

Report

Housing & Community Services Overview & Scrutiny Forum

Part 1

10 June 2010

Item No.

Subject **Annual Report of Director of Social Services**

Purpose To present to the Forum, prior to Cabinet and Council, my Annual Report as the postholder, carrying the statutory responsibilities of Director of Social Services

Author Stewart Greenwell, Corporate Director (Care and Customers)

Ward All

Summary The report is an evaluation of the provision and commissioning of Social Services, set against some of the feedback received from service users and carers. It is also informed by consultation with a wide variety of partner agencies, set out on page 1 of the report, contributions from senior managers in Social Services and middle managers and some frontline staff.

The report is intended to 'tell a story' that is recognisable to all key stakeholders. It therefore sets out the strengths and weaknesses of the service but concludes that the foundations in place are sufficiently strong to allow for continuous improvement to take place. The report concludes key challenges at the end of each section after the introduction, and some indication of issues that will be dealt with in my Annual Report of 2010/11.

Proposal **That Members consider the attached Annual Report and provide any observations that could be incorporated into the report by the Corporate Director, Care and Customers**

Action by Stewart Greenwell, Corporate Director (Care and Customers)

Timetable Immediate

This report was prepared after consultation with:

- Service users and carers
- Social Services staff

- Cabinet Member for Community Care and Adult Services
- Cabinet Member for Young People's Services
- A range of partner agencies (see paragraph 5, page 1 of report)

Background

This is the first Annual Report of the Director of Social Services presented to Cabinet and Council, following the new arrangements for evaluating Social Services in Wales. The new process centres on self-evaluation, involves consultation with Care and Social Services Inspectorate for Wales (CSSIW) and will be the major source, around which CSSIW plan their inspection programme.

The preparation for this report began in September 2009 and has included the completion of 20 evidence grids that provide the background intelligence, and hard data that can be used to examine the judgements that are made in the report.

The requirement to produce an Annual Report was determined by Guidance issued under Section 7 of Local Authority Social Services Act 1970, which also confirmed the role of Director of Social Services as a key role in every Local Authority. This included the requirement that the post should be located at a level that carries sufficient authority and influence, to ensure that Social Services has the appropriate priority within each Council. The inclusion of the role within the post of Corporate Director, Care and Customers, offers that priority and status in the City Council.

As this is the first report it is inevitable that the intelligence available is still insufficiently developed. In particular, we need to have far more regular opportunities to discuss, with service users and carers, their experiences of 'being on the receiving end'. In addition, as the first Annual Report and the report that summarises my first year in post, it is important that Cabinet acknowledges that the areas for improvement do not simply emanate from the year 2009/10, to which the report refers. The need for the modernisation of a number of services has been apparent for some time and it is bound to take more than another 12 months to put in place the changes necessary, to ensure that Social Services both provides and commissions a total package of services that are fit for the future.

My overall judgement is that there are sufficiently strong foundations within Social Services, supported by the policies and priorities of the City Council, to ensure continuous improvement. Performance is managed and monitored well, there is some emerging and effective experience of partnership, particularly with the NHS and there are examples of exceptional practice in many areas of Social Services, on which it is possible to build. The areas for development and the challenges for the coming year are set out in the report and in particular include the need to listen carefully and act upon the experience of users and carers. This fits with the priority of the City Council and the Local Service Board to provide opportunities for local people to have their say, in order that services can be put in place and transformed where necessary, that will be responsive to future need. Some examples are already beginning to emerge and they include the transformation of day activities, the plan for a re-modelled Family Assessment Service and a contact service for children and their birth parents, the work in taking forward our pioneer status for the Integrated Family Support Service and the local implementation of the Gwent Frailty Project. Along with a wide variety of collaborative arrangements, some of which are leading to the integration of services, it is very clear that we do have the potential for providing and commissioning services that will be fit for the future.

Financial Summary:

There are no specific costs and financial implications, although the report refers to the economic conditions in which all public sector services will be expected to deliver efficiencies, as well as improvements in service and better outcomes for service users.

	Year 1 (Current) £	Year 2 £	Year 3 £	Ongoing £	Notes including budgets heads affected
Costs					n/a

(Income)					n/a
Net Costs					
(Savings) Net Impact on Budget					

Risks:

Risk	Impact of Risk if it occurs* (H/M/L)	Probability of risk occurring (H/M/L)	What is the Council doing or what has it done to avoid the risk or reduce its effect	Who is responsible for dealing with the risk?
1. That users and carers will not have the opportunity to contribute further to our understanding of their experience to inform the development of services and the Annual Report for 2010/11	H	L	The plan is to hold bi-monthly service user and carer forum meetings from September 2010 onwards, as well as making use of a wide variety of other consultative mechanisms that we have put in place for users and carers	Stewart Greenwell Mike Nicholson, Head of Children & Family Services Lis House, Head of Community Care & Adult Services
2. The members of staff are not given the opportunity to use this first report to gain a greater sense of ownership for the future direction of services and their part in continuous improvement	H	L	The report will be widely shared amongst members of staff and partner agencies and used as a vehicle for ensuring a wide ranging discussion in team meetings and management for a to ensure that it provokes a healthy debate	Stewart Greenwell

Links to Council Policies and Priorities

The report sets out a number of ways in which we intend to meet the three priorities of the Community Strategy:

- To make our City a better place to live for all our citizens
- To be good at what we do
- To work hard to provide what our citizens tell us they need

The report sets out a number of priorities that will improve services for a variety of citizens in the City, that will ensure that staff are given the opportunity to practice at the highest level and most significantly that we will work more diligently to provide users and carers with the opportunity to explain their experiences and subsequently learn from them in our efforts to continuously improve our services.

Options Considered/Available

To consider the report and offer any comments that could be incorporated into the annual report by Corporate Director, Care and Customers

Preferred choice and reasons

The judgement set out in the report is based on a variety of intelligence, performance data and the views and experiences of users and carers and therefore considering the report and offering comment prior to cabinet is the only option.

Comments of Chief Financial Officer

This report gives an evaluation of the services currently provided to our service users and carers, and lists key challenges that will need to be met if continuous improvement is to take place at a time when public service budgets will come under extreme pressure.

There are no direct financial consequences arising from this report, though the key challenges will need to be met from within existing budgets unless further reports are brought forward for approval with appropriate funding measures included.

Comments of Monitoring Officer

Guidance on the role and accountabilities of the Director of Social Services issued under Section 7 of the Local Authorities Social Services Act 1970 requires the Director to prepare an Annual Report on the effectiveness of the services provided and setting out the evidence to support conclusions reached. This Report is produced to satisfy this requirement. There are no legal implications arising directly from this Report.

Staffing Implications-: Comments of Head of Human Resources and Policy

The work undertaken by the Human Resources Team supports the provision and commissioning of Social Services, through the development of the Council's social care workforce. The HR team continues to support and lead on a number of initiatives which underpin many of the key challenges outlined in the Annual Report of 2010/11, examples of which include:

- Developing and delivering a more effective and efficient integrated approach to service delivery through initiatives such as Gwent Frailty and Integrated Family Support Services.
- Managing the 'change process' for the re-provisioning of elderly day services and family contact and assessment services.
- Developing and delivering increased and improved flexible working solutions which enhances worklife/balance.

There are no direct human resources implications arising from the report, however should there be the need for any structural reorganisation, including the creation or changes to existing posts, to meet the challenges outlined in the report, then this will require a further report to the Cabinet Member for Resources.

Local issues

The report refers to Social Services provided and commissioned across the City.

Consultation

The consultation responses are set out in the report and the actual comments of users and carers are used to illustrate our desire to listen to what people have to say and learn from their comments.

Other Relevant Consultation

The Annual Report will also be received by Cabinet on 15 June, and Council on 29 June.

Background Papers

The evidence grids that are available on the intranet provide the data that backs up the report and the judgement has been made.

NEWPORT CITY COUNCIL

ANNUAL REPORT OF THE DIRECTOR OF SOCIAL SERVICES

STEWART GREENWELL CORPORATE DIRECTOR, CARE AND CUSTOMERS

2009/10

1. Introduction

The aim of this report is to tell a story that will be recognised by those people who receive a service provided by the City Council, or commissioned by the City Council and provided by one of the many independent sector agencies that now make up the complete picture of social services in Newport and every other council in Wales.

Previously, the way that social services has been evaluated was through the involvement of an outside body (e.g. Care and Social Services Inspectorate Wales), looking at what we are doing, through an inspection and a judgement about the quality of services, as well as our potential to improve services. This is a very different approach, as I am making that judgement through this first report to Council in my role as Director of Social services. The people who will make an assessment of my judgement are those who use the services, their families and the people who provide those services, i.e. the staff of the City Council and of the other agencies delivering services in the city.

Members of the City Council will also make an assessment of this judgement based on what they know and their knowledge and experience of social services, through making enquiries, referrals and asking questions on behalf of their constituents, as well as their contact with officers.

If you are interested in digging deeper, to find out how I have reached my conclusions, you will be able to look at all of the intelligence gathered on the City Council's intraweb site:

<http://stellentcons/intraweb/serviceAreas/SocialServices/ServiceGroups/ARDS/EvidenceGridstemplatesandguidance/index.htm>

In addition to pulling together all of the information, we have met with people from partner agencies, as well as some front-line staff and managers from the City Council to hear their views about those parts of the service that they know best. This included colleagues from Aneurin Bevan Health Board, Gwent Association for Voluntary Organisations, Age Concern Gwent, Gwent Police, Sure Start, Taff Housing, WRVS, Linc Cymru, National Public Health Service Wales, Expert Patients Programme – ABHB, Hafal, Alzheimer's Society, Reach, Care & Repair, Sight Support, Newport Access Group, Charter Housing, BAWSO Women's Aid, Torfaen CBC, as well as other services of the City Council.

We have also presented our developing thinking on the report over the past 8 months to members of the City Council who sit on the Overview and Scrutiny (O&S) Forum for Housing and Community Services and the O&S Forum for Young People's Services.

Most importantly, we also met with a group of service users and carers, including some young people being looked after by the City Council. We have acknowledged that we only scratched the surface in consulting and talking with users and carers and that will be a major part of developing our intelligence in future years. We will begin with a service user and carer forum meeting in September 2010 to look at this report and a similar forum meeting every two months

until June 2011, prior to presenting my report to Council for the year 2010/11. This is in addition to a wider network of user and carer groups having a chance to have their say throughout next year.

None of this will be worthwhile unless we listen to what people are saying and change our behaviour as a result of what we hear. There will be real challenges for all of us working in this field, but the only thing we can guarantee to those who receive services, as well of those who work in the services, is that we will strive to meet people's aspirations. Sometimes we are bound to get it wrong, but by listening and acting on what we hear, we can try things out together and share responsibility across all agencies for making continuous improvements in people's lives.

Readers of this report have to recognise that, where I point to the need for improvement and change, these are not matters that have only emerged in the last year; the majority point to a need to modernise services that has been apparent for some time. Equally there has to be recognition that the City Council is not alone in dealing with these challenges; the picture is common around Wales and one that has been acknowledged following the Joint Review process that ended in 2007 and inspections that have taken place since.

2. How am I going to tell the story?

One of the things that I regularly say to colleagues and partners is, 'If you are doing it on your own, you are probably doing it wrong.' So this story is about all of the people who make up the picture that is social services in Newport, doing things together, so that we can share responsibility.

Throughout, I want to refer to **what users and carers are saying about their experiences and how we can learn from that**; that will remain the most important aspect of this report and the story that emerges.

In addition it is important to show how we make things happen through having **business support services** that are often unsung heroes; services that provide relatively unglamorous, but necessary functions and keep the wheels in motion in a multi-million pound business.

We will always be judged by **how well we safeguard those people who are most vulnerable, both children and adults** and it is a very important part of the story, again involving many agencies and professional groups. We share responsibility for safeguarding vulnerable children and adults and we have to put systems in place to make that happen.

None of this can happen without understanding that we **need a workforce that is valued and respected**. Once again we do not always get it right, but the answer is to listen to what people say, act on what we hear and at least, never ignore what colleagues tell you. In that way, we can strive to **improve the quality of the services that we provide and commission**, as that will always be possible even in the most stringent financial climate that we faced for many years.

Finally I will return to the **importance of collaboration and integration of services** with other agencies, avoiding 'doing it on our own', when we can do it so much better, when working together with others.

The story is set against the background of what we are always aiming to do: to offer people as much independence as possible, to spot when a child, young person or vulnerable adult is at risk and do something about it and to find ways of giving people real control over their own lives.

3. How do we make things happen? Through business support services

The story about how we make things happen in local government may not appear particularly exciting, e.g. frequently through people meeting together and agreeing what needs to be done, by whom and when. As ever, it is increasingly the case that the business support services are also collaborating with others to make sure that things are done quicker and to better effect.

Three examples will serve to show that this is the case.

a) The 'Supporting People' team manages the way that support is provided for people who need help to maintain their home through what is called 'housing support'. They work closely with all local housing associations, including Newport City Homes which took over the city council's housing stock in 2009 and is now the largest in the city. In addition the team work closely with their opposite numbers in our neighbouring local authorities to develop ways of making best use of their time and our resources to consider how we can develop services across local authority boundaries.

b) We now commission a large number of services from other agencies, rather than provide them ourselves, often offering greater choice to service users. That activity means that we have contracts with those agencies that have to be monitored and managed. In one instance we have worked closely with Torfaen CBC to negotiate a way of determining both the costs associated with providing nursing and residential home care for older people, as well as what should contribute to the best possible quality. Importantly this work has also involved working with care home owners, showing that we can work successfully together, even though we are purchasing the service and holding care home owners to account for the quality of what they provide and how they provide it. Our common goal to do the best by older people has bound us together and helped to overcome our different positions and build trust.

c) Our aim is to find ways of helping people take more control of their own lives even where they are frail and potentially vulnerable. One of the ways is through providing disabled people and other groups of people with direct payments as an alternative to the Council arranging services for them. The person becomes an employer of their personal carers which can be daunting. We have an arrangement where an outside body offers support to people to take away some of the worries and provide them with the best possible advice about becoming an employer. People who now receive direct payments talk about how it has fundamentally changed their lives, e.g. receiving care when they need it, rather than when the care can be provided, either by the Council or by an agency. For parents of disabled children, direct payments have provided the opportunity for them to organise and purchase respite care when and how they want it. This is an example of a support service that has a direct impact on the quality of people's lives and where working closely with front-line staff is essential.

We need the best information to make good decisions about what we need in the future and that is 'commissioning intelligence'. Gathering this is essential and involves collecting data that can be counted, as well as data that is about quality. For example we need to know how many older people are in the population now and projected over the next 15-20 years, but we also need to know what older people appreciate and the aspirations of people in their 50s, 60s and 70s, so that we can plan services that people will want. All of this has to be tied into our budget for the future, since having these plans will only mean something, if we can make them happen. The financial position of the City Council, as with all other public sector bodies, is very difficult for the foreseeable future and therefore we have to find ways to use our current resources differently and more effectively.

This will mean making difficult decisions about what we should be providing or commissioning and that has provoked concern during the last year. We are committed to transforming day activities for vulnerable people and that meant looking carefully at what we are currently doing. These involved making proposals for alternative provision to Ladyhill Day Centre, on grounds that were both to provide a service that can respond to people's changing needs, as well as to

save money. It required an understanding of what the service costs, of the needs of the people who use the service and of the possible alternatives available to people. A lot of this work was carried out by the business support services, helping managers to understand the consequences of changing the way that we offer services.

Once again it is the importance of having good intelligence available at all times and there is no more important area than understanding how best we can manage the budget. This involves knowing at any point in the year the forecast for the budget, i.e. are we going to overspend or under-spend? In addition we have to think about a longer period than one year for our budget plans, so that we can plan how we are going to make savings and make better use of the resources that are available, yet still continue to improve services and make them ever more responsive to people's changing needs.

The biggest and most important part of the resources available is our workforce. Increasingly the workforce is wider than those members of staff who work for the City Council, because as we do more work with other agencies, their members of staff are part of the social care workforce. In Wales each local authority is provided with an annual grant from Welsh Assembly Government (WAG) to support workforce development and that has to be used across all agencies in the 'social care sector'. This reinforces partnership and collaboration and we have to do more to bring together our thinking and planning about what the workforce should look like in the future with colleagues from Aneurin Bevan Health Board. No planning should be done alone, whether it is about the workforce or the kinds of services that we want to develop, so that planning and commissioning should always mean **joint** planning and **joint** commissioning and where possible be exploring **joint and pooled budgets**.

The kind of leadership that we offer is also a crucial part of 'how we make things happen' and modelling what we expect of other people, by how we behave is a key to good management. A key ingredient of the leadership style on offer and continually being developed is **sharing responsibility**. Gone are the days when we should be 'passing the buck'. We need to increasingly recognise the contribution that others can make to what we want to achieve for local people and that means sharing the benefits and at times the pain.

Managers will develop as we delegate more responsibility and where necessary we have to give people the chance to develop skills to use that extra responsibility so that decisions can be made more quickly and responsively to meet people's needs and wishes. This has meant working closely with members of the cabinet to ensure that there is political understanding of what we are trying to achieve through much leaner processes and systems throughout the council. This will continue throughout the next year.

Technology is a part of all of our lives in the 21st century. Business support services can contribute to making sure that new technology is harnessed to improve the working lives of front-line workers, as well as to make a contribution to the lives of vulnerable people. We want to work towards paperless offices, to ensure that new technology is available for disabled and other vulnerable people to lead more independent lives and to make use of the databases that ensure that all the information is in one place. It has to be easier to share information amongst professionals to get the best service for the people in most need.

So what are the challenges for next year?

- The continually difficult financial climate
- Exploiting efficiencies through more shared business support services with other local authorities and with Aneurin Bevan Health Board
- Developing pooled budgets where possible
- Increasing the number of people receiving direct payments
- Becoming smarter commissioners, i.e. getting the best prices for the services that we commission, as well as the best possible services for people.
- Ensuring access to the best technology for the workforce and for users and carers.

- Reducing the number of steps that are taken before a service is provided or a decision is made and ensuring political support for that change.

4. Safeguarding children and vulnerable adults

This is the most high profile part of our work. When this goes wrong, the media become very interested in what we are doing or have done and rightly so, as they act as one important part of the public's conscience. We should be open to scrutiny and criticism of everything that we do, whilst recognising that often social services is 'damned if you do and damned if you don't'. The difficulties surrounding that dilemma do not remove the need to stand up to and be prepared for scrutiny by council members, the media and the general public.

Protecting children and young people from harm will always be one of our primary purposes and we have responded to inspections, reviews and a serious case review following the death of a child in June 2009 by recognising that we need to take action to ensure that high standards are maintained. That action surrounds helping staff to have a more manageable workload, improving the quality of services, exploiting every opportunity for joint working and improving financial management. There is already some consistency emerging in this story, as these are closely aligned to the five themes identified in section 2 above (page 2).

Each local authority area has a Local Safeguarding Children Board (LSCB), made up of representatives of all the key agencies and in Newport, our LSCB has gone through considerable change of personnel over the last 12 months. The Business Manager retired and the Head of Children and Family Services and the Service Manager who had the closest link to the LSCB left the council, in addition to which the vice chair of the LSCB left his post with NSPCC. I am now chair of the LSCB, showing that the Council is committed to safeguarding at a high level, with Mike Nicholson, as Head of Children and Family Services, also a key member. We are playing our part in maintaining the LSCB's profile in the city. The vice chair is now a senior manager from the Probation Service. In the Review of Safeguarding Children by CSSIW in July 2009, the LSCB was commended for its good relationships across the partnership, excellent training programmes, raising awareness of safeguarding in schools and particularly innovative work with local Mosques, again raising awareness of the issues to be considered. In addition the LSCB has access to good data that helps to ensure that all agencies use the best intelligence to think through how to protect and safeguard the interests of all children.

Inevitably there are areas that we, in the city council, have to concentrate on to improve our practice as identified by the CSSIW review. These include managers improving the way that they oversee practice and the way that they make decisions more consistently. Being consistent means showing that we have learned what works and repeating it. When something clearly has not produced the right result on more than one occasion, it ought to be avoided. For example, non-sharing of information has consistently been shown to be a factor in professional practice when things have gone wrong. Therefore decisions should consistently require practitioners to share information with other agencies. CSSIW also highlighted strengths in our practice and these include good arrangements for managing contact between children and their birth parents, a safe system for allocating work as it comes in and how we carry out initial assessments in a timely manner.

However one of the main concerns, both for CSSIW and I in presenting this report to Council, remains the vacancy levels in some key teams, leading to caseload levels that make the best practice difficult to sustain over a period of time. The City Council approved a new recruitment and retention package in March 2010 for social workers and occupational therapists and a campaign was launched in May 2010 to recruit to a total of 23 posts. We are planning that, with success, we could be in a much stronger position by September 2010 to enable caseloads to be further reduced. In four front-line Children's Services teams, we have reduced the average caseloads from 33 in September 2009 to 23 by March 2010, but we are not

complacent at that success and want to reduce the level of caseloads even further below 20. We need to be similarly vigilant about caseloads in Adult Services' teams.

In line with the recommendations of the Inquiry into the death of Victoria Climbié (2003) the Managing Director, senior members of Cabinet and I will continue to regularly meet with front line staff to better understand the pressure that is experienced. This is important gathering of intelligence to make sense of the difficulties faced by front-line staff and ensures that senior managers and politicians make decisions using that intelligence.

The other group of children and young people for whom we have a particularly important responsibility are those looked after by the City Council. Safeguarding their interests is paramount, even though we would expect and plan to have removed the greater risks to their welfare through receiving them into the City Council's care. In April 2010 there were 294 children and young people looked after by the City Council, of which 75% have had experience of abuse or neglect. Therefore we have to ensure that they have a stable environment, access to good and stimulating education and an individual plan to ensure, that upon leaving the City Council's care, they will be prepared to deal with adulthood or a return to living with their birth family or living independently. The majority of children are cared for by foster carers in the city, ensuring that they have access to places, people and services that are familiar to them.

We are doing a lot to try and raise the level of educational attainment of 'looked after' children and young people, providing additional tuition and appointing a member of staff in each school as the contact person for 'looked after' children. However what our 'looked after children' achieve in school is poorer than most local authorities in Wales and we owe it to them to give even more attention to doing things differently, so that they come out of school with achievements that can help them lead more successful later lives.

As well as a larger than average number of foster carers, we also have two children's homes. There are plans for another small specialist unit to be established to accommodate no more than two children for short periods of care supported by our Crisis Support team. This is an approach that has already proved successful on a temporary basis with a child of 8 years who has now moved successfully to live with foster carers.

17% of 'looked after' children are under two years old and this presents a problem for maintaining contact between children and their birth parents. We are negotiating with the Courts to lessen the amount of contact that is currently required, so that we can provide a higher quality of parental contact in the better interests of both children and their parents. Our efforts are focussed on safeguarding the interests of the children who, at such a young age, can easily become victims of a system that has unintended and harmful consequences. We have plans to establish a more consistent family assessment service, with a separate service for ensuring that children have good quality contact with their birth parents.

The City Council is the corporate parent for these 'looked after' children and therefore has real responsibilities to behave as a good parent. The measure that we want to use is what we all expect of ourselves as parents, looking out for our children at all times, preparing them for becoming responsible and happy adults and ensuring that they have all of the opportunities to maximise their potential. We intend to put these characteristics in place through encouraging all officers and members of the City Council to use every opportunity to behave as a good parent towards 'looked after' children **and a young person has helped us to understand how it feels to be on the receiving end of services:**

'I want to raise the profile of Looked After Children, making sure that people do not see them as all bad'

When young people leave care, the city council still has responsibilities, not unlike ordinary parents, to help them learn about and gain access to further and higher education, to employment experience and to good housing. **A young person again has suggested that:**

'work experience should be on offer for all young people who have been in care with the City Council'

That may not be what all young people want, but we are making efforts to put in place wider opportunities both in the Council and with other employers in the city.

We are developing a strong relationship with University of Newport, building on the relationship with our own Education Service, with the Housing Service of the City Council, as well as with local housing associations. The importance of raising the aspirations of young people leaving care, whilst they are 'looked after', can make a difference to their plans for themselves and we want them to take advantage of all the support available. **This is captured through the words of a young person who wants no more than:**

'I want to be able to experience the things that other young people do – e.g. sleepovers – possibly with my parents, to prepare me for living on my own or moving back with them'

We can do a lot through planning early on for their transition to adulthood, a time that often has little to do with their chronological age and as such we have to be flexible and careful about when we withdraw support.

Protecting and safeguarding children has been a priority in social services since the death of Maria Colwell in 1972; less so, the protection and safeguarding of vulnerable adults. Protecting vulnerable adults does not have the same basis in law as that for children and it is less of a requirement and more of a duty rather than a power, although that may change in Wales, as well as England, in the near future. Currently the policy framework rests on a policy document from 2000, 'In Safe Hands', from which guidance, not legislation, developed to protect vulnerable adults.

However as awareness has increased about the impact and extent of abuse amongst vulnerable adults, so have the requests for help to be provided. People's need for support, to deal with or prevent abuse, cuts across the boundaries between people with learning disabilities, people with mental health problems and older people. However there are also real differences that have to be considered in people's experiences of our approach to protecting vulnerable adults. A young man with learning disabilities, who may want to make an allegation of abuse, is likely to want and need help in understanding what is happening and what the consequences may be for him and the possible perpetrator, as well as needing emotional support to understand that he is not to blame. An older woman with dementia, who is experiencing abuse, will need immediately protecting from further abuse and constant support from people whom she knows that she can trust, whilst an investigation can take place. We have had to learn new approaches to supporting victims and tackling perpetrators and this has to be carried out jointly with NHS and the Police in particular.

All local authorities in Wales, during 2009/10, have been inspected by CSSIW on their work on protecting vulnerable adults and there are some very consistent messages from across Wales that equally apply to Newport.

Firstly we all need to understand whether we can improve the way that we assess risks when we encounter them and how we subsequently manage those risks. This will often mean having to look further than simply accepting that what you hear is an accurate account of the experience of the person who may be a victim. This can require different kinds of interviewing skills, digging a lot deeper and talking to many more people. It may also have to be followed up by different kinds of action to keep people safe, e.g. more frequent visiting than usual and/or the use of assistive technology, to alert someone that help is needed immediately. Sometimes it will involve surveillance involving the Police.

Secondly we have to give more attention to training, and the 'we' has to be all agencies involved, so that the focus of training is on the person who is experiencing abuse. We need to ensure that people come out of the experience being and feeling safe and still treated as a dignified and respected human being.

Thirdly we are being asked to review the arrangements for the Area Adult Protection Committee, making sure that it has the same importance and priority amongst all agencies, as the Local Safeguarding Children Board and carrying out its business in a way that commands the respect of local people and professionals.

A lot of the lessons from the early work on protecting children and dealing with the abuse suffered have not been learned as they should. Sharing information amongst the agencies involved and offering a consistent approach in our practice with vulnerable people are just as important as when working with children and young people. We now need to build stronger links between our work with adults and with children that make good and practical sense. We have to use our experience from the world of protecting and safeguarding children that will prevent mistakes having to be made before we change our practice with vulnerable adults.

The major policy document about best practice in child protection is titled '**Working Together**' and that has to also be the maxim in protecting and safeguarding vulnerable adults at all costs. We now know that people are vulnerable to abuse when they have to hand over considerable power to others and hence we have to put systems in place that can quickly identify and respond to risks as they emerge. The majority of abuse brought to our attention occurs in people's own homes, followed by people living in residential care and nursing homes and the common factor is people having little power over their own lives and relying heavily on others to undertake daily living tasks.

The increase in awareness has resulted in heavy increases in workloads as indicated above, with no additional resources and at least we have been able to secure some additional resources for 2010/11 to increase the capacity and management of the service offered. That is to be welcomed and we need to build on it to ensure that our systems are understood and used by practitioners across all agencies, enhancing the sense of shared responsibility that is a recurring theme in this story.

So what are the challenges?

- Finding out more about whether and why children and young people do not feel safe and giving them a voice in planning more responsive services
- Measuring the public's confidence in our ability to safeguard the most vulnerable members of the community, with other public sector agencies, e.g. Gwent Police, ABHB, Housing Associations, Schools, Probation, NSPCC and voluntary sector agencies
- More capacity in those services that aim to protect vulnerable adults
- Closer working with ABHB and Gwent Police in protecting vulnerable adults
- Implementing the recommendations of serious case reviews following the death and/or serious injury to children
- Improving the educational outcomes for children and young people looked after by the City Council
- Improving the planning for young people for their transition into adulthood, particularly young people who have been looked after as well as disabled young people.
- Sharing the learning between protecting children and young people and protecting vulnerable adults.

5. Looking after the workforce

This has already featured in this story, see page 4 above. As ever, I am aware that the biggest and most important resource that we have available is the workforce. The job that we ask people to do is difficult, often making life changing decisions for and with the most vulnerable people in the community, i.e. children and adults. Members of staff are working in people's own homes, having to use their own judgement about what they see and hear. We have to equip them with the skills to make the very best judgements in the interests of those people most at risk.

We do invest a considerable resource in training and we are getting better at 'growing our own', through traineeships for people who have the experience and potential to complete the degree in social work. In this coming year, we have extended the option of gaining a degree in social work through the Open University.

The recruitment and retention package for social workers and occupational therapists that was agreed in March 2010 was about more than money, although it was important to put the City Council on a level playing field with the majority of other local authorities in what we offer newly qualified staff. In addition we have extended the salary grade for practitioners and in the senior practitioner role provide the chance for people to remain in practice rather than only see their future in management.

An additional and emerging practice is the appointment of a small number of 'consultant social workers' as part of the Integrate Family Support Team (IFST), one of only three pioneer sites in Wales. This is currently being established in the city, with ABHB as a key partner. Consultant social workers are likely to become common in future years, offering practitioners the chance to remain in practice, as well as using their experience to help the development of others and be paid well for the job.

IFST will be used to explore how we can remodel services so that core skills can be shared across professional disciplines with families having one key worker, who can call on the skills of others only when necessary. I am anticipating that IFST will be a major part of my annual report for 2010/11 to Council in June/July 2011, as it will bring services together to support vulnerable families, where there is substance misuse that is causing considerable risks to the children.

Importantly we need to offer continuous professional development for all staff and have therefore extended the offer of five staff development days per year to all staff, to encourage people to use staff development time creatively. The Recruitment and Retention package also includes the opportunities for people to work more flexibly, so that we recognise that people with a full life outside of work are almost always better value within work. This has to be promoted, so that more people choose greater flexibility as a way of being able to healthily 'recharge their batteries'.

Newport is a university city. We have to make more of that, by increasingly building stronger links for research and teaching opportunities for our staff, as well as offering University staff experience of the current issues facing practitioners and expecting that will be reflected in their teaching. As we promote that link, it will attract more interest from outside the city and provide incentives for others to choose the City Council as an employer of choice.

Reducing caseloads will be a crucial part of looking after the workforce, as referred to above. There is such a lot of good practice going on in the city, work that often goes unnoticed, but service users are clear in their appreciation of the commitment and support received. They also expect the service to improve and will see the impact of having support from people who are well trained and who look for opportunities to extend and develop their practice. We have increased the number of home care assistants and residential care workers with professional qualifications, often achieved through a great deal of their own time, but with financial support and mentoring from the City Council.

We also have to use the workforce well and whilst we have been commended for the arrangements that enable good contact between birth parents and their children, it is not the best use of resources for social workers to be spending their time making these arrangements. That is why we are developing a new contact service, to avoid wasting valuable time on transport arrangements. In much the same way, we are rethinking how we can provide services that protect vulnerable adults, to use the skills and experience of social workers and OT's in adult services to best effect. These members of staff are a scarce resource and that resource needs to be targeted where it can have most impact

I anticipate being able to illustrate how the changes have improved the service and the demands on social workers next year.

The workforce that we look after has to include the staff of the agencies from whom we commission services. We can do that through requiring that standards continue to rise, by negotiating decent prices for services that allow agencies to invest in their workforce and where possible sharing the training resources available. We now have considerable experience in seeing the benefit for staff from different agencies training together. It increases trust and understanding and enables discussions to take place that will enhance good judgement and decision-making when it is serious.

So what are the challenges?

- Doing everything we can to offer social workers and other key front-line staff manageable caseloads
- Ensure that as much training as possible takes place with staff from different disciplines and differing agencies
- Encouraging flexibility in the workforce to provide opportunities for a better work/life balance
- Building increasingly strong and productive links with University of Newport
- Making the best possible use of social workers' and occupational therapists' time and skills.
- Embedding the work of the IFST, so that it sets the tone and becomes a common practice across both Children's and Adults' services and between the City Council, ABHB and other agencies. – offering renewed focus for professional practice locally.

6. Improving the quality of services that we provide and commission

Improving the quality of services does not suggest that everything is unsatisfactory, far from it. **Students who attend Brynglas Adult Training Centre are very clear:**

'We are enjoying the changes in day services, it is more challenging and enjoyable and we are particularly pleased with the links with Adult Education. We get an excellent service from family aides helping us do some important things'.

These 'important things' are those that most people can take for granted, e.g. using public transport, making use of facilities such as leisure services, using supermarkets. That is regularly the case; we offer some of the most vulnerable people the chance to lead ordinary and yet fulfilling lives and we do that through providing and commissioning day activities, residential care for children, adults and older people, as well as domiciliary care. A lot of this activity goes by unnoticed and at its best, practice almost always goes unnoticed. However the people receiving services do notice the impact on their lives and talk in glowing terms of the benefits of this, as set out above by the students at Brynglas.

This part of the story will also show that there are many services that need improvement, if only because we are always looking for continuous improvement, as we try to offer people greater

degrees of independence and well-being. I will also illustrate considerable strengths in many services that similarly provide the platform for continuing improvement.

At the same time, a theme that should run throughout this section is the need to redress the balance when some parts of the community, for a variety of reasons, find themselves disadvantaged and unable to gain equal access to services. I have referred above to the work that has been done with local mosques in helping them to understand child protection issues and how we work with disabled people and people with learning disabilities to ensure that they can lead fulfilling lives. A recent initiative in the city has been the establishment of the Council of Mosques and Muslim Organisations in Newport (COMMON) and this could well prove an essential conduit into communities where we may not yet know enough about unmet need to be able to plan properly for how we develop services for and with those communities.

We have to also use the intelligence from Communities First Areas about the impact of poverty on people's lives and the quality of life in those neighbourhoods, some of which will offer inspiring examples of how people are overcoming their circumstances. That can inspire others to follow, in much the same way that learning about the success of children who have been looked after by the City Council can be encouraging for other children and young people.

What follows are some examples of different services to illustrate their quality and our efforts towards continuous improvement.

Disabled children and their families receive services from the Disabled Children's team, a multi-disciplinary team that has promoted a strong approach to making the transition into adulthood as well-planned as possible. This is helped following the appointment of Transitions Coordinators, but we know that we could take this part of the service a lot further, possibly through collaboration with neighbouring authorities. We have plans that could see a new service built around good transition in place in 2011, involving the Education Service and ABHB as key partners.

At an earlier age, we strive to offer a wide range of services to families and their disabled children and it is significant that there has been a good take-up of direct payments amongst families, since they offer greater control for the family to seek support when and how they need and want it. We have a residential respite facility, 'Oaklands', and have plans to increase the offer that we make from there to improve the services for children on the autistic spectrum. Parents appreciate the offer of respite, but they also regularly tell us that it is not enough and that we can easily ignore their needs as carers. **One family summed it up as:**

'We are asking for very little, 2 days respite every year'

Again another reminder that those things that many of us can take for granted are often not available for just those people who need them most.

The opening of South Gwent Children's Centre (SGCC) will be a boost for disabled children and their families, providing a lasting opportunity for integrated services to be in place and for good information and access to specialist advice to be easily available. We are planning that the disabled children's team will relocate to SGCC when it opens in October 2010.

The service for **people with learning disabilities** has been co-located with the service offered by the NHS for a number of years, whereas this has not led to integration. There is now a plan in place for integration and an interest in making the changes necessary, i.e. a single manager, a single information system and a pooled budget. Person-centred planning has been a real success and the **service users value the approach:**

'more person-centred planning please, where we are really involved, choosing what we want to do immediately and over the next few years'

In line with this, we are developing a range of accommodation options to be available to people with learning disabilities, including the option of becoming a leaseholder. This has been trialed in parts of England and found to be successful in raising the aspirations of people as home owners. The question has to be, 'why not?'

Whilst we are similarly working hard at developing an integrated, as opposed to a co-located service for **people with mental health problems**, there are some good signs that an approach based on 'recovery' is a key part of the practice used at Kensington Day Centre. The 'recovery' model is recognised as crucial to helping people move beyond relying on traditional health and social care services and achieving a sense of well being with an ability to function with minimum support. It is also at the heart of a new programme for modernising mental health services in the ABHB area, as well as across Wales and has the potential to transform the relationship between those who provide services and those who receive them, who will, as a result, develop much greater control over their own lives and their health.

Two other parts of the mental health service are receiving some positive feedback: Crisis Resolution Home Treatment Service and the Assertive Outreach Service have both won plaudits from other professionals across Wales. Increasingly they will be common examples of many of the way that we, i.e. the City Council and ABHB, are developing services for people to remain at home during a crisis, with appropriate support.

The integration of the service will act as a consolidation of the best practice already on view and support continuing improvements.

The biggest group of people that we work with are **older people and older people with dementia in particular**. Our aim is, as already stated, to help people to remain as 'happily independent' as possible. This is the slogan for the Gwent Frailty Project, in which the City Council is a key partner, along with our four neighbouring authorities and ABHB, aiming to prevent people going into hospital unnecessarily, through a single point of contact with all health and social care professionals involved. The aim is to implement the programme on 1st April 2011 and I expect to be able to say more about the likely outcomes for people in my report on 2010/11 and the following year 2011/12. The theme of integration, that has been a constant thread in this story, is crucial to the success of this major programme of change.

Services for older people have examples of good practice with specialist provision for older people with dementia at both Hillside and Spring Gardens residential care homes, both of which also offer a day service, much valued by carers.

The views of a carer, for her husband who has dementia, show how once again, the services that are most valued are those that many of us can take for granted:

'After nine years, we can feel isolated from out side activities and we always like to see social visitors, it breaks the day up for both of us. Not many people seem to know about carers' assessments and there should be more information available, so that everyone knows what should be available'

They remind us of the importance of social contact as well as providing good quality information. With all older people and their carers, we have to focus on what outcomes we should be seeking for them, in other words, what difference can we make to the quality of their lives? That has to be the constant question with all groups of people.

This equally applies to **disabled people and people with sensory impairments**, i.e. hearing and visual loss. Disabled people are the largest group of users of direct payments and in many ways, direct payments enable disabled people to take real control over their own care and we have to encourage more to do the same. Having access to the money that buys you the care that you want and need, when you want and need it, is a fundamental change to the way that we have traditionally offered services. We, as service providers, give up our control over how

and what we provide and hand that to the service user. It does not diminish the skill required of professionally qualified staff, but asks different questions of professionals: *how can you invite this person to take control over their own care and hence their own life?*

One comment from a deaf person reminds us about making the necessary connection to be able to understand what it feels like to be on the receiving end of services:

‘There is a need for more staff who use British Sign Language and signed English – that could go a long way to increase the understanding of hearing people for the ‘deaf community’

It would also allow a deaf person to be offered direct payments a means of taking up a service offer, as good explanation and information would be possible in a language that was understood. Yet again, something that many of us can take for granted!!

A crucial service for disabled people is that surrounding an assessment of their home environment and its suitability for responding to their disability. This is offered through ‘disabled facilities grants’, but the waiting time between making a referral for consideration and an alteration or adaptation to the home is far too long. We are planning to establish an Independent Living Service, to bring together all of the professionals involved in that assessment and the arrangements for making the necessary changes and I expect that to be in place during this year and to be able to report on its first few months in my next annual report. The plan is to reduce the number of steps in the process so that we can save time and avoid waiting lists. **A disabled woman** explained what it felt like:

‘I have to tell my story over and over again, and then there are all the worries about waiting lists, it makes things worse’.

This part of the story also must refer to **children in need**. They are defined as children ‘who are disabled or unlikely to obtain a reasonable standard of health or development or where their health and development is likely to be impaired without the provision of services’ by the City Council. In 2009/10 we worked with 2050 children in need, compared to 296 children ‘looked after’, 143 children on the child protection register and 270 disabled children. Yet again this kind of work will be offering services that provide very ordinary outcomes, e.g. turning up at school on time and well fed, accessing social activities that widen the scope of a child’s life; ordinary yet so essential.

I have already referred to the Integrated Family Support Team that will act as an encouragement for our family support services to become more focussed on improving the outcomes for children, so that they can benefit from school, the health service and activities outside of their home, as well as make contributions to their home. We will adopt a ‘whole family’ approach and ensure that we do not pass people and families around, leaving them feeling that they do not know who is responsible for their care and what may happen next.

The **Youth Offending Service** has a good reputation and that has been confirmed following two inspections this year. Strengths include an enthusiastic group of staff that are child-centred, including social care, education and health practitioners. They offer parenting services, much appreciated by the young people and their carers. However the service needs to be better coordinated with other preventative services and this is a priority for this coming year. In addition managers in the service are going to have to show that members of staff are regularly supervised, that casework is offered direction and that we are improving everything that we do in assessing, planning and reviewing our work.

Lastly in considering improving services, we have to acknowledge the role that **Carers** play in supporting their loved-ones. The services that we provide and the information available to carers are crucial to supporting their role. “Carers’ Contact” offers good information in a setting, i.e. Newport Market, that is informal and without stigma. However we have to do much

more to get it right for carers and we will listen and learn from what carers tell us through the Carers' Forum, only recently established, but already offering mutual support for **carers to have their say**:

'Carers should be listened to and not losing sight of the needs of carers once social services have been in touch with us; we can feel invisible to those people who provide services'.

'We sometimes feel as if we have to do all the pushing to get what we are entitled to'.

Work has also begun on recognising the needs of **young carers** and this is another place where a 'whole family' approach will bring dividends to young carers. We will help them to support their parent/family member, but work to avoid inappropriate activity that leaves them missing out on education, health, leisure and career opportunities. We have to avoid this **young carer's experience**:

'There was a lack of communication between adults and children's services and I felt ignored as main carer in the home - I would like to have known more about what was happening to my family'.

There is another often repeated message throughout this story about sharing information and ensuring that we do everything we can to remove the organisational barriers to providing a good service and no longer have anyone say that, 'social services middle name is run-around'.

We have to listen and learn and act on what we hear.

So what are the challenges?

- Using the opportunity of the South Gwent Children's Centre to enhance services for disabled children and their families
- Offering a wider range of accommodation options for people with learning disabilities
- The integration of the services for people with mental health problems and the services for people with learning disabilities between the city council and ABHB
- Implementing the Gwent Frailty Project with tangible outcomes within the first 6 months
- Extending direct payments to a larger and wider group of people, including people with sensory impairments
- Establishing an Independent Living Service to ensure that disabled people can more easily and speedily access environmental changes that make independence a real possibility
- Further developing the range of information and services for carers, including young carers and with more opportunities for mutual support
- Build stronger links between the Youth Offending Service and other preventative services

7. Collaboration and integration of services

Throughout this story, I have referred to examples of where collaboration and integration are already playing their part in how we provide services, as well as the plans that we have to take this further. In a time of economic restraint, one of the ways that we can find new resources is by using what we already have more efficiently. When services are brought together, you can see how, prior to that point, there was duplication of effort and time and by releasing that you create a greater resource to call upon. Instead of having a social worker and a psychiatric nurse both visiting someone with a mental health problem, it becomes possible to invite one of them to be the key worker, who only calls on their colleague when she/he has unique skills to contribute to someone's well-being.

The range of current and planned integration and collaboration is extensive and worth repeating:

- Gwent Frailty Project with a single manager and a pooled budget overseeing multi-disciplinary teams whose purpose is to prevent inappropriate hospital admissions, providing treatment and assessment in people's homes, keeping people 'happily independent'
- Integrated Family Support Service, with the remit to work intensively over a short period with the 'whole family' through a multi-disciplinary team, where possible, to prevent children being removed from their families
- Planned integration, between the City Council and ABHB, of services for people with mental health problems, with a single manager, pooled budget and single information system, by 2012 – led by joint appointment of Melanie Laidler, Service Manager, seconded to the City Council from ABHB
- Planned integration, between the City Council and ABHB, of services for people with learning disabilities, with a single manager, pooled budget and single information system, in 2011
- Planned integration of occupational therapy services between the City Council and ABHB for children and adults in 2010/11
- Regional commissioning of children's services across 10 local authorities in place in 2008/9, delivering savings and better outcomes for children
- Joint work with Torfaen CBC in 2009/10 working with care and nursing home owners on agreeing a costing and quality model for caring for older people and continuing into 2010/11 on exploring future need
- Supporting People team working with neighbouring authorities to develop wider range of supported housing options across local authority boundaries
- Collaboration with 4 other authorities on the continuous development of the social services database, sharing staffing resources and expertise
- Exploring an integrated adoption service with Torfaen and Monmouthshire
- The development of the Face to Face Centre (F2F) to transform customer access and experience, in partnership with ABHB, Gwent Police, Citizens Advice Bureau, local housing associations, University of Newport, GAVO, and Job Centre Plus and shared project management of F2F and East Newport Health and Social Care Centre between the City Council and ABHB
- Wide range of collaboration with local housing associations exploring how we can together offer a better coordinated response to future housing needs for vulnerable people

I am anticipating that this list will grow as we seize opportunities for collaboration that have the potential to substantially improve the outcomes and experiences of service users as well as provide more efficient ways of working. We will continue to avoid 'doing things on our own' so that we do not waste energy and time catching up later on.

There has been a constant message in this story about the need to collaborate with users and carers and that should not be another project or initiative but simply be part of the way that we do our job.

It remains the crucial challenge for next year and beyond.

8. Conclusion

My judgement about the services provided and commissioned by the city council is not simple.

This report points to a considerable number of examples of excellent practice where users and carers are being helped to achieve their potential. We are also carrying out a lot of work with other agencies, summarised in section 7 above. As well as illustrating our desire to collaborate, it also shows that we are a council with whom others increasingly want to do business, as we show that we can be trusted to share responsibility. These are characteristics that auger well for future development and continuous improvement of social services, as they offer strong foundations. We have been recognised as a safe place to pioneer a major piece of innovation in the Integrated Family Support Service, since we offer enthusiasm and safe systems in place to evaluate our performance.

I have also pointed to a number of areas for development, many of them real challenges, listed at the end of each section, that I am pointing out, in order that we can be asked questions about progress during the year. In addition I expect to be able to comment on how far we overcome or responded to those challenges in my report next year. It is impossible for me to say that everything is perfect, when many of the activities of social services are carried out in difficult circumstances and carried out on our behalf by others. Responding to vulnerable children and adults being at risk presents a challenge to any professional and seldom does the professional in question receive thanks for their action. We have to offer the support and supervision necessary for members of staff to realise that they are doing a valuable and valued job; a job that requires skill, experience and wise judgement at all times.

As the first report presented by the Director of Social Services in Newport, I want this to act as the beginning of a conversation between those people who provide services and those who receive them to ensure that we learn from the experience of people on the receiving end, often an experience that people would not choose. This makes it essential that we do listen to users and carers, as they are representative of a group of people who often have little voice to state their own interests.

The annual report should become a vehicle for sharing that experience with a wider audience and it will always be a diverse experience that is shared:

'I had a very good and attentive social worker – that made all the difference'

'The support workers are really valuable, helping people to re-establish social skills'

'In my housing scheme there is a good family aide service but I have seen a lack of communication between workers'

'It would have been helpful to have had more info at point of diagnosis of dementia and the language used was not helpful, but it feels like things are improving. It would be good if more services could operate beyond normal office hours'

None of these comments are unreasonable and, like many others included in the report, they also appreciate and value the work that took place. We need to offer people a feeling of confidence that their comments will be received with, at the very least, a 'thank you' and 'we want to hear more, as that is the way that we will be helped to improve.'

Stewart Greenwell
28th May 2010