the Vale locality, Vale Adult Social care and regional community health services. There is further work developing on the expansion of the Contact Centre/ Single Point of Access by securing both Integrated Care Fund and Transformation monies to ensure that we continue to meet the demands of our population and endeavour to support people at the earliest point through effective signposting.

## 2.6 CORPORATE RISK

The most recent review of the Corporate Risk Register was used to inform this quarter's reports. As at quarter 1 there were six corporate risks that are aligned to this Well-being Outcome, in relation to CR9: Public Buildings Compliance, CR10: Safeguarding, CR11: Integrated Health & Social Care,  CR12: Unauthorised Deprivation of Liberty Safeguards, CR13: Welsh Community Care Information System (WCCIS) and CR14: Brexit. One risk scored high (Deprivation of Liberty Safeguards), one risk scored medium/high (Brexit), three risks were scored medium (Public Buildings Compliance, Integrated Health and Social Care and WCCIS) and finally one risk scored medium/low (Safeguarding). In terms of direction of travel,  2018/19) with the exception of CR13: WCCIS which has dropped from a medium/high (8) position to a medium (6) reflecting the good progress that has been in made in relation enhancing the skillsets of staff and the development of the system. In terms of forecast direction of travel all risks aligned to this outcome are anticipated to remain in a static position. The Risk Management Plans aligned to each of these risks closely monitors progress made in relation to delivering mitigating actions to these risks and these actions are also addressed via our Service Plans.

The current status of the key corporate risks that have a bearing on this Well-being Outcome are as follows:

| Risk Ref | Risk | Residual Risk Score | | | | Direction of Travel[1] | Forcast Direction of Travel[2] |
|---|---|---|---|---|---|---|---|
| | | Likelihood | Impact | Total | | | |
| CR9 | Public Buildings Compliance | 2 | 2 | 4 (M) | 4 (Y) | ⬌ | ⬌ |
| CR10 | Safeguarding | 1 | 3 | 3 (M/L) | 3 (G) | ⬌ | ⬌ |
| CR11 | Intergrated Health and Social Care | 2 | 2 | 4 (M) | 4 (Y) | ⬌ | ⬌ |
| CR12 | Unauthorised Deprivation of Liberty Safeguards | 4 | 3 | 12 (H) | 12(R) | ⬌ | ⬌ |
| CR13 | Welsh Community Care Information System (WCCIS) | 2 | 3 | 6 (M) | 6 (Y) | ⬇ | ⬌ |
| CR14 | Brexit | 3 | 3 | 9 (M/H) | 9(A) | ⬌ | ⬌ |

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[1] **Direction of travel** compares residual risk score for the current quarter with the previous quarter to indicate whether the risk is increasing/decreasing or staying static.
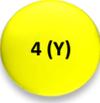
[2] **Forecast direction of travel** anticipates the future direction of the risk by taking into account factors that are likely to impact on it.

⬆ risk is increasing, ⬇ risk is decreasing, ⬌ risk is remaining static

## 2.7 SERVICE PLANS RISKS

The current status of the Service Plan risks that have a bearing on this outcome are as follows:

| Risk Description | Service Area | Status | | Direction of Travel | Forecast Direction |
|---|---|---|---|---|---|
| Availability of other partners to support the preventative services agenda. | Resources Management, Safguarding and Performance | Medium | 6(Y) | ⬌ | ⬌ |
| Sport development and delivery is provided regionally based on the consortium area with the Vale of Glamorgan being worse off as a result. | Neighbourhood Services and Transport | Medium /Low | 3(G) | ⬌ | ⬌ |
| Service users cannot access services swiftly and their needs are not met. | Adult Services/ Children and Young People Services | Medium | 4 (Y) | ⬌ | ⬌ |
| Reduction in service availability because of increasing demand, higher expectations and changes to eligibility criteria. | Resources Management, Safguarding and Performance | Medium /High | 8(A) | ⬌ | ⬌ |
| Closure/failure of our commissioned providers. | Resources Management, Safguarding and Performance | Medium /High | 8(A) | ⬌ | ⬌ |
| Impact of increasing Looked After Children numbers on placement availability where in-house fostering capacity is exceeded and there is an increased reliance on Independent Fostering Agency placements, and the demand on Social Work and Placement Teams. | Children and Young People Services | High | 12(R) | ⬌ | ⬆ |
| The Council is unable to meet statutory responsibilities for responding effectively to situations where people are at risk of neglect or abuse. | Resources Management, Safguarding and Performance | Medium | 4 (Y) | ⬌ | ⬌ |
| Other organisations are unable to meet their responsibilities for responding effectively to situations where people are at risk of neglect or abuse. | Children and Young People Services | Medium | 6(Y) | ⬌ | ⬌ |

| Risk Description | Service Area | Status | | Direction of Travel | Forecast Direction |
|---|---|---|---|---|---|
| Insufficient funds to meet rising demand for services. | Resources Management, Safguarding and Performance | Medium /High | 8(A) | ↔ | ↔ |
| Continued reduction and regionalisation of grant funding. | Children and Young People Services | Medium | 6(Y) | ↔ | ↔ |
| Increase in numbers and complexity of care proceedings in the context of reduced court timescales impacting on court costs, Social Worker caseloads and ensuring that other cases receive the attention they require. | Children and Young People Services | Medium /High | 9(A) | ↔ | ↔ |
| Capacity and capability to meet the needs of our most vulnerable clients at a time when resources are reducing. | Children and Young People Services | Medium | 4 (Y) | ↔ | ↔ |
| Inability to provide levels of training for staff or independent sector to ensure quality of care for citizens provided by Council. | Resources Management, Safguarding and Performance | Medium /High | 8(A) | ↔ | ↔ |
| Insufficient operational staff capacity to ensure timely assessments are completed. | Adult Services | Medium /High | 8(A) | ↑ | ↑ |
| | Children and Young People Services | Medium | 4 (Y) | ↔ | ↔ |
| Capacity of Approved Mental Health Professionals (AMPs) to undertake reviews in line with the requirements of the Mental Health Act. | Adult Services | High | 12(R) | ↔ | ↔ |
| Insufficient funding and staff capacity to meet the growing demand for services. | Children and Young People Services | Medium | 4 (Y) | ↔ | ↔ |

| Risk Description | Service Area | Status | | Direction of Travel | Forecast Direction |
|---|---|---|---|---|---|
| Lack of available of specialist residential placements and the associated financial impact of high cost placements on our ability to effectively meet the increasingly complex needs of children and young people. | Children and Young People Services | High | 12(R) | ⬌ | ⬆ |
| Social Services Well-being Act impacting the ability to secure income (through charging) putting the authority at potential financial risk. | Resources Management, Safguarding and Performance | Medium /Low | 3(G) | ⬌ | ⬌ |
| Inability to implement requirements of the Social Services and Well-being (Wales) Act. | Resources Management, Safguarding and Performance | Medium | 4 (Y) | ⬌ | ⬌ |
| Compliance with the requirements of the Social Services and Wellbeing (Wales) Act 2014. | Adult Serices | Medium /Low | 3(G) | ⬌ | ⬌ |
| Service users cannot access the services swiftly and their needs are not met. | Children and Young People | Medium | 4 (Y) | ⬌ | ⬌ |
| Insufficient capacity in care settings to deliver services to meet the care and support needs of service users | Resources Management, Safguarding and Performance | Medium | 6(Y) | ⬌ | ⬌ |

# GLOSSARY OF TERMS

**Well-being Outcome:**
The relevant Well-being Outcome set by the Council and featured in the Corporate Plan 2016-20.

**Well-being Objective:**
The relevant Well-being Objective set by the Council and featured in the Corporate Plan 2016-20.

**Population level Performance Indicators:**
These headline performance indicators demonstrate progress in achieving outcomes at the community level rather than the individual level. The Council will certainly contribute towards population indicators through its work, however, it does not have sole responsibility for them and delivering sustained improvement on these indicators will involve a wide range of organisations working effectively in partnership.

**Local Council Performance indicators:**
These are performance indicators which tell us how well we are delivering our services or activities and will identify how these contribute to the overall community-wide impact.  The focus is on whether customers are better off as a result of what we do.  In order to identify the most important performance measures to demonstrate our progress we need know: How much did we do? How well did we do it and; What difference have we made?

| What difference have we made? | How well have we performed? | How much?  (contextual data) |
|---|---|---|
| These performance measures will help us demonstrate whether customers in the Vale are better off.  They will seek to measure the quantity/quality of change for the better for customers. | These performance indicators are qualitative and will be used to demonstrate how well the Council performed its activities | These performance indicators are quantitative and will be used to measure how much and/or what the Council delivered. |

**Overall RAG status:**
Provides an overall RAG health check showing our performance status against the Well-being Objective.

| Measures (RAG) | | Direction of travel (DOT) | | Actions (RAG) | | Overall (RAG) status Objective | |
|---|---|---|---|---|---|---|---|
| G | Performance is on or above target. | ⬆ | Performance has improved on the same quarter last year. | G | Green:          Action completed or on track to be completed in full by due date. | G | Green: indicates that we are well on track to deliver the key outcomes relating to the Objective as set out in the Corporate Plan. |
| A | Amber: Performance is within 10% of target | ⬌ | Performance has remained the same as the same quarter last year | A | Amber: Minor delay but action is being taken to bring action back on track. | A | Amber: indicates that at this stage, we are on target to deliver the Objective but some aspects need to be addressed in order to ensure we remain on track to fully achieve the Objective. |
| R | Red:     Performance  missed target by more than 10% | ⬇ | Performance has declined compared to the same quarter last year | R | Red: Action has slipped with limited progress made and an explanation must be provided including any planned remedial action(s) and where appropriate a revised completion date. | R | Red: indicates that at this stage, we are not on target to deliver key outcomes relating to the Objective as set out in the Corporate Plan. |

## SERVICE PLAN ACTIONS

| NS:<br>Neighbourhood Services and Transport | CS:<br>Children and Young People Service | AS:<br>Adult Services | SRS:<br>Shared Regulatory Services |
|---|---|---|---|
| HS:<br>Housing Services | RM:<br>Resources Management and Safeguarding | PD:<br>Performance and Development | |

## RISK MATRIX

The **Inherent Risk** defines the risk score in a pre-control environment i.e. what the risk would look like (score) without any controls in place to manage the risk.

The **Residual Risk** can be defined as the subsequent risk score as a consequence of applying controls to mitigate this risk.

<table>
<tr>
<td rowspan="5" style="writing-mode:vertical"><strong>Possible Impact or Magnitude of Risk</strong></td>
<td><strong>Catastrophic</strong></td>
<td>4<br><em>MEDIUM</em></td>
<td>8<br>MEDIUM/HIGH</td>
<td>12<br>HIGH</td>
<td>16<br>VERY HIGH</td>
</tr>
<tr>
<td><strong>High</strong></td>
<td>3<br><em>MEDIUM/LOW</em></td>
<td>6<br><em>MEDIUM</em></td>
<td>9<br>MEDIUM/HIGH</td>
<td>12<br>HIGH</td>
</tr>
<tr>
<td><strong>Medium</strong></td>
<td>2<br>LOW</td>
<td>4<br><em>MEDIUM</em></td>
<td>6<br><em>MEDIUM</em></td>
<td>8<br>MEDIUM/HIGH</td>
</tr>
<tr>
<td><strong>Low</strong></td>
<td>1<br>VERY LOW</td>
<td>2<br>LOW</td>
<td>3<br><em>MEDIUM/LOW</em></td>
<td>4<br><em>MEDIUM</em></td>
</tr>
<tr>
<td colspan="2">Low 1-2<br>Low/Medium 3<br>Medium 4-6<br>Medium/High 8-10<br>High 12-16</td>
</tr>
</table>

| | Very Unlikely | Possible | Probable | Almost Certain |
|---|---|---|---|---|

**Likelihood/Probability of Risk Occurring**

**Direction of travel** compares residual risk score for the current quarter with the previous quarter to indicate whether the risk is increasing/ decreasing or staying static.

**Forecast direction of travel** anticipates the future direction of the risk by taking into account factors that are likely to impact on it.

**Risk Key**

| | |
|---|---|
| ⬆ (red) | Risk level **increased** at last review |
| ⬇ (green) | Risk level **decreased** at last review |
| ⬌ (yellow) | Risk level **unchanged** at last review |

**APPENDIX 1: Service Plan Actions**

**Objective 7: Encouraging and promoting active and healthy lifestyles**

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|---|---|---|---|
| **AH001** | | | | |
| NS/A034 (VS/A034): Work in partnership to deliver a range of activities through our leisure, community facilities and parks to increase levels of participation and physical activity. | 31/03/2020 | 25 | GREEN | The Vale of Glamorgan remains one of the top 3 performing Councils in Wales in terms of physical activity levels. The continuation of partnership working is essential to maintaining this position. New partnerships are readily being established with the health service (proposed health hub at Penarth) and Housing Associations to maximise opportunities. |
| NS/A075: Enhance the provision of leisure facilities by upgrading changing rooms. | 31/03/2020 | 25 | GREEN | Penarth dry change opened during quarter 1 with Barry wet Change due to open in quarter 2. Penarth wet Change will open in quarter 3. |
| NS/A036 (VS/A037): Provide a School Crossing Patrol service at high risk locations to enable children to walk safely to and from school. | 31/03/2020 | 25 | GREEN | The Council successfully maintains 20 school crossing patrol sites across the Vale to enable children to walk safely to and from school at specific high-risk locations identified. Other high-risk sites have the benefit of push button controlled pedestrian crossing facilities to improve child safety and therefore no longer require school crossing patrols. |
| NS/A076: Implement the 2019/20 Local Authority Partnership Agreement (LAPA). | 31/03/2020 | 25 | GREEN | £305,128 of funding was successful secured via Sport Wales to deliver LAPA plan for 2019/20 which includes funding for Active Young People programme (5% cut compared to previous year), Aquatics (50% cut received this year) and funding for additional projects (funding remained the same). The AYP funding cuts had already been planned and accommodated for. Legacy Leisure & Sports Development Team will shortly meet to discuss budget cut implications in relation to free swimming. Additional projects include Mental |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|---|---|---|---|
| | | | | Wellbeing, Women & Girls on the Move, Creating Confident Coaches, Young Carers, walking sports, Hot Shots and Young Ambassadors / Play Makers. |
| NS/A048: Finalise and implement a Leisure Strategy for the Vale of Glamorgan. | 31/03/2020 | 25 | GREEN | The revised strategy is currently being discussed with the new Cabinet member and will be presented to Scrutiny in the Autumn |
| **AH002** | | | | |
| HS/A092: Work with partners on the Area Programme Board to develop a new Cardiff & Vale Substance Misuse Commissioning Strategy. | 31/03/2020 | 25 | GREEN | The Area Planning Board published its Position Market Statement during Qtr. 1, highlighting the need, and its commissioning intentions from 2020 onwards. The Vale provided information and comments to ensure the Vale's needs were represented and representatives will be attending meetings in Qtr. 2 to review further commissioning opportunities. |
| **AH003** | | | | |
| NS/A040 (VS/A047): Work in partnership to deliver a comprehensive play programme that improves the well-being of children and their families. | 31/03/2020 | 25 | GREEN | £29,588 funding has been secured via Welsh Government Flexible Funding Childcare & Play element of the Children and Communities Grant to employ a temporary Play Development Worker. This will enable us to build capacity within play. They will focus on developing additional play opportunities with consideration given to low income families and children with additional need. A comprehensive summer programme has already been planned as a joint initiative with the sports development team. The Vale Council's Healthy Living Team are working in partnership with Play Wales, Cardiff Children's Services, Recreate and Agored Cymru to deliver a 3-year project to develop community play ambassadors. This project has recently successfully received funding via the Healthy & Active Fund (Play Wales is the lead organisation on this project). This will benefit the development of play |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|---|---|---|---|
| | | | | opportunities in the Vale greatly with an increase in training opportunities also planned as part of the project. |
| NS/A077: Apply for 8 Green Flag awards at key urban parks throughout the Vale of Glamorgan. | 31/03/2020 | 100 | GREEN | 8 Green Flags applied for and retained, plus Porthkerry and Cosmeston (therefore 10 within the VoGC) …. full results officially announced on 16th July via KWT but for info the Vale of Glamorgan have in total 25 Green Flags (which inc. community Green Flags plus Barry Town Council) …this is joint top with Cardiff Council (…although per head of population we would statistically be top) |
| **AH004** | | | | |
| RM/A027: Support the pilot roll out of the Welsh Government's Child Care Offer. | 31/03/2020 | 25 | GREEN | The Childcare Offer funding started in April 2019. From April to June, Newport received 650 applications for the Childcare Offer funding from Vale of Glamorgan parents. Of these, 601 were approved, and 13 applications are awaiting further information. Applications opened on June 10th for children who will be eligible for the funding from September 2019. Newport have received 126 applications for these children, 70 of which have been approved to date. Currently there are four children with additional needs accessing funding for extra support in their childcare provision. There are currently 172 childcare providers registered to take part in the Childcare Offer funding scheme. |
| RM/A028: Review the effectiveness of the Information, Advice and Assistance Service and its associated pathways in relation to the provision of Family Information and Support. | 31/03/2020 | 25 | GREEN | Review of impact of single point of contact n Q2, service user evaluation process launched in April 2019 |
| RM/A029: Review and extend the age criteria in relation to the Index. | 31/03/2020 | 25 | GREEN | Pilot to extend age criteria to 25 implemented with young people remaining on Register post age 18 if choosing to do so. Families and Young People canvassed, from age 14, on their interest in continuing to receive information post age 18. Two |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| | | | | Transition events attended (one in the Vale) |
| AH005 | | | | |
| SL/A062: Deliver the School Holiday Enhancement Programme for 2019/20 in partnership with our partners in Public Health. | 31/03/2020 | 25 | GREEN | SHEP will be delivered in Cadoxton School only during 2019/20. This year will see 40 pupils offered a place from Cadoxton and 40 pupils from Oakfield, Colcot and Jenner Park offered the remaining 40 places to help with transition into Pencoedtre High School. It will be an opportunity of pupils mixing together before the commencement of their transition to secondary school. |
| SL/A037: Continue to monitor compliance with the Healthy Eating in Schools (Wales) regulations. | 31/03/2020 | 100 | GREEN | All primary schools offer a nutritionally compliant menu in line with Welsh regulations. All Secondary schools offer full food-based standards in line with Welsh regulations. |
| SL/A063: Continue to deliver training and advice to all schools to achieve a Level 4 or 5 Hygiene rating in all school kitchens. | 31/03/2020 | 75 | GREEN | Training is scheduled and on track for every member of staff to be in possession of a Level 2 Food Hygiene certificate. Advice is given at each monitoring visit to ensure kitchens achieve a Level 4 or 5 hygiene rating. |
| SRS/A030: Undertake actions to support the provisions of the Public Health (Wales) Act 2017. | 31/03/2020 | 25 | GREEN | Officers from SRS have been involved in the 'task and finish' group set up by Welsh Government for developing the licensing arrangements for special procedures. Recent work has included the setting of a proposed fee structure for the personal licence and premises approval, which is to be sent to the Communicable Disease and Health & Safety Expert Panels for comment. The group has also been instrumental in developing the RSPH level 2 infection control training course, including the compilation of examination questions, which has now been signed off and will be 'going live' imminently. A 'train the trainer' training pack is currently being developed and due to be reviewed by the task and finish group. It is anticipated this training will be available to Officers from September 2019. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| SRS/A031: Undertake actions to support the provisions of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018. | 31/03/2020 | 0 | RED | It had been anticipated that this work would commence over the summer months ahead of an autumn 2019 implementation date for the new legislation. However, an EU member state has submitted a detailed opinion on the draft legislation meaning that there has been a further delay of at least three months. As a result, materials are unlikely to be available until Q4. |
| RM/A002: Contribute to the local Public Health Wales agenda by promoting and encouraging healthy eating and healthier lifestyles within our services. | 31/03/2020 | 25 | GREEN | At Q1, we have continued to make good progress in supporting the local Public Health Wales agenda for encouraging healthy eating and healthier lifestyles. Key highlights include:<br>• We are making good progress in delivering the Vale Physical Activity Plan and evidence (through a variety of projects) shows that the work of the Council and its partners is having a positive impact on residents' well-being. For example, the latest obesity data shows the Vale as having the lowest obesity levels in Wales. The latest national benchmarking data also shows that the Vale of Glamorgan is ranked 3rd in Wales in terms of physical activity levels. The continuation of partnership working is essential to maintaining this position and in line with our commitment to residents' well-being, new partnerships are being established with the health service (proposed health hub at Penarth) and Housing Associations to maximise opportunities to further enhance our performance.<br>• We continue to provide play opportunities for children and young people across the Vale to help develop and encourage healthier lifestyles into adulthood and all our play schemes promote activities for all, including disabled, |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| | | | | autistic spectrum disorders and children and young people with adverse childhood experiences. Take up of play activities is high as is demand which proves challenging given reducing budgets. We continue to explore opportunities to further expand provision for the future, funding permitting. |
| | | | | • The Vale Council's Healthy Living Team are working in partnership with Play Wales, Cardiff Children's Services, Recreate and Agored Cymru to deliver a 3-year project to develop community play ambassadors. This project has recently successfully received funding via the Healthy & Active Fund (Play Wales is the lead organisation on this project). This will greatly benefit the development of play opportunities in the Vale with an increase in training opportunities also planned as part of the project. |
| | | | | • We continue to work with all schools as a priority to ensure compliance with the Healthy Eating in Schools (Wales) Regulations and all primary schools remain compliant with the nutritional regulations whilst all secondary schools remain compliant with food-based standards from the regulations. |
| | | | | • Work continues with local communities to maximise our existing assets including improving access to green spaces, local playing facilities and community centres, enabling them to offer increased opportunities to participate in leisure and physical activity. 8 Green Flags applied for this year and all have been retained and the Vale now has 25 Green Flags in total and this includes community Green Flags. This is joint top performance (with Cardiff Council) in Wales. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| | | | | • We continue to proactively promote the 'availability of healthy options' awards (via the Shared Regulatory Services) to food businesses in Cardiff and the Vale to encourage healthier lifestyles.<br>• Active Travel improvements including walkways and cycleways continue to be delivered across the Vale and these are being actively promoted to encourage more active travel lifestyles.<br>• We continue to deliver the School Holiday Enhancement Programme for 2019/20 in partnership with our partners in Public Health. His year 40 pupils will be offered a place from Cadoxton, 40 pupils from Oakfield, Colcot and Jenner Park offered the remaining 40 places to help with transition into Pencoedtre High School. This will provide opportunities for pupils to mix together before the commencement of their transition to secondary school. |
| **AH006** | | | | |
| RP/A096: Apply for 2 Green Flag awards at Cosmeston Country Park and Porthkerry Country Park. | 31/03/2020 | 25 | GREEN | Application submitted, management plan updated, and all improvement works carried out. Application successful, both country parks awarded Green Flag status |

**Objective 8: Safeguarding those who are vulnerable and promoting independent living**

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| **AH007** | | | | |
| LS/A015: "Provide legal advice and | 31/03/2020 | 25 | GREEN | Throughout the year ongoing input from a Legal Services |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| support on legal matters in relation to implementing new ways of working arising from the Well-being (Wales) Act with a particular focus on the priority work streams of:<br>- Provision of information<br>- Advice and assistance services<br>- Eligibility/assessment of need<br>- Planning and promotion of preventative services<br>- Workforce<br>- Performance measures<br>- Charging (debt recovery)<br>- Direct Payments provision – WG regulations awaited<br>- Pooled Funds." | | | | perspective will be provided when required. During Q1 the Operational Manager Legal Services and the Senior Lawyer Adult have provided advice in regard charging and debt recovery. |
| RM/A030: Develop a regional pool of policies for children and adults in line with the requirements of the Social Services and Well-being (Wales) Act. | 31/03/2020 | 25 | GREEN | A regional work stream has been established and a work programme put in place. The recruitment process is underway which will enable us to progress with the work plan going forward. |
| RM/A031: Develop a website that is accessible to both practitioners and the public to be kept informed of policies, procedures and practice. | 31/03/2020 | 25 | GREEN | We are currently considering a number of options with regards to the best way of making policies accessible to both practitioners and the public. In the first instance we will be working with existing mechanisms. |
| RM/A032: Contribute to the ongoing review of the Social Services Performance Management Framework and its implementation. | 31/03/2020 | 25 | GREEN | The region continues to support Welsh Government in the development of a new Performance and Review Framework with the Regional Coordinator for Sustainable Social Services representing the region on the Quantitative Writing group. Regional consultation events have taken place with practitioners and colleagues from Welsh Government and a |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| | | | | regional response to the consultation is now being compiled. |
| RM/A033: Implement an outcome-based Residential Care Home/Nursing contract that is jointly developed with the University Health Board and Cardiff Council. | 31/03/2020 | 50 | GREEN | Consultation period with providers and other interested parties has closed. Review of feedback to be undertaken by end of July 2019, with report to Scrutiny by end of October 2019. |
| RM/A034: Contribute to the development and implementation of the Regional Partnership Board Annual Report. | 31/03/2020 | 25 | GREEN | We have recently submitted our annual response to the Carers section of the RPB Annual Report. Across the region we have also compiled an action plan in response to the area plan which the regional work stream will be working towards over the coming year. |
| RM/A035: Establish and pilot an effective challenge mechanism for the Annual Council Reporting Framework (ACRF) process for Social Services. | 31/03/2020 | 100 | GREEN | The first Challenge Work Shop took place and was well received. People who receive care and support were invited to attend and were awarded time credits as a thank you for their contribution. The regional work stream has now concluded, with the evaluation of the workshop and lessons learned used to inform this area of work at a local level going forward. |
| RM/A026 (BM/A026): Continue to identify opportunities for joint commissioning where it can be evidenced to be of benefit in line with duties set out in Part 9 of the Social Services and Well-being (Wales) Act. | 31/03/2020 | 25 | GREEN | Monthly meetings with partners from Cardiff Council and C&V UHB continue to be held. |
| RM/A036: Establish a monitoring process for the implementation of the Social Services and Well-being (Wales) Act via the Steering Group. | 31/03/2020 | 25 | GREEN | The Regional Steering Group has made an ongoing commitment to support this work. New priorities have been agreed and a plan is in place to deliver of these over the coming year. Work streams have been established for advocacy, performance measures, carers, policies and procedures, and Dewis Cymru |
| RM/AM037: Continue the work of the Regional Steering Group (priorities set | 31/03/2020 | 25 | GREEN | The Regional Steering Group has made an ongoing commitment to support this work. New priorities have been agreed and a |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
|---|---|---|---|---|
| out in the Action Plan) and progress work as part of the Healthier Wales agenda. | | | | plan is in place to deliver of these over the coming year. Work streams have been established for advocacy, performance measures, carers, policies and procedures, and Dewis Cymru |
| RM/A038: Delivery of the Regional Commissioning Work Programme priorities for 2019/20. | 31/03/2020 | 25 | GREEN | Work on the joint specification is progressing and Let's agree to agree toolkit for residential homes being finalised |
| AS/A033: Implement the preferred option for the Customer Contact Centre as a single point of contact. | 31/03/2020 | 25 | GREEN | The Customer Contact Centre remains pivotal to the work of the Vale locality, Vale Adult Social care and regional community health services. Further work is developing on expansion of the Contact Centre/SPoA through securing both ICF and Transformation monies to ensure that we continue to meet the demands of our population and endeavour to support people at the earliest point through effective signposting. |
| AS/A034: Refresh processes at the Customer Contact Centre to support the provision of Information, Advice and Assistance (IAA) model in line with the requirements of the Social Services and Well-being (Wales) Act. | 31/03/2020 | 25 | GREEN | Through the investment of grant funding we have been able to increase our third sector broker presence within the Contact centre which provides support under Information and Advice. We continue to promote the use of DEWIS and encourage organisations to enter their information on this system. The Intake and Assessment team had a recent away day, and this was discussed. The new team leader and plans to review roles with the team have identified the training need which is being considered by the joint staff forum. |
| AS/A035: Review the effectiveness of the reablement model used in the Vale of Glamorgan. | 31/03/2020 | 25 | GREEN | A project resource has been secured through grant funding to undertake this piece of work, alongside a review of the reablement unit. The review will commence in Qtr. 2. However, significant work has been undertaken by the integrated manager to understand performance reporting and monitoring and as a consequence the inaccuracies of reporting previously have been rectified and show improving performance against the Welsh Government activity target |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| CS/A028: Implement new assessment care and support plans (Parts 4 &6) in relation to strengthening our approach to co-production as it relates to the Social Services and Well-being (Wales) Act. | 31/03/2020 | 25 | GREEN | Forms are developed and currently in test, will go live in Q2 |
| CS/A029: Develop the wider and more appropriate use of the Information Advice and Assistance Service/Families First Advice Line as a single point of contact for the service. | 31/03/2020 | 25 | GREEN | 25% Review of impact of single point of contact n Q2, service user evaluation process launched in April 2019 |
| AH008 | | | | |
| PD/A031: Continue to work with partners to improve self-service options to ensure that customers' enquiries are resolved as quickly as possible, complying with the Social Care and Well-being (Wales) Act 2014. | 31/03/2020 | 25 | AMBER | A plan is in place for developing an online application for Telecare services. Progress against this has been held up by delays associated with the roll out of the payment engine development, which is due to go live in September 2019. Once this system goes live, we will be able to offer customers options to choose products and pay for them online. An example of this is payment of social care packages- such as selecting the telecare package that best suits a customer's needs. Similarly, Blue Badge applications are now available online that enables applicants to upload their evidence documentation onto the system. The introduction of concessionary travel applications is due to be available online from January 2020. |
| PD/A032: Continue to strengthen and extend shared working between C1V and the Health Board to provide a more integrated service for the public and better resilience. | 31/03/2020 | 25 | GREEN | Established an integrated Management Meeting between health social care and customer relations staff to explore opportunities to develop services. This mechanism is supporting the implementation of GP Triage Service roll out. A key focus of our work in supporting the development of this project involves contributing to the development of a knowledge database that |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| | | | | can be used by frontline staff as prompts to support them in their role in the provision of information advice and signposting. |
| PD/A039: "Contribute to the delivery of the Our Well-being matters agenda with specific focus on the following during 2019/20:<br>• Work with Cardiff and Vale Health Board, Social Services and Telecare to develop services that meet the needs of our citizens;<br>• Implement a new contact centre platform to improve the citizen experience of accessing services across a range of communication channels and measure satisfaction levels.<br>• Incorporate the principles of the Council's Digital Customer Strategy at the forefront of developing new integrated services." | 31/03/2020 | 25 | GREEN | The Customer Relations are a key contributor to the Well-being Project Board and Well-being Triage Project Board. The Integrated Management Team that Customer Relations are part of are working with the Telecare service to develop an online application service. The new contact centre platform will go live on 23rd September. In relation to incorporating the principles of the Council's Digital Customer Strategy, we continue to work closely with the Digital Customer Group to explore the feasibility of developing more integrated services options going forward. |
| PD/A040: Progress the integrated Health and Social Care agenda with specific reference to the GP triage proposal. | 31/03/2020 | 25 | GREEN | We continue to support the implementation of the GP triage project by proving assistance on capacity planning and contact centre technology. |
| AS/A014: Undertake further expansion of the Adult Placement Scheme. | 31/03/2020 | 50 | GREEN | The Vale of Glamorgan is now hosting the Bridgend APS services and there are ongoing discussions with Cardiff regarding regionalisation of the service. |
| AS/A036: Pilot delivery of a GP triaging scheme within the Vale of Glamorgan. | 31/03/2020 | 25 | GREEN | This is a Transformation Bid project, the project is working with GP Practices within the Eastern Vale to map demand. Ongoing data analysis and clinical models being developed. Plan to implement first operational phase in Qtr. 3. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| AS/A037: Implement a joint Learning Disability Commissioning Strategy to ensure that we can effectively meet the needs and outcomes of our service users both now and in the future. | 31/03/2020 | 25 | GREEN | Strategy completed and signed off by Cardiff Cabinet, C and VUHB and being taken to Vale Cabinet on the 17th June. Launch of the Strategy is at an event on the 18th June. Implementation of the priorities identified within the Strategy will be managed through the LDPG and a series of workstreams. Reporting mechanisms on progress of these have been developed to tie in with quarterly reporting mechanisms. |
| AS/A038: Update the referral management processes at the Customer Contact Centre. | 31/03/2020 | 25 | GREEN | This action is in two parts: Intake and Assessment: Referral pathways re-established to remove blockages within the referral pathway. Princess of Wales referrals directed toward Integrated Discharge Service. 2. Contact Centre: Enhanced Outbound Officer posts (called Wellbeing Officers) have been created within C1V to provide a consistent response to all adult service contacts including improved IAA and rapid decision making/progress to social work interventions. Establishment of Wellbeing Officers in Q3. |
| AS/A039: Monitor and improve the Information, Advice and Assistance sign off. | 31/03/2020 | 25 | GREEN | Protocol for the monitoring and sign off of Information, Advice and Assistance re-established within C1V. Information is provided at first point of contact by Inbound staff through use of DEWIS and worker's own knowledge of council and community services. This is not signed off by adult services. If, Advice or assistance is needed, a proportionate assessment is undertaken by Outbound staff and always signed off by adult services manager to ensure appropriateness and quality of IAA and to review whether further assessment is required. Plan to audit sign off in Q2 and implement any improvements in Q3. |
| AH009 | | | | |
| RM/A039: Progress inter-generational project work involving schools and residential care settings. | 31/03/2020 | 25 | GREEN | On track. Met with schools and private sector homes. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| RM/A040: Complete the project work associated with creating a 'Dementia Friendly' environment at Ty Dewi Sant. | 31/03/2020 | 25 | GREEN | Phase 1 – communal areas completed in Ty Dewi Sant and Southway. |
| AS/A041: Implement the 'Get me Home' Plus Service. | 31/03/2020 | 25 | GREEN | This service commenced in small numbers in Qtr1. Although there are difficulties as this has meant a change to on-call and introduction of potential shift patterns as an alternative. Trade Unions are engaged, and we are working through the issues. |
| AS/A040: Implement a regional protocol to support transition processes across all of Adult Services. | 31/03/2020 | 25 | GREEN | Draft protocol currently being consulted on across education, health SNAP and social services. Presented at the next Disability Futures Board now in September (July's has been cancelled). After which there will be a consultation process with parents and carers. |
| AS/A042: Implement a 'Team around an individual' approach to Dementia Services. | 31/03/2020 | 25 | GREEN | The community navigators are now working in the locality, and recruitment is underway for the project, further opportunities to bid for ICF monies to be explored on regional basis for Qtr. 2. |
| AS/A043: Work with partners to develop a Vale locality model in response to the recommendations of the Parliamentary Review. | 31/03/2020 | 15 | AMBER | Project resource has been identified to develop this project further. Further progress anticipated in latter part of 2019/20. |
| AS/A044: Explore the development of an integrated model for Long Term Care Service and Nurse Assessor Team at Ty Jenner. | 31/03/2020 | 25 | GREEN | Change in Locality personnel and high levels of sickness within the team will delay the planned consultation for Qtr. 2, this will slip into Qtr. 3. The consultation documents are written and ready to send. Workshops planned but not yet executed. |
| AS/A045: Review opportunities for the development of clear Continuing Health Care Processes. | 31/03/2020 | 15 | AMBER | There are clear processes in place for CHC funding to be requested. However, under reshaping we have planned to recruit to a senior social worker with emphasis on CHC to ensure that citizens we feel meet the CHC criteria are discussed and challenged with the UHB in a robust manner and retains momentum. Plans to recruit to this post in Qtr. 3, recruitment active in qtr. 2. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| **AH010** | | | | |
| RM/A041: Undertake a formal review of existing pooled arrangements and where necessary put in place formal agreements. | 31/03/2020 | 25 | GREEN | Monitored as part of Regional Commissioning Board. |
| RM/A042: Implement joint contracts in relation to Nursing and Residential Care homes. | 31/03/2020 | 50 | GREEN | Consultation period with providers and other interested parties has closed. Review of feedback to be undertaken by end of July 2019, with report to Scrutiny by end of October 2019. |
| RM/A043: Implement/pilot the use of the financial module in relation to WCCIS. | 31/03/2020 | 25 | GREEN | Project group established, meeting weekly, with a view to residential payments being made via WCCIS by 1st October 2019. |
| RM/A044: Develop a suite of core performance reports in WCCIS to meet the statutory reporting requirements. | 31/03/2020 | 25 | GREEN | One outstanding Annual Performance Measure (20) to be completed, but due to delay in obtaining data from UHB. Qtr. 1 reporting currently in preparation stages. Aggregate data for both Children and Adults completed, along with Adult Safeguarding Return. WCCIS Reports continue to be developed and refined to meet Statutory Reporting Requirements. |
| **AH011** | | | | |
| HR/A016: Review and maintain the Council's Safer Recruitment Policy. | 31/03/2020 | 25 | GREEN | Regular reports and updates are provided to Cabinet and CMT concerning the application of the safer recruitment policy throughout the Council and relevant schools. Overall compliance for both Corporate and Schools was 96% (this compares to 95% in 2017/2018). This is consistent with previous years. During Q1 schools were consulted on the current recruitment process following which changes will be implemented in Q1 and 2 to improve compliance outturns. The consultation included strengthening the escalation process and that the Risk Assessment form/process should only be used in exceptional circumstances. An audit was undertaken during Q4 by the Wales Audit Office (WAO) to review the safer |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| | | | | recruitment practices in the Council. The actions following the WAO Safeguarding audit during Q4 depending on the outcome may require additional work later in the year. |
| HR/A017: Develop a corporate approach to dealing with cyber bullying/online abuse aimed at Council employees. | 31/03/2020 | 75 | GREEN | Following consideration and recommendations of an internal Working group in relation to staff using social media and continued wellbeing along with subsequent trade union and CMT consultation the Council's Social Media Code of Conduct and the Violence at Work policy were revised as well as a new draft policy on Unacceptable Actions by Citizens drafted. These 3 documents provide comprehensive advice/guidance/support to establish standards which staff and clients should apply as well as measures that staff should take to reduce abuse/threat outside of work. The revised Social Media and the Violence at Work arrangements will be launched in Q2 supported by training to managers. The Unacceptable Actions by Citizens policy will be referred for consideration by Cabinet in Q2 in advance of a general launch in the Council. |
| RM/A010: Enable the Corporate Safeguarding Group to continue to focus on delivery of Corporate Safeguarding Action Plan and put in place appropriate mechanisms to monitor compliance of the Policy. | 31/03/2020 | 25 | GREEN | Review of Corporate Safeguarding Policy underway. Development of training matrix and self-assessment tool to assist with monitoring compliance. Comms exercise to take place to ascertain level of awareness of roles within CSG and the Corporate Safeguarding Policy |
| RM/A045: Lead the review and update the All Wales Safeguarding Procedures in line with the Welsh Government Guidance with the Regional Safeguarding Business Unit. | 31/03/2020 | 25 | GREEN | Final stages of this project. Procedures launch date is November 2019 |
| RM/A046: Review compliance of all Directorates with completion of the | 31/03/2020 | 25 | GREEN | OM Safeguarding & OD service are reviewing compliance rates and implementing mechanism for reviewing those without |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| Safeguarding e-module. | | | | access to Idev. |
| AA/A043: Provide appropriate staff training in relation to safeguarding in all education settings and continue to monitor and challenge compliance. | 31/03/2020 | 50 | GREEN | A training programme is well established, and a monitoring framework has recently been strengthened. Compliance with training requirements is monitored monthly at DMT. |
| AH012 | | | | |
| AS/A046: Evaluate and review the use of assistive technology for adults. | 31/03/2020 | 25 | GREEN | ICF project for a Transition SMART house phase 1 completed. Awaiting on Phase two funding to be confirmed. Aim to maximise people's independence within a supported living environment using the most advanced technology. This project is a partnership with Innovate Trust and Housing colleagues. SeeMe project in LD day services in development. People will have one-page video profiles outlining their needs, aspirations and how they want to be supported. |
| AH013 | | | | |
| RM/A047: Work with partners (Housing) to implement our 'Accommodation with Care' approach to support and enhance independent living. | 31/03/2020 | 25 | GREEN | Penarth Older Persons with Care project will progress to the 2nd stage financial appraisal. ICF funding has been sought (£120k) to facilitate. A project Management group will be established to oversee the next phase if approved by the RPB. |
| AH014 | | | | |
| RM/A048: Contribute to the development of a Regional Exploitation Strategy that encompasses all aspects of exploitation including Child Sexual Exploitation. | 31/03/2020 | 25 | GREEN | Development of the strategy is progressing, with anticipated launch September 2019 |
| RM/A049: Implement a Data Dashboard in relation to exploitation. | 31/03/2020 | 15 | AMBER | Awaiting strategy launch to ascertain what data will be required within the dashboard. Liaising with corporate partners in relation to additional data held outside of this directorate |
| AH015 | | | | |
| RM/A050: Work with partners to deliver | 31/03/2020 | 25 | GREEN | Escalating Concerns policy is in draft and awaiting further |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| a consistent regional footprint for the management of escalating concerns. | | | | comments from contributors to this work. |
| RM/A051: Review our quality assurance approach in relation to residential care. | 31/03/2020 | 25 | GREEN | Joint Contract for Residential Care is in draft and out to consultation with providers |
| AH016 | | | | |
| SRS/A032: Prepare businesses for the special procedure's requirements set out in the Public Health Bill. | 31/03/2020 | 25 | GREEN | SRS has formally advised Welsh Government of its intention to become an approved training centre to deliver the level 2 RSPH infection control course and is currently considering how it can best utilise its resources to successfully manage course administration alongside course delivery by suitably competent officers.  It is anticipated that demand for training will be high due to many neighbouring Authorities not being in a position to offer training as an approved training centre. Officer guidance concerning the professional interviews to be undertaken with prospective skin piercing applicants prior to personal licences being issued has yet to be produced by WG.  Once available, SRS will be in a stronger position to identify resource implications associated with successfully delivering the new licensing regime businesses are being kept up-to-date on the progress of the special procedure's legislation through the dissemination of Welsh Government up-date newsletters at all new registration visits.  Officers have also requested that all WG news letters are uploaded onto the SRS website and available to a wider audience. Trading Standards will also be undertaking a test purchase intervention at a number of skin piercing practitioners to ensure that businesses are complying with the age limit requirements for intimate piercings – as specified in Part 5 of the Public Health (Wales) Act 2017. |
| SRS/A033: Secure approval of the Communicable Disease Service Plan | 31/03/2020 | 25 | GREEN | The required Communicable Disease plan is in draft form in readiness for approval at SRS Joint Committee in September. |

| Service Plan Actions | In Year Completion Date | % Complete | RAG Status | Progress & Outcomes Description |
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| 2019/20. | | | | |
| SRS/A034: Undertake interventions in accordance with the Statutory Health and Safety Section 18 Plan. | 31/03/2020 | 25 | GREEN | The required Health and Safety plan is in draft form in readiness for approval at SRS Joint Committee in September. |
| SRS/A035: Undertake interventions where appropriate in accordance with the Food Law Enforcement Service Plan. | 31/03/2020 | 10 | RED | Currently there are a number of vacancies within the food and port health team which is impacting on completion of the statutory inspection programme. Recruitment has begun; however, we will require the engagement of contractors to assist with the outstanding inspection programme. |
| SRS/A036: Continue a programme of training and awareness of Child Sexual Exploitation, slavery and trafficking to protect vulnerable residents. | 31/03/2020 | 25 | GREEN | Our Licensing Policy Officer is in discussion with the Vale of Glamorgan Safeguarding team regarding putting on a day of training for taxi drivers to raise awareness of exploitation associated with the trade. We are also looking to offer staff in the SRS more training by SWP on vulnerable members of the public and how to report issues they come across during their work. |

**Objective 7: Encouraging and promoting active and healthy lifestyles**

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| **Population Indicator** | | | | | | |
| CPM/182 (WO4/M001): Percentage of adults aged 16+ who have fewer than two healthy lifestyle behaviours (not smoking, health body mass index, eat five portions fruit or vegetables, not drinking above guidelines, meet guidelines on weekly minutes of physical activity). | N/A | N/A | No Target | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| CPM/183 (WO4/M002): Percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eat five fruit/ vegetables daily, never/rarely drink and meet the physical activity guidelines). | N/A | N/A | No Target | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| CPM/184 (WO4/M003): Children age 5 of a healthy weight. | N/A | N/A | No Target | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| CPM/185 (WO4/M004): The average number of years a new born baby can expect to live if current mortality rates continue. | N/A | N/A | No Target | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| **What difference have we made?** | | | | | | |
| CPM/191 (VS/M041): Percentage of adults reporting that they participate in sports/ physical activity three or more times a week. | N/A | N/A | No Target | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| **How well have we performed?** | | | | | | |
| CPM/096 (CS/M038): Percentage of attendance at Flying Start childcare. | N/A | N/A | 75% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| CPM/111 (CS/M037): Percentage of | N/A | N/A | 90% | N/A | N/A | Annual performance indicator. To be reported |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| eligible Flying Start children that take up childcare offer. | | | | | | at quarter 4. |
| CPM/170 (SI/M050): Percentage of users showing satisfaction with a Families First service accessed. | N/A | N/A | 97% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| CPM/196 (SL/M025): Percentage of Council catered schools that offer healthy food options. | N/A | N/A | 100% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |

| How much have we done? | | | | | | |
|---|---|---|---|---|---|---|
| CPM/028 (VS/M014): "Number of sports clubs which offer either inclusive or specific disability opportunities.   " | 55 | 55 | 55 | GREEN | ↔ | No additional clubs added from previous. |
| CPM/197 (VS/M044):   Number of Green Flag Parks. | 10 | N/A | 10 | N/A | N/A | Annual performance indicator. To be reported at quarter 3. |

**Objective 8: Safeguarding those who are vulnerable and promoting independent living**

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| Population Indicator | | | | | | |
| CPM/098 (AS/M019): Percentage of adult service users receiving a direct payment. | N/A | N/A | 15% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| CPM/060 (SSM/027) (CS/M006): The percentage of re-registrations of children on local authority Child Protection Registers (CPR). | 9% | 0 | 5% | GREEN | ↑ | No commentary provided. |
| CPM/203: Percentage of adults at risk of abuse or neglect reported more than once | N/A | N/A | 8% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| during the year. | | | | | | |
| **What difference have we made?** | | | | | | |
| CPM/057 (SSM/019) (PAM/025) (SCA/021): The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over. | 0.75 | 1.41 | 3.5 | RED | ↓ | This measure has been allocated a red status because, although our performance for the first three months of the financial year (April-June 2019) is within the annual target of 3.5 our performance reporting for this measure is done cumulatively. Therefore, we anticipate that within the next two quarters our DTOC figures are likely to increase further resulting in us no longer performing within target. Based on quarter one's performance we project a cumulative annual performance of 5.64 which would give us a red status at end of year against target. Performance in this area continues to be a significant ongoing challenge due to capacity within and the viability of the domiciliary sector which impacts negatively on delayed transfers of care. In order to address these pressures, we are working with the independent home care sector and our own reablement care service to increase this capacity. |
| CPM/058 (SSM/020a) (AS/M003): The percentage of adults who completed a period of reablement a) and have a reduced package of care and support 6 months later. | N/A | 15.57 | 45% | GREEN | N/A | No commentary provided |
| CPM/107 (HS/M033): Percentage of Supporting People service users who confirm that the support that they have | N/A | N/A | 85% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| received has assisted them to maintain their independence. | | | | | | |
| CPM/059 (SSM/020b) (AS/M004): The percentage of adults who completed a period of reablement b) and have no package of care and support 6 months later. | N/A | 82.78 | 75% | GREEN | N/A | The Vale Community Resource Service continue to successfully provide short term intervention to assist the service user to regain their independence in daily living following an episode of ill health, injury or to support the management of chronic conditions. |
| **How well have we performed?** | | | | | | |
| CPM/056 (SSM/018) (AS/M001) The percentage of adult protection enquiries completed within statutory timescales. | 100 | 83.3 | 90% | AMBER | ↓ | In line with the SSWA, work continues to ensure that all adult protection enquiries are completed within 7 working days. |
| CPM/112 (HS/M030): Percentage of Supporting People clients satisfied with the support they have received. | N/A | N/A | 100% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| CPM/206 (PD/M026): Percentage of telecare customers satisfied with the telecare monitoring service. | N/A | N/A | 97% | N/A | N/A | Annual performance indicator. To be reported at quarter 2. |
| CPM/207 (AS/M017): Percentage of care and support plans for adults that were reviewed within agreed timescales (WG interim data set). | N/A | N/A | 85% | | | Data not currently available for this local measure. Data should be available for Q2. |
| CPM/208 (CS/M039): Percentage of care and support plans for children that were reviewed within agreed timescales (WG interim data set). | N/A | 90.43% | 91% | Amber | N/A | Work continues in this area to monitor all children's reviews are undertaken in a timely manner. The target for this local measure has been narrowly missed. |
| **How much have we done?** | | | | | | |
| CPM/209 (SS/M018): Number of new Telecare users. | 80 | 92 | 375 | RED | ↓ | This is a local measure, which continues to be rolled out; to further promote the awareness and take up of Telecare services amongst our |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| | | | | | | service users to remain living independently at home for as long as possible. 75 TeleV & 18TeleV+ (cumulative figure = 372). |

APPENDIX 3- Additional Performance Indicators (Well-being Outcome 4)

Objective 7: Encouraging and promoting active and healthy lifestyles

| Performance Indicator | Q1 2017/18 | Q1 2018/19 | Q1 Target 2018/19 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| **Population Indicator** | | | | | | |
| There are currently no additional national measures reported under this section. | | | | | | |
| **What difference have we made?** | | | | | | |
| PAM/042: Percentage of National Exercise Referral Scheme (NERS) clients who reported an increase in leisure minutes at 16 weeks. | 64.58 | 83 | 90% | AMBER | ↑ | 83% of people asked at 16-week consultation said that they had increased their leisure minutes of Physical Activity. This can be supported from a report from the NERS database. |
| **How well have we performed?** | | | | | | |
| PAM/041: Percentage of National Exercise Referral Scheme (NERS) clients who continued to participate in the exercise programme at 16 weeks. | 33.57 | 27.09 | 40% | RED | ↓ | This data is live, and we will continue to catch up with people throughout the year. People do not automatically finish the scheme at a set point and exercise can be interrupted via illness, injury, bereavement and priorities. The team will continue to follow up the outstanding clients and adjustments will be made throughout the year. |
| **How much have we done?** | | | | | | |
| PAM/017 (LCS/002b): Number of visits to local authority sport and leisure facilities during the year where the visitor will be | 2441.27 | 2360.066 | 2842 | RED | ↓ | Usage figure of 308,437 although schools is normally supplied later in the year. |

| Performance Indicator | Q1 2017/18 | Q1 2018/19 | Q1 Target 2018/19 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| participating in physical activity per 1,000 population. | | | | | | |

Objective 8: Safeguarding those who are vulnerable and promoting independent living

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| **Population Indicator** | | | | | | |
| There are currently no additional national measures reported under this section. | | | | | | |
| **What difference have we made?** | | | | | | |
| SSM/025 (CS/M004): The percentage of children supported to remain living within their family. | N/A | 75.22 | No Target | N/A | N/A | Performance for this measure is for monitoring purposes only; as this measure is dependent on the looked after children population. |
| SSM/034a (CS/M029): The percentage of all care leavers who are in education, training or employment at 12 months after leaving care. | N/A | 30 | 53% | RED | N/A | The team continues to proactively work with a range of organisations including Careers Wales for specialist career advice and support around training, education or employment options. |
| SSM/034b (CS/M030): The percentage of all care leavers who are in education, training or employment at 24 months after leaving care. | N/A | 60.89 | 53% | GREEN | N/A | No commentary provided |
| SSM/001: Percentage of people reporting that they live in the right home for them. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/002: Percentage of people reporting they can do what matters to them. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/003: Percentage of people reporting that they feel safe. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/004: Percentage of people reporting that they feel a part of their community. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/005: Percentage of people reporting | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| they feel satisfied with their social networks. | | | | | | at quarter 4. |
| SSM/006: Percentage of children and young people reporting that they are happy with who they live with. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/017: Percentage of People reporting they chose to live in a residential care home. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| **How well have we performed?** | | | | | | |
| SSM/023 (AS/M005): The percentage of Adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. | N/A | N/A | 85% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/024 (PAM/028) (CS/M004): The percentage of assessments completed for children within statutory timescales. | N/A | 57.14 | 85% | RED | N/A | This is still an area of importance for the service where all referrals are screened to ensure timely allocation of those with highest priority. Performance for completing an assessment (between start to end date) is **81.17%** at quarter end. From Q2 the Assessment form will be live on WCCIS resulting in the removal of interim workaround systems and enabling both improved management reports that provide oversight of processes and an efficient approvals process reducing delay. Together with a review of the operational arrangements in the Duty Team and the timeliness of cases transferring to the Family Support Team, it is expected these actions will impact positively on performance. This work is now having a positive impact where the assessments completed in |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| | | | | | | timescale for June 2019 has risen to 73% during the month. |
| SSM/026 (CS/M005): The percentage of looked after children returned home from care during the year. | N/A | 1.72% | 7% | GREEN | N/A | The measure will increase as the year progresses and children who leave care during the year and are returned home from care; where appropriate to do so. |
| SSM/030 (CS/M007): The percentage of children seen by a registered dentist within 3 months of becoming looked after. | N/A | 60 | 60% | GREEN | N/A | No commentary provided |
| SSM/021 (AS/M015): The average length of time older people (aged 65 or over) are supported in residential care homes. | 800.12 | 900.73 | N/A | N/A | ↑ | Whilst these figures are used for guidance only this illustrates that older people are living longer and staying in residential care longer as a result. This figure is in line with the Welsh average |
| SSM/022 (AS/M016): Average age of adults entering residential care homes. | 86.25 | 84.46 | N/A | N/A | ↓ | These figures are used for guidance only and are in line with our overarching strategy to support people living in their own home prior to moving into residential care. |
| SSM/028 (CS/M025): The average length of time for all children who were on the Child Protection Register during the year. | N/A | 75.22% | 250 | RED | N/A | This measure for Q1 has a very small cohort of children; currently skewed by one child who was on the CPR for 561 days. Decisions for removing a child from the CPR are taken in the best interests of the child by practitioners working with the child. Performance in this area is significantly improved compared to 2018/19. |
| SSM/029a (CS/M026): Percentage of children achieving the core subject indicator at key stage 2. | N/A | N/A | 70% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/029b (CS/M027): Percentage of children achieving the core subject indicator at key stage 4. | N/A | N/A | 25% | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/032 (SCC/002): The percentage of | N/A | 4.63 | 11.50% | GREEN | N/A | No commentary provided. |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| looked after children who have experienced (1) or more changes of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the year to 31 March. | | | | | | |
| SSM/031 (SCC/040): The percentage of looked after children registered with a GP. | N/A | 100 | 99% | GREEN | N/A | No commentary provided. |
| SSM/033 (PAM/029) (SCC/004): The percentage of looked after children on 31 March who have had three or more placements during the year. | N/A | 1.4 | 9% | GREEN | N/A | No commentary provided. |
| SSM/035 (CS/M031): The percentage of care leavers who have experienced homelessness during the year. | N/A | 3.49% | 12% | GREEN | N/A | The Division has worked hard with partner agencies and Housing to expand the availability of suitable accommodation options for 16-21 year olds. The definition for this performance indicator is extensive and includes any 24 hour period in any type of temporary/emergency accommodation. In no circumstances were care leavers without accommodation. |
| SSM/007: Percentage of people reporting they have received the right information or advice when they needed it. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/008: Percentage of people reporting they have received care and support through their language of choice. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/009: Percentage of people reporting they were treated with dignity and respect. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/010: Percentage of young adults reporting they received advice, help and | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |

| Performance Indicator | Q1 2018/19 | Q1 2019/20 | Q1 Target 2019/20 | RAG Status | Direction of Travel | Commentary |
|---|---|---|---|---|---|---|
| support to prepare them for adulthood. | | | | | | |
| SSM/011: Percentage of people with a care and support plan reporting that they have been given written information of their named worker in social services. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/012: Percentage of people reporting they felt involved in any decisions made about their care and support. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/013: Percentage of adults who are satisfied with the care and support that they received. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/013: Percentage of children who are satisfied with the care and support that they received. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/014: Percentage of parents reporting that they felt involved in any decisions made about their child's care and support. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/015: Percentage of carers reporting they feel supported to continue in their caring role. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| SSM/016: Percentage of carers reporting they felt involved in designing the care and support plan for the person that they care for. | N/A | N/A | N/A | N/A | N/A | Annual performance indicator. To be reported at quarter 4. |
| **How much have we done?** | | | | | | |
| There are currently no additional national measures reported under this section. | | | | | | |