

# Report

## Council

### Part 1

25<sup>th</sup> September 2012

Item No. 10.

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

**Purpose** To present 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 the challenges that were set out in my annual report last year. It continues to include quotes and feedback received from service users and carers

This report is intended to 'tell a story' that is recognisable to all key stakeholders, but particularly service users and carers. It provides a view of the service and the challenges that we continue to face and includes reference to the 'culture', i.e. 'the way we do things around here'. I conclude that the foundations in place are strong enough to allow for continuous improvement. Collaboration and integration are still key ingredients, leading to a much greater sense of shared responsibility between the city council, ABHB and other agencies.. The report highlights the need to focus on improving the outcomes for people, i.e. making a positive difference to people's lives and that can only be achieved by listening to what people say about being on the receiving end of services and particularly learning from complaints, however quickly they are resolved.

**Proposal** That Members consider the Annual Report of the Director of Social Services offering comments to and asking questions of Corporate Director, Care and Customers

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

**Timetable** Immediate

This report was prepared after consultation with:

- Social Services staff
- Cabinet Member for Social Care and Well Being Community Care and Adult Services
- Cabinet Member for Education and Young People
- Aneurin Bevan Health Board
- Joint meeting of scrutiny committees
- Communities First projects
- Age UK Cymru
- CSSIW
- Joint Learning, Caring and Leisure and Community Planning and Development Scrutiny Committees

## Background

- 1 This is my third Annual Report as the Director of Social Services to be 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 continue to be the major source for CSSIW's inspection programme.
- 2 The preparation for this report began in September 2011 and has included the completion of evidence grids that provide the background intelligence, and hard data that can be used to examine the judgements that are made in the report.
- 3 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.
- 4 The intelligence is still developing to ensure that we collect an increasingly accurate picture. There have been more opportunities through meetings with users and carers to better understand what people both want and need. This work has to be firmly embedded in what all managers and front-line staff do. We still need to develop more sophisticated ways of asking the questions that will invite people to offer comments and ideas for improving services for themselves and others. These should come from users' and carers' contact with front-line workers, as well as specially arranged meetings to gather their views. Our modernisation of services has continued this year and we have started to build even stronger links with our neighbouring councils as smart commissioners and some of that extends over South East Wales. That will continue into and beyond this year.
- 5 My overall judgement is that the foundations remain strong to enable us to deliver high quality services and that is recognised by CSSIW in their review and evaluation report for 2010/11. The Gwent Frailty Project and the Integrated Family Support Team are now a core part of what we do and influence the other services around them. The relationship with ABHB remains important and Rob Sainsbury has now been in post 12 months as Head of Integrated Services (Social Care and Health) and has brought confidence that we can do business as two public sector bodies in the best interests of service users and carers. There is still confidence amongst front line practitioners whose quality of practice is good and in some instances excellent. We can always do more to make stronger connections with the people who are most important, i.e. users and carers. We remain determined to improve but also to be as efficient as possible and contribute to the savings that have to be made across the council. That is set against a context of a recognition that the base budget needed enhancing and a developing awareness of the demands that will inevitably arise from the public's rising expectations and a growing number of people who need support. It is clear that we cannot simply do more of the same and it is healthy that we strive to find alternative means of supporting people which offer more control to users over the way that they lead their lives, whilst assuring ourselves and the people with whom we work that people's safety is critical.

## 6 Financial Summary:

There are no specific costs and financial implications, although the report refers to the economic conditions in which all public sector services are expected to deliver efficiencies, as well as improvements in service and better outcomes for service users. The City Council has selected Newton Europe as its Improvement and Efficiency Partner for social services and they are contracted to help us find savings of £10.7 million over the three years, 2011/12 – 2013/14, on a risk/reward contract. The emphasis of their work continues to be helping us to continue our programme of modernisation and improvement.

## 7 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 in future years	H	L	The plan will be to continue to hold regular and frequent service user and carer forum meetings, as well as making use of a wide variety of other consultative mechanisms that we have put in place for users and carers. We will build on the work of StoryWorks and develop more imaginative ways of capturing people's views, comments and experiences	Stewart Greenwell  Mike Nicholson, Head of Children & Family Services  Rob Sainsbury, Head of Integrated Services (Social Care and Health)
2. The members of staff are not given the opportunity to use this 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 continue to be used widely amongst members of staff and partner agencies and used as a vehicle for ensuring a wide ranging discussion in team meetings and management to ensure that it provokes a healthy debate and informs our work with Newton Europe	Stewart Greenwell
That we will not make the necessary savings and as a result, this will impede our ability to improve services and continue to meet the needs of the most vulnerable	H	M	Our work through the Improvement and Efficiency Board, alongside our work with Newton Europe, provides greater capacity to tackle the need for continual improvement and greater efficiency	Stewart Greenwell, Mike Nicholson and Rob Sainsbury

## 8 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 how we will continue to improve services for a variety of citizens in the City and with that comes the expectation that practice by our own staff and those of other agencies will be of high quality. We will also 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**

- 9 To consider the report and offer any comments/pose questions to Corporate Director Care and Customers

## **Preferred choice and reasons**

- 10 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 and posing questions to Corporate Director, Care and Customers is the only option.

## **Comments of Chief Financial Officer**

- 11 There are no financial consequences arising from this report.

## **Comments of Monitoring Officer**

- 12 The Director of Social Services has a statutory obligation to report annually to the Council on the delivery, performance and risks in relation to the whole range of social services functions, and to identify plans for improvement. This annual reporting requirement is in accordance with statutory guidance issued under Section 7 of the Local Authority Social Services Act 1970 and also the Local Government (Wales) Measure 2009, insofar as it relates to the continuous improvement of service delivery. Because the annual report is linked to the Council's performance management framework, Overview and Scrutiny have a key role to play in its development and review although, ultimately, it is a matter for the Director to report his conclusions to full Council.

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

- 13 The Annual Report represents a key part of the Council's overall 'improvement' programme and influences much of the wider Our Council-Our City agenda, particularly with regard to customer focus and insight and robust performance management arrangements.

The focus of this Report - meaningful conversations with users and carers to ascertain what it is like to be on the 'receiving end' of services - is shaping the improvement and change processes across the Council and with partners and is providing a reality check throughout in terms of decision-making and planning. Furthermore, much of the performance management discipline that has been developed during the course of the last two years has influenced the broader corporate approach to data collection and interpretation.

With regard to specific staffing issues, the Report makes significant reference to training and development to ensure that staff are adequately equipped and supported to undertake the complexity of tasks required - both in terms of specific specialisms and more general

communications and customer service skills. The ongoing review of Social Services is supported by the Human Resources service and the service area as a whole.

## Local issues

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

## Consultation

15 The consultation responses have been incorporated into the report where appropriate 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. Cabinet considered the report on 18<sup>th</sup> September 2012 and we have met with staff of CSSIW to discuss the draft report and they have endorsed the main themes and messages in their draft evaluation of the Coty Council's Social Services in 2011/12.

A Joint scrutiny committee meeting considered the draft report in July and comments of members are reported as follows:

- Members requested a copy of the programme of works to be carried out with Newton Europe to be supplied to them for information and that has been provided.
- The notable extent of positive aspects in the report were welcomed. However, a more structured format, tabular and quantifiable information for easier referencing and assimilation was suggested. An appendix has been included illustrating, in table and graph form, four pieces of data to add to the narrative.
- Concern that the extent of office based administration, that Social Workers were required to make, had increased with the reduction of administrative staff, adding to the workload of Social workers, including those that were IT literate. Suitable IT solutions were being phased in to help reduce the burden in due course and adequate support and training would be provided to staff concerned. It was noted that some staff would struggle without support but that their skills and experience remained vital in delivering the service.
- Concern that service standards should not be adversely affected by changes in service delivery. Additional pressures during the transition would be borne by staff and not clients.
- The process of consultation with Social Workers as a group to discuss arrangements should be encouraged. Meetings are held with front-line teams twice yearly. Suitable additional strategies to consult staff that might be deterred from expressing themselves in a more open format were also suggested to encourage a broader response and range of views.
- The arrangements for direct work with children and supervision of sibling and parent contact was raised. A new team of two full time Social Workers was being created to provide front line support in this area.
- The desirability of learning from good practice elsewhere in the pursuit of service improvement.
- Plans are in place to substantially increase the numbers of adults supported by telecare from the current figure of 83 over the next two years as a critical part of the care package and not an "add on". Additional resources are in place to underpin this objective.
- The success of the Frailty Programme was noted, helping people to see that it was possible to manage at home without the need for a hospital admission at many points of crisis.
- Changes to policy have taken place that allow the Council to offer loans in addition to grants for adaptations for disabled people, using the equity in people's homes as

security for the loan. That has already reduced waiting periods, in the time from referral to completion of an adaptation, in the current year by over 100 days and the plan is to reduce it over the next two years to under 9 months.

- The desirability of improving the links between services to better co-ordinate the transition for disabled young people from education/children's services to adult services. The merits of direct payments for individuals with learning difficulties were discussed.

## **Other Relevant Consultation**

16 The draft report was sent to partner agencies for their comments

## **Background Papers**

17 The evidence grids that are available on the intranet provide the data that backs up the report and the judgement has been made  
<http://www.newport.gov.uk/dc/index.cfm?fuseaction=socialcare.homepage&contentid=cont486032>

# **NEWPORT CITY COUNCIL – ANNUAL REPORT OF DIRECTOR OF SOCIAL SERVICES 2011/12**

## **STEWART GREENWELL – CORPORATE DIRECTOR, CARE AND CUSTOMERS**

### **1. Introduction**

This is my third annual report and I will strive, as ever, to tell the story in a way that helps to understand what it feels like to be on the receiving end of services in the city.

This has been a year of continuing change and development at a local, regional and national level. These changes have included, locally, a new 'End to End' service being planned and partially implemented in Adult and Community Care Services. This will mean people experiencing different arrangements from the point of referral, to the service being provided, through to the service being reviewed; arrangements that aim to do it better, avoid duplication and respond to people more quickly.

Regionally we have new strategies for services for people with learning disabilities and for people with mental health problems, strategies that cover the Aneurin Bevan Health Board (ABHB) and the five local authorities in the region. In addition there has been agreement that we move towards a single Local Safeguarding Children Board (LSCB) across the five local authorities by 1<sup>st</sup> April 2013 and that follows a single Adult Protection Committee having been established for the five councils too.

Nationally we have seen the publication of the consultation on the Social Services Bill for Wales and we contributed to the responses of Welsh Local Government Association (WLGA) and Association of Directors of Social Services, Cymru. In addition the Mental Health Measure has become law in Wales and that should lead to greatly improved services for people with mental health problems with a shared responsibility across NHS and local government to make that happen. I will refer to those developments elsewhere in my report, although it is worth noting that a single LSCB on the ABHB footprint is one of the proposals in the Bill, it is something that we have already agreed, as noted above.

With the consolidation of the Integrated Family Support Service in Children's Services and the start of the Gwent Frailty Programme in Adult Services in 2011, it is clear that change is constant in social services. These and some of the other changes that have taken place during the year will feature later on and the trend is likely to continue into 2012/13 and beyond.

I commented on the challenges that we faced last year in my previous report and many of those remain. Whilst the financial circumstances are difficult, we have continued to seek improvements for people. That has been possible by looking at the way that we do things, doing them differently and finding out if we have made a difference to people's lives. Providing a good first response to people is fundamental to leaving people feeling valued. The opening of the Information Station has played a fundamental part in doing just that. All council services coming together in one building, with some other public sector services too, a decent environment and a courteous welcome, has made a substantial difference. Already, after only a few months, we are seeing and hearing levels of satisfaction about the quality of the customer experience that is unprecedented. It is a service for everyone in the city and those who are most vulnerable and need help particularly appreciate being treated with dignity and respect.

There is a great deal of talk about 'demographic change', when the older population has been growing for the last 50 years and that inevitably brings more demands for service. In addition there has been a rise in the birth rate and locally we are seeing increasing demand on primary school places as a result. In Children's and Adult Services that has meant more people asking or being referred for support and we have to find different ways of responding, whilst also being aware of the need to reduce costs. One of the ways to make best use of the people and the money available is to consider doing things together with other agencies. Pooling our resources should enable us to be more efficient and also avoid sending people on a tortuous journey between agencies that is always frustrating and time consuming.

*"I really like not being sent to three or four different places in the city and being able to sort things out quickly in one place"*– the words of someone after their first visit to the Information Station. We now have an integrated service for people with mental health problems and have recently appointed an integrated service manager and a deputy integrated service manager, between the city council and ABHB, for services for people with learning disabilities. We have also appointed an integrated service manager for occupational therapy services between the city council and ABHB to ensure that occupational therapists (OT) do not waste their valuable time by duplicating and/or passing things on, when a single OT could easily do it all.

The theme of my report last year was 'shared responsibility' and that has not gone away, because we still need to ensure that we do not look for ways to pass people on to others, when a more sensible approach is to find ways to be helpful at all times. The theme in this report will be 'improving outcomes'. By that, I mean making a positive difference to people's lives, a difference that they can see, feel and touch. Inevitably I will also refer to those things that are still a challenge and set out what we plan to do about them in the coming year. I have included more data in this year's report to reflect and help members to understand the extent and nature of the work of social services.

## **2. The story continues....**

We have to strive for continuity and in April 2011, Cabinet agreed the strategic direction of social services, with integration as a key ingredient. I have already referred to further developments in integrating services and we now need to move beyond our strong links with ABHB, to ensure that the links with schools and the Education Service are similarly strong.

This is helped by the fact that since February 2012, I have also taken on responsibility for education services and am already meeting regularly with headteachers across the city from both secondary and primary schools. The links are obvious and the benefits that can accrue from strengthening those links are immense. I will report on progress in this area in my report on 2012/13 and expect that it will be illustrated by a greater mutual understanding between the business of education and schools and children's social services in particular.

Newton Europe staff have been working with us during this year, adding capacity where it has been necessary, to support us to improve and modernise the way that we provide and commission services, whilst also reducing costs. This has not been easy for members of staff, as it is sometimes difficult to appreciate that improving services and reducing costs can be complementary. We have worked closely with the trades unions to explain the rationale for any decisions that require change and their involvement has been helpful. It has required senior managers to provide clarity and regularly communicate. There has been a regular newsletter for all staff about the changes taking place to transform services.

The review of administrative services was completed and implemented during the year and that has also been undoubtedly difficult. Whilst it will lead to better use of the technology at our disposal, it has meant that a number of administrative staff have left, many of whom were long standing colleagues, mainly through voluntary redundancy. The implementation is continuing into 2012/13. I am committed to ensure that we make the best use of staff and financial resources and help people acquire any skills that are needed to better use the technology available. We have to pursue more vigorously the goal of paperless offices and at the same time, do what is possible to reduce the burden of IT on front-line staff.

Opportunities for understanding the experiences of users and carers are always present and have been used in collecting evidence for this report. We always need to look for better ways of working alongside people, so that they have the chance to tell us what it feels like 'being on the receiving end'.

The number of complaints has increased and again, as with last year, this is a good sign. We have taken the trouble to explain to more people about how to complain and to let them know that we welcome complaints. They are an invaluable source of learning. We had 114 complaints in 2012/13 compared to 84 in 2010/11. At the same time the number of stage 2 complaints reduced from 13 to 9 and there were no stage 3 complaints at all. This is as a result of helping staff to find ways of resolving people's concerns quickly and that is always appreciated.

Liz House retired in July 2011 after many years' valuable service as Head of Adult and Community Care Services and this created the opportunity for Rob Sainsbury's appointment as Head of Integrated Services (Social Care and Health), which has been an important next step in integrating and modernising our services.

We have our performance indicators and I have commented below on where we have shown progress as well as where we need to improve.

### **3. Business support services**

These remain crucial in supporting our front-line services, through providing early information to people about the charges for services, about how best they might use direct payments and increasingly finding ways that we can procure and commission services more smartly. The administration review has required us to be clear about how we use business support services, by not relying on traditional practices that failed to make use of new technology and looking for the efficiency that it can bring, as well as working smarter.

- a) The financial climate – no-one can fail to see that it is a difficult time and we have to be sure that we are making the best possible use of our resources. Children's and Family Services were able to make considerable savings in the year. This was mainly due to the safe reduction in the number of children looked after by the council and only needing to place a small number of children in residential homes out of the city. Adult Services experienced more financial pressure due to growing demand and the success of people with complex conditions and disabilities living longer and requiring support and care to do so independently. It has helped that at the beginning of 2012/13, the social services base budget was increased by £2.1million and in June, cabinet approved a further addition to the base budget of £869,000. Social Services still has to make savings in this financial year of £5.2 million, but without the increase to the base budget, we could have been faced with making £7.3 million savings (i.e. £5.2 million + £2.1 million).
- b) Making connections with others in business support services – I reported last year that we hoped to bring together the planning functions locally of ABHB with those of the city council. We are now moving towards a single strategic plan for the city, building on the single unified assessment of needs of the population. This will help to bring officers together, eventually into a single planning and partnership unit, with the consequent efficiencies in time and sharing skills. In addition we have made a tentative step towards closer collaboration on training by creating a joint post with Torfaen CBC to manage practice learning for social work students, i.e. their practice placements which make up 50% of the degree timetable and I will report on the evaluation of this work in 2012/13.
- c) Smarter commissioning –this was in its early stages last year, i.e. 2010/11, but we have seen a much greater sense of maturity develop over the past 12 months. We tendered for block contracts for domiciliary care from independent sector providers for the first time and the new contracts were put in place from January 2012 with a substantial planned saving to the council of £581,000 in 2012/13. The transition has been well managed and we are now in a stronger position to determine what we need in the future and to develop the market to

meet people's changing needs. Since awarding the contracts, SAGA has acquired some smaller providers, one of whom were awarded a contract and we are monitoring the impact of this acquisition to ensure that the quality of the service is maintained and improved.

Our in-house services have to be responsive to these changes as well as independent sector agencies. Our joint work with Torfaen CBC over the last three years has offered a fair price for residential and nursing home care for older people, substantially reducing the need for relatives to 'top-up' the fee being charged to the city council. In addition this also prevented any legal challenge to how we set fees, whereas some other councils were challenged and had to pay considerable sums due to legal judgements made against them. We are continuing to explore extending this joint work, in order that we can ensure sustainability for those providers and offer surety about the future for both councils.

We will continue to explore how we can get best value from some of the high cost providers, e.g. where we are paying in excess of £1500 per week for care and support for people with learning disabilities in particular, and this is work that will become part of our core work, rather than just another initiative. It requires mature conversations with independent sector providers, where city council staff are confident about our role as a commissioner.

- d) Making best use of technology – I will refer to this elsewhere in this report. New technology can help to remove some of the administrative burden on front-line staff, enabling people to work from a variety of workplaces rather than constantly have to return to their office. In addition it can ease the way that we communicate with providers and create electronic means for monitoring the care that is provided, submitting invoices and providers being paid electronically for the services that they deliver. This latter process will be in place during 2012/13.

#### **4. Getting the culture right**

This continues one of the themes from last year about considering the 'way we do things', as culture is substantially about the way that people behave. I have already referred to the number of complaints received and how they have been dealt with, showing a confidence in encouraging people to use their right to complain, whilst responding quickly and effectively. The Information Station has set new standards about how we treat people at the first point of contact and that must continue, with dignity and respect the fundamental first principles of all our contact with people.

The twice yearly meeting between front-line teams in Children's Services with cabinet members and corporate directors has brought greater mutual understanding, with better intelligence about the pressures that face members of staff and the imaginative ways that teams are dealing with those pressures. This is being extended into those teams who are working to protect the most vulnerable adults in 2012/13, so that there is a wider understanding of the pressures across the whole of social services.

We have developed a much stronger sense of listening attentively to users and carers in the past three years. I now want to extend that to ensuring that we create the same opportunity for regularly listening to those people who are being expected to do the most difficult jobs. I am planning to establish bi-monthly meetings with different groups of staff, some of whom tend not to have a high public profile or high enough profile in the city council. I will arrange to meet staff from residential homes for children and adults, foster carers, domiciliary care staff, occupational therapists and day centre staff. I will regularly involve cabinet members in order that the voice of front line workers is heard and understood.

In addition, I want to build on work started by Mike Nicholson, Head of Children's and Family Services, to set out the key principles of our work with families. It has resonance with our work across all of social services and will lead to further improvements in the culture and hence 'the way we do things around here'. The three principles are justice, hope and humility.

'Justice' refers to our overwhelming responsibility to protect vulnerable children and families from harm and promote their wellbeing, meaning that we need an acute sense that children's rights are paramount and must be protected. The responsibility also covers protecting vulnerable adults and continually searching for ways that abuse and potential abuse can be spotted and tackled. The Panorama programme in 2011, highlighting the abuse towards people with learning disabilities in a private hospital, was a wake-up call about the rights of everyone, whatever their disability, to be able to lead a life without abuse and expect protection from abuse. This accords with the work of the Children's Commissioner for Wales and the Older People's Commissioner, highlighting the significance of a rights-based approach in Wales

'Hope' reminds us that we continually look to develop people's capacity to make changes in their lives, seeing the possibility in everyone for change. That is as pertinent for families with young children as it is with young people on the fringe of offending, since in both we seek to change their behaviour to bring about different and better outcomes for themselves and others. It is similarly relevant for older people, for disabled people, for people with mental health problems and for people with learning disabilities, since we should have aspirations for them that invite them to see the best in themselves. 'Hope' can mean that we will believe that people can learn, can gain skills, can take control of their own lives, knowing that will mean something different to every single person, but continuing to explore that, as a core part of our practice with everyone.

'Humility' requires us all to understand that people can learn from their mistakes and therefore to avoid making judgements about people that limit their potential. We have to remind ourselves that just as people bring their own frailties and weaknesses into their contact with us, we bring our human frailties into our professional practice with them. Humility will combine a passion to learn and to develop as a workforce and to always consider what it is like to be on the receiving end of our professional behaviour and where necessary changing our behaviour.

The challenge has to be testing out the experiences of people against these principles and where necessary, adjusting our behaviour to show that we are listening and acting on what we hear.

## **5. Children's Services**

It is important to consider the three core purposes of Children's and Family Services, as a way of similarly testing out if we are achieving 'the best that we can'. They are: Protection, Promotion of Wellbeing and Prevention.

Playing a key role in the protection of children and young people at risk of harm is critical and uppermost in our minds. Promoting the best interests of children who are looked after by the council has the same importance. They should have the same life chances as our own children. Alongside those aims, we are working closely with key partner agencies to provide the very best preventative services, so that we do not wait for the worst things to happen before we take action, but spot the circumstances when people need support to prevent those circumstances deteriorating.

Everything that we do is driven by these aims and I will illustrate how we have made progress during the year in improving the experiences of those children and their families with whom we have worked.

## **a) Supporting children to remain safely with their families**

Safety is paramount in all that we do, continually making judgements about whether we are creating safety for all children and young people. The city council is a key member of the Local Safeguarding Children Board (LSCB), of which I am currently chair and the LSCB plays a key role, to which I will refer below, in all agencies sharing responsibility for safeguarding children in the city.

Our core work includes the assessments, investigations and child protection services of our front line and quality assurance teams. In addition our Integrated Family Support Services play a key role in supporting vulnerable families and hence keeping children safe.

### **So how much did we do?**

There has been a significant increase in contacts and referrals to the Duty and Assessment Team (DAT), almost 12,000 contacts, an overall increase of 74% since 2009/10 and 19% since 2010/11. Of these contacts, 5,527 wherefrom the police about domestic abuse, an increase of 73% since 2009/10 and 33% increase since 2010/11. The increase in contacts about domestic abuse is a direct result of a daily teleconference amongst all key agencies, where information is shared about all of the previous day's domestic abuse incidents reported to the Police and it is a good sign that information is shared to protect victims.

Of these contacts there were 4,330 referrals, an increase of 86% since 2009/10 and 22% since 2010/11.

The large increase in contacts and referrals inevitably leads to a significant increase in assessments undertaken by front line teams as can be seen by the following:

- 2,524 initial assessments completed, 30% increase since 2010/11
- 680 core assessments completed, 127% increase since 2010/11
- 47 Sexual Exploitation (Seraf) Assessments completed, 135% increase since 2010/11

This is work that requires a speedy response so that we can make the judgement about safety and put support in place to reduce any risks. This increased demand has been managed well and it is to the credit of the staff in those services that we have seen a reduction in the number of children placed on the Child Protection Register (CPR), 145, and whilst it is only 1% decrease since 2010/11, it is an overall decrease since 2009/10 of 22%. A child's name only goes on the CPR where there is evidence of significant risks, confirmed following a multi-agency case conference

Similarly we have seen a decrease in the overall number of children on the register at any one time. There were 108 children on the CPR on March 31<sup>st</sup>, 9% decrease since 2010/11 and similar decreases in the number of children subject to initial case conferences and review conferences

Where we are unable to manage the risk of harm, children come into care and around 75% do so as a direct result of abuse, physical, emotional or sexual and sometimes a combination of these factors. The number of children entering and remaining in care has shown a downward trend in the past few years:

There were 78 children who came into care during the year and this is 20% decrease since 2010/11

Our aim is to 'safely' reduce the number of children in care, as a result of providing family support services, by at least 25%.

Our approach has been to create integrated family support services through collaboration in the city council, as well as with Aneurin Bevan Health Board (ABHB) and Barnardo's, with whom we have a contract as our preferred provider. This collaboration of our Integrated Family Support Services (IFSS) includes:

- IFST and Family Assessment and Support Service (FASS) – providing highly structured short term services to the whole family, where there is an acute need for protecting children from harm – they worked with **115 children** in 2011/12.
- Family Support Team (FST) - providing longer term family support services for those where the level of risk is not acute – they worked **442 children**.
- Family Contact Centre (FCC) - providing supervised and personalised contact for children who are subject to care proceedings or a contact order – they worked with **131 children**
- Early Intervention and Prevention Service (EIPS) - providing early intervention to vulnerable children and families, where there is not yet a need for social work intervention – they responded to **529 referrals**, of which 46% were for anti-social behaviour and restorative justice

I have referred above to our work with LSCB, a critical vehicle for sharing responsibility across all agencies for safeguarding children in the city. The LSCB carries out monitoring and evaluation work, looks at how we can improve communication and promotes participation and consultation. Particularly significant has been the establishment of a Junior LSCB, giving the potential for a stronger voice for children and young people and enhancing our links with local mosques, including the development of safeguarding handbook on children attending Mosque schools, that will be published in 2012/13.

As mentioned above, we are collaborating with colleagues to create a single LSCB by April 2013 on the ABHB footprint.

The team have undertaken 30 professional strategy investigations this year, where there have been allegations against a professional worker, of which 7 cases were substantiated and appropriate action was taken with those employees by their employer. In addition we have worked closely with Gwent Police on Operation Artemis, focussing on the needs of around 30 young people at risk of sexual exploitation.

We have seconded a Service Manager (full time) to a multi-agency project, led by Gwent Police focussing on the needs of young people who go missing from home or from care. The project will be reporting on its findings shortly and we plan to continue this secondment for another 18 months, as it is clear that we need to work very differently across all agencies if we are to respond more effectively to those children who regularly go missing. A single team approach with a key principle of sharing information, whereby the child is seen immediately and offered independent emotional support, are features of the new approach being planned.

The Disabled Children's Team is now based at Serennu Children's Centre and includes social workers, occupational therapists and a community nurse. At the end of March 2011, they were working with 256 disabled children. There is a valued information service offered to families through direct emails, 'Wicked News', a quarterly newsletter and our website. There are also 2 PCs available for public use in the Serennu Family Information Centre to help families see the potential in having easy access to information from a variety of sources.

There are 66 children who have access to short break provision, 34 of whom use Oaklands, our residential respite facility and there are 14 children who have retained carers. We have a transitions worker to ensure that we plan carefully with young people and their families, as they approach adulthood and last year there were 172 transitional planning reviews. There are a variety of activity groups on offer at Serennu and Maes Ebbw school, e.g. sporting activities and play, providing valuable support for parents. In addition we offer direct payments so that parents can take greater control over what services they access and in particular when they want them to be available.

The Youth Offending Service has an extensive programme of activity and information for young people and for those who work with young people who commit offences. This includes attendance at and presentations to magistrate's panels and the youth bench and the Family Justice Council. Mike Nicholson has built helpful links with the judiciary, helping them to understand the changes made to our family support services.

### **How well did we do it?**

In spite of the pace and extent of change, there has been significant improvement in our performance with children in need and those on the CPR. 98% of decisions on referrals are made within 24 hrs and 73% of children are seen during initial assessment, of which 80% are completed within 7 days. Despite completing 127% more core assessments this year, 85% are completed within 35 days. This performance by the Duty and Assessment Team (DAT) is remarkable because they have experienced significant staff turnover and undergone a major change in moving into the Information Station.

The rate of re-referrals has increased to 44% and after examination we have concluded that this is as a result of an overall 86% increase in referrals since 2010/11. We have carried out an examination of thresholds in the DAT, i.e. the basis on which a judgement is made about whether any action is necessary to protect a child, and concluded that the thresholds were sound. The high re-referral rate is due to an increase in the proportion of referrals that do not meet the criteria for an assessment. We will monitor this carefully over the coming year, to ensure that practice is always safe.

All assessments are undertaken by qualified social workers and all child protection and children in care have an allocated social worker. Around 83% of children in need cases have an allocated social worker and the remaining cases are allocated to other professionally qualified staff, e.g. Occupational Therapists and Nurses.

Initial Child Protection (CP) conferences are held within 15 days of a Strategy Discussion/Meeting on 96.5% of occasions and 99% of CP Reviews are held within statutory timescales.

We have developed a Young Carers Strategy and are introducing training for front line staff in adults and children's services. All young carer known to us were assessed and 86.4% of those known to us received a service.

The LSCB, with the Community Safety Partnership, commissioned a Joint Serious Case Review (SCR)/Domestic Homicide Review (DHR) following the suicides of an adult and his son. The reviews will be published during the summer of 2012, but we are already learning early lessons from our analysis of case records and have implemented an action plan.

As well as having moved the Disabled Children's Team to Serennu, we have been carrying out a review of services for children with complex needs. This has built on the development of a service model in the planning for the opening of Serennu, with the involvement of children and their families at its heart. The review is still continuing and involves all other key partner agencies, with the aim of improving services, through listening to those families. Torfaen CBC's Disabled Children's Team also moved to Serennu early in 2012/13 and there is now a single manager across the two teams and we intend to explore further integration to make even more improvements to the experience of families and children. In addition we have secured new funding for a dedicated family support service to be managed by Barnardo's.

There are a few areas of performance where we have failed to meet our targets.

We plan to hold a 'core group' meeting to consider action to be taken within 15 days after a child protection case conference. We had a target of doing that in 72% of cases and only

achieved it in 56%. Higher than expected caseloads, turnover of staff and managers in the Child Protection Teams, together with changes in the administrative support and care planning have all contributed to the dip in performance. I am confident that performance will improve, in part due to the agreement that additional senior practitioners and social workers will be appointed early in 2012/13.

In addition we failed to meet our targets in maintaining contact with young people who have been in care but it only concerns 5 of 24 young people and recent efforts have produced contact with three of those young people, offering support to help them into training and/or employment. Three of the young people have consistently failed to notify us when they have moved. Whilst young people are not obliged to stay in touch, we will continue to encourage it and we expect performance to improve this year with the appointment of additional staff to the After Care team.

The educational achievement of children looked after by the city council is really important and the only dip in performance was with year 6 students. In 2010/11 6 out of a total of 12 students at Key Stage 2 achieved the core subject indicator, whereas in 2011/12 only 3 out of 9 achieved the target. To achieve the Core Subject Indicator, pupils at the end of Key Stage 2 must achieve the expected level (Level 4) in each of three core subjects - English or Welsh first language, mathematics and science.

There were two looked after children who were excluded from school, both for violence towards other students and whilst the need to take action is understandable, it is always disappointing. They were both students in schools outside of the city.

We will ensure that there is close working and monitoring of the progress and achievement of children who are looked after between Children's Services, Education Service and schools and where necessary we will provide additional support, either in school or to the people who are looking after the child, e.g. foster carers, residential staff and/or parents.

Overall the key performance indicators show that, for children in need and children at risk of harm, our services are performing at a level that considerably exceeds expectations given the fact that we have the highest rate of deprivation in our benchmark group. This is all the more remarkable given the number of organisational changes during the year and the fact that staff turnover in the Duty and Assessment Team and Child Protection/Children in Need teams has been high, i.e. 20%.

### **Has it made any difference?**

We have a variety of ways of checking out what people think about the service that they have received and whether it has made a difference.

In the DAT, the feedback from the 26 questionnaires returned, after people had been subject to an assessment showed that they were all satisfied with the service. Whilst this was only a small number of the questionnaires sent out, it is nevertheless encouraging. One person commented:

*'Very professional and nice throughout the assessment, put myself and my child at ease in a difficult situation! Thank you!'*

Similarly parents who have attended child protection case conferences, probably one of the most difficult experiences for any parent, have consistently commented that they have been listened to. A parent described her experience as:

*'Fairer, more balanced, not all negative, more open',*

and a professional worker commented that the conference was:

### *'Very interactive & involves families'*

Having implemented 'Signs of Safety' into the proceedings, i.e. allowing all participants to have a more equal voice, should further allow the parents', children's and others' voices to be heard and for further progress to be made.

The changes in our services for disabled children and their families are reaping dividends, as we strive to avoid giving parents the 'run-around' and being based at Serennu is an enormous contribution to that. The range of information available has improved and parents have appreciated receiving email message about activities and events. Our earlier work with 'StoryWorks'(University of Glamorgan) showed how much people appreciate the service on offer at Oaklands, where the staff focus on the positive aspects of what young people can do rather than their disability. As ever there is still no room for complacency.

The performance data from the Youth Justice Board indicates 69% reduction in first time entrants coming into the criminal justice system over the last three years. This is higher than the average reduction of 57.5% in Wales. Whilst there is still a high rate of reoffending amongst young people known to the Youth Offending Service, i.e. 32%, this is slightly less than the Wales average of 33.1%. Of 8 young people who had orders ending in the last monitoring period, the rate of engagement in education reduced by 17%. This is disappointing and needs us to refocus our attention on what will make a difference to young people's lives as they become adults.

Whilst the number of families with whom we have worked in the Integrated Family Support Team (IFST) is still small, about 80 families, the changes that they have made to their lives are remarkable, enabling the majority of children in those families to remain safely with their parents at home. As we have evaluated their progress over 12 months, the changes have been confirmed as more solid. People are setting their own goals and sticking with them. Some of the examples of changes made that have led to children remaining with their parents are:

- a. Controlled alcohol use, leading to improved parenting and children attending school – whilst abstinence has not been achieved consistently, the parent now wakes early enough every morning to help the children off to school
- b. Home conditions improved to a good enough standard for children to live in a safe and hygienic home – with the team member noticing that it is clean and tidy environment that is now safe for the children
- c. Reduction in substance misuse, leading to a dramatic reduction for one family in the reports of domestic violence to the police or social services following their work with IFST.

During the year, the Early Intervention and Prevention Service (EIPS) provided a wide range of services to 529 vulnerable children from families who do not require a social work service. Half their work is with children where there is a referral for anti-social behaviour or restorative justice and cases of anti-social behaviour have dropped by more than 3,000 this year across the city. Some of the services are helping people with their parenting skills and people showed increased confidence in making emotional attachments to their children, setting boundaries for the children, understanding their behaviour and how it affects the children, as well as what behaviour needed to change.

Preventions workers have worked with 91 children to support them in moving into a significant new phase in their life, often referred to as 'transitions'. In respect of the children who moved from year 6 to year 7 in September 2011, 80 small school-based circle times took place, helping friendship groups to form. One of the ways that these sessions are evaluated is by seeing how much children feel comfortable in expressing their feelings and over 80% of the

children involved showed they would be better prepared for the challenge of the next stage in their lives, in this example a move to a new school.

A lot of this contributes towards our goal of 'supporting children to safely remain in their families'.

Despite a significant increase in deprivation, due to the impact of the economic circumstances, an increasingly high rate of referrals, a year of considerable change and high turnover in the staff group, our front line workers have responded by increasing the number of assessments and services and completing high quality work.

An increasingly well-developed network of family support has demonstrated considerable success in their work with families and the overall result is a 'safe' reduction in the number of children on the CPR and in care.

## **b. Improving outcomes for children in care and care leavers**

We have a particular responsibility for ensuring that those children who have moved into the care system have a good experience. During the year, cabinet approved the Corporate Parenting Strategy and that set out a number of pledges that any child or young person looked after by the City Council would receive a high quality service. The standard is those children having the same expectations and aspirations as what we might expect of our own children.

### **How much did we do?**

There has been a modest reduction in the number of children in care and a corresponding reduction in Looked After Children (LAC) reviews.

- There were 274 children in care as at March 31<sup>st</sup>, 7% decrease since 2010/11. To understand this contextually, during this period there was 15% increase in the number of children in care in Wales.
- During 2010/11, 671 children were the subject of LAC Reviews. This represents 6% reduction since 2010/11

We have the largest pool of in-house foster carers (181) in South East Wales, offering 277 placements including a significant number of short term respite placements. Together with 3 residential units and a respite unit for children with complex needs, we use independent sector agencies sparingly. On 31<sup>st</sup> March 2012, we had the following arrangements for looked after children:

- There were 42 children in independent sector fostering agencies and only 9 in residential placements outside of the city, 33% reduction on 2010/12.
- We had 184 children with in-house foster carers, 6% increase on last year.
- There were 12 children awaiting adoption, 9% increase on last year

We held our annual Children in Care Achievement Awards ceremony and this year the Children's Commissioner for Wales was the keynote speaker

Public law referrals in Wales have increased by 18.7%. These are where we ask the Family Court to make an order that restricts the 'free choice of members of the public to parent their children as they wish'. Section 31 applications, where we ask the court for an order to 'restrict the free choice of a person to parent their children as they wish, because we believe that there is a need to protect the children from risk of harm, increased by just over 50% in Wales during the past 3yrs.

We have not seen a similar increase locally and the current position is as follows:

- There were 68 children on Interim Care Orders and 31 have been in proceedings for more than 40 weeks. This represents a significant reduction on last year, when there were over twice as many children caught up in care proceedings that had lasted between 1 and 2 years.
- We opened a new residential unit in Brynglas for two young people, who are at high risk of being placed in residential placements out of the city and it is now fully funded, as a result of savings made in the budget for 'out of city placements'.
- We have 121 young people with whom the After-Care Team are working and this year we developed two new services and an extension of entitlement following case law.
- 'Action for Children' provide specialised support and psychological support to young people leaving care, who often 'fall' between child and adult mental health services. The project has been operating in Blaenau Gwent, Torfaen, Monmouthshire, and Caerphilly for some years and from 2011 also in Newport.
- Working closely with the Community Regeneration Team, the Aftercare Team secured a contract worth £25,000 with the Department for Work and Pensions, to deliver a 26 week course for young people leaving care. The aim is to help them move on to further education, training or employment. The 'Step-up' programme will provide for 10-15 young people aged 16-21 yrs, with individual support plans and work experience, to improve their self-esteem and confidence, raise aspirations and improve communication skills and employability. The early signs are that it is proving very successful with young people who have often been given little chance of success. We are also excited at the prospect of a facility opened in June 2012 by Solas, with high quality accommodation for vulnerable young people and excellent support and I will report on the impact of this resource in my report on 2012/13.
- The After-Care Team also worked with 9 young people seeking asylum, who are in education, by providing a living allowance and accommodation.

### **How well did we do it?**

Our fostering service has been inspected by Care and Social Services Inspectorate Wales (CSSIW) during this year and we have had a very positive report, recognising the strengths of the service and the commitment of the staff to support foster carers in their difficult task. We have also had a positive report from CSSIW for our residential services, but in this case we have been given some requirements to improve, in particular to reduce our reliance on 'relief' staff and to increase the proportion of permanent and qualified staff in our units. We have completed this action and we are now fully compliant with CSSIW's requirements.

All children in care have a qualified social worker as their case manager and all first placements began with a care plan in place and 98% of reviews took place within statutory timescales and all children in care have a plan for permanence by their 2<sup>nd</sup> review. Almost 92% of visits to children in care take place within statutory timescales and whilst this is commendable, we strive to do better than that, although we may miss the timescales at times due to the commitments of foster carers and children to be involved in other activities.

These are key signs that we are making sure that we give priority to children in care.

8.3% of children in care had 3 or more placements during the year and this is a slight decrease on last year. This is set out in graph and table form in Appendix 1 to show the trend and confirm that we are reducing the number of changes year on year. Whilst we will always aim to reduce the number of changes that children experience, occasionally it is clear that a

placement is not going to work for a child and in those circumstances, it is often better to move the child and quickly.

We now look closely at the educational achievements and outcomes for looked after children and overall there have been significant improvements. The average point score for 16 year olds of 255 is 7% higher than last year and this means that they are achieving better grades. I have referred above (p.10) to the drop in performance at Key Stage 2 and we are determined to push for an improvement this year with foster carers, teachers and social workers sharing the responsibility for creating the right kind of environment where children can learn, develop and achieve.

The performance of looked after children at Key Stage 3 is however significantly better and 31.58% this year compares well with only 14% last year and last year's Wales average was only 22%. What is clear is that we have to continuously raise our expectations and aspirations for children in care and create the circumstances in which high achievement at school is the norm rather than the exception.

Their attendance at primary schools has improved this year from 92% to 96.9% and for secondary schools performance has slightly improved from 92% to 92.7%. Ensuring that children in care have a good attendance is the first step to raising their and our aspirations. Our performance is better than the Wales average but that in itself leaves not room for complacency.

I have referred above (p.10) to the two exclusions and this is unusual, as we normally report no permanent exclusions. We have had 4 children with temporary exclusions, but those resulted in the children returning to school after the issues were resolved.

Only 75% of looked after children have a Personal Education Plan within 20 days of a new school placement and whilst this is a much better performance than the Wales average for 2010/11, it is a deterioration from our performance of 83% last year. The Education Co-ordinator left during the year and high turnover of staff and some long-term sickness absences meant that this was the consequence. We now have a new Education Coordinator in post, performing at a much higher level and with new staff in post we will be aiming for 90% target in the current year.

Around 7.1% of children in care had a change of school, about 20 children; similar performance to last year and again significantly better than the Wales average in 2010/11 of 14.2%. There are circumstances where a change of school is part of the plan for a child or where a child's placement will be enhanced by a local school placement rather than relying on transporting a child to their school, particularly when the new placement is planned to be permanent. This is shown graphically and in a table in Appendix 1.

The health of children in care is also important. The percentage who have had an annual dental check is 96.1% and 94.7% have had an up-to-date health assessment. There will be some young people who will need encouraging, rather than taking them to their GP and therefore this is never going to be 100%. In 2010/11 99% of children were registered with a GP within 10 days of their placement, whereas this has fallen to 93.7% in 2011/12, but all were registered shortly after the 10 days target. We are better than the Wales average for 2010/11 of 80% but our target should be 100% every year.

Of the group of young people in care who reached 19yrs during the year, we maintained contact with 82.6% whereas last year we were able to keep in contact with 96%. This was only a difference of 4 young people and we are now in regular contact with two of those young people. The average in Wales for 2010/11 was 93%. Of those with whom we were in contact just less than 90% were in suitable accommodation and this was less than the previous year, i.e. 96%, and due to a higher proportion having been placed in Youth Custody.

97.2% of eligible and former relevant children have a pathway plan and all have a personal advisor, a slight improvement on last year

### **Has it made any difference?**

Educational achievements for children in care have been much improved for Key Stages 3 and 4 although we need to see improvements for Key Stage 2. School attendance continues to improve and the rate of exclusions remains very low. Our aspirations must remain high.

The After Care team is working with Continuing Learning and Leisure and in particular 'Positive Futures' to provide weekly sports coaching for our (reasonably) successful football team. The Achievement Awards evening illustrated the quiet day-to-day successes in the lives of children in care and they had a wonderful time celebrating their successes with their carers, social workers and teachers.

A young person leaving care was hugely appreciative of her experience and support offered:

*'As this is my last LAC Review I would like to thank everybody for everything which has been done for me and (my foster carer).'*

We have established a Children in Care Council and this will allow young people's voices to be heard and it will be our responsibility to act on what we hear. A system of consultation with children and young people in care is now in place and it is encouraging to hear some of their words:

*"I love where I live because it is lots of fun and I got my friends near me."*

*"Our carers treat us well and are fair – that is important."*

*"I have been at my placement for 2 years; I love it here because my carer listens to me"*

*"I found people around me supportive, caring and help me"*

*"My social worker helped me write a letter to Rosemary Butler, to get my independent placement, learn guitar and have a house on my own without parents – independence"*

*"I like everything that my Aftercare worker does for me"*

*"I like Aftercare because they take time out with you to go do important things"*

*"Can I stay on longer – until I'm 22? I'm happy with the service I receive from personal advisor"*

*"I have had good support from my personal advisor who has helped me with many things."*

Of course we do not always get it right, but these quotes serve to illustrate that doing the simple things right makes all the difference.

### **c) Making best use of Resources**

I have already set out the enormous amount of change that has taken place and that has all been focused on making the best use of the resources available to us. This will be illustrated in Community Care and Adult Services too, later on in this report.

## **How can we be a better corporate parent?**

Putting in place the Corporate Parenting Strategy with a number of pledges to children and young people in care is an important first step to galvanising all of the resources of the City Council to show that we are taking seriously our responsibility as corporate parents. The establishment of a Children in Care Council and alongside it a Corporate Parenting Forum provides a place for young people to express their voice and a setting in which we can show that we are listening.

In addition we have reviewed the in-house fostering service with a view to making changes that will improve the capacity of foster carers to do their job, with added therapeutic support for children and the adults offering them care and support. We are now planning to recruit and train specialist and career carers and all of this should mean that we can guarantee better outcomes for children and young people. This will include children's emotional well-being, their educational achievements and their move into adulthood.

We anticipate strengthening our in-house fostering service such that we are in a position to offer surplus placements to other local authorities, providing us with valuable additional income to invest further in children in care.

We know that there is a gap in provision for children on the autistic spectrum and we will work closely with the Education Service to explore the case for more specific provision to meet these children's educational, emotional and social needs.

In addition we will explore every opportunity for creating a greater number of work, training and educational opportunities. This is what good parents do for their children, giving them priority and searching out contacts that give them chances to gain experience and be mentored, so that their future is bright.

## **How do we better support family life?**

I have referred above to the success of the IFST supported through our work with Barnado's and that is having an impact on some very vulnerable families. The impact of substance misuse has had considerable attention and that will continue both in our work with families where an adult is misusing substances and having a detrimental effect on the children, as well as young people who are misusing substances and putting themselves in danger of the longer term effects of that abuse. The substance misuse service for young people will continue to be important in ensuring that we offer alternatives for children and young people.

The establishment of the Domestic Abuse Unit (DAU) at the Information Station is crucial to ensuring that all agencies continue to accept their responsibility for responding sensitively and promptly to victims of domestic abuse and all agencies with an interest in preventing domestic abuse and responding when it does happen are part of the DAU. We will be evaluating the difference that it has made to victims' lives and I will report on that next year.

The full range of preventative services is moving closer to being fully integrated, as ever, to ensure that all services are complementary and avoid duplication, thereby making best possible use of what is available. This will continue to progress throughout this coming year, maintaining the important link with the city's primary schools.

If we continue to have an impact on improving the experience for families, this will contribute to tackling a number of issues that can enhance the daily life within neighbourhoods, e.g. crime prevention, anti-social behaviour and the fear of crime. We have to build stronger links with Communities First programmes across the city, such as in Duffryn, where posts jointly funded through Oxfam and Communities First are offering intensive work with families and through collaboration those workers have recently become the lead professionals with one family, showing the significance of their contribution. Many of the voluntary organisations in the city

make a similar positive contribution to the lives of vulnerable people, often helping people to be able to carry out ordinary activities, that many people can take for granted, which lead to people leading more satisfactory lives.

The city council, with ABHB, has a leadership role for the development of national policy objectives in relation to IFST and Families First as we have been a pioneer for both. We will be leading on the development, by 2013/14, of two Integrated Family Support Teams across the five councils in Gwent, contributing to the training and mentoring of staff and helping them learn the lessons from having pioneered these initiatives locally.

### **How can we make best use of technology?**

Paperless files will greatly relieve storage pressures and provide more easily accessible information to staff and service users. Information that tells us about our performance is crucial as it helps to ensure that we can respond quickly when we know that things can and should improve.

Information should tell us what we need to know about whether we are making a difference to people's lives. Where we are not, we have to behave differently.

If we use technology well, we will free up members of staff to devote time to more meaningful tasks, e.g. the consultation exercises that I have mentioned above, making sense of data and highlighting it to managers. It will also help us to create a career pathway for administrative staff.

There are challenges associated with information technology, but with the right equipment and appropriately trained and skilled staff, we can offer a better service to the public and a better working environment for members of staff.

### **How can we keep children and young people safe?**

Whilst it is only part of the story, the LSCB is a critical part of the tools that we have available. It ensures shared responsibility for monitoring a consistent approach across all agencies, being at the table when that is necessary and avoiding duplication of effort and time.

Evidence from Serious Care Reviews across the UK shows that poor communication, not sharing critical information and a failure of agencies to work together have contributed to child deaths. The LSCB recognises that and continually pushes the principle of shared leadership and accountability.

We will see the publication of a local Serious Case Review/Domestic Homicide Review in 2012 and the learning that will be evident from that for all agencies. Action to embed that learning has already begun and the LSCB will monitor a consistent approach to the recommendations that emerge.

We can also anticipate a single LSCB across the five councils being in place by April 2013

### **How can we maintain the improvement for disabled children and their families?**

Families of children with complex needs still tell us that services are difficult to access, that there are multiple referral routes and that they face many barriers. Our efforts to build on the opening of Serennu, using it as a catalyst for having a different kind of conversation with parents and children, will continue, with integration as a key mechanism for improving the experience of families.

This involves using all of the intelligence that exists in ABHB, the Education Services and Social Services of the city council and Torfaen CBC, so that we avoid continuing to put

barriers in the way of people having good information, easy-to-access services and a means of letting us all know when they can see what works and what doesn't.

### **How do we make sure that members of staff are helped to do the best possible job?**

We have given attention to the impact of high caseloads, both on members of staff as well as on the experiences of service users. These have been regularly reported to cabinet members and scrutiny committees. High caseloads can damage morale and increase staff sickness rates.

We have recognised the importance in their first year of practice of newly qualified social workers having a mentor and also protected caseloads.

Organisational culture is a major factor in determining the quality of the service. Where Senior Managers become disconnected from the day to day experience of front line staff, the result is low morale, high staff turnover, sickness and a deteriorating service. Senior managers have given time and attention to understanding the impact of the high and increasing levels of demand, listening to front-line workers and managers and acting on it. Additional staffing will become available during 2012/13 through some additional revenue and savings accrued from making less use of 'out of city' residential placements for children.

The picture in Children's and Family Services is of a service under considerable pressure and demand but with a response to that pressure that is delivering better outcomes for people, along with finding ways to work that are both more imaginative and creative.

## **6. Community Care and Adult Services**

This part of Social Services is responsible for by far the majority of the people with whom we work, playing a leading role in the protection of adults at risk of harm. We also enable vulnerable people to have the same opportunities and life chances as everyone else and to promote people's independence continuously. Alongside these is our the ever-closer work with ABHB, searching out the means by which we can together provide people with better experiences and increasingly that means integration of health and social care services.

### **a) Protecting people at risk from harm**

This has moved to the centre of our attention in recent years, as it has been recognised that previously the abuse of vulnerable adults went ignored and unrecognised. This was often due to ignorance, an assumption that people would be cared for adequately without proper regulation and/or a lack of understanding of people's right to lead fulfilling lives whatever their age, disability or impairment. As with the abuse and neglect of children, this has been brought to our collective attention through 'scandals' reported in the wider media. Some years ago the experiences of people in long-stay institutions, both hospitals and homes for older people, illustrated the impact of living arrangements that ignored people's individual needs. In addition the way that people become more vulnerable and are at greater risk of abuse, as they have to rely on others to make decisions that are purportedly in their best interests, was also acknowledged. This can happen whether people are living in their own homes or in communal settings.

Recently, and referred to above, the Panorama programme on 'Winterbourne View', a private hospital near Bristol, showed that abuse is still taking place in settings that should be caring and supporting some of the most vulnerable people in our communities.

This section will refer to a number of the service user groups with whom we work in Adult Services.

### **How much did we do?**

In 2011/12 there were 465 referrals of people who were felt to be at risk of abuse and/or harm and this was an increase of 98 compared with 2010/11. Only 18 referrals were directly from a vulnerable adult and whilst that is not surprising, it illustrates that being vulnerable offers few opportunities to ask for help. 236 referrals progressed to a strategy meeting, suggesting that they were grounds for the referral to be taken to the next stage of a thorough investigation.

Importantly, as identified by CSSIW in their inspection report on adult protection in the city (CSSIW May 2012), referrals come to the adult protection team on the day that they are received and they are assessed for continuing risk and the urgency with which they need to be followed up. CSSIW concluded that 'there is evidence that the adult protection coordinators make sound judgements on priority and urgency' and this is undoubtedly an improvement on the previous system, where different practitioners worked in parallel to each other with different managers, leading to inconsistency.

We have carried out reviews of 84 people with learning disabilities who are placed in residential care and nursing homes and supported housing schemes. There are a total of 160 people placed in such schemes and the plan is that all reviews will have been completed by December 2012 or earlier if possible, now that we have ring-fenced some resources to target this area of service. This is an important piece of work to continually satisfy ourselves that people are safe and able to lead fulfilling lives wherever they are living and to ensure that we are paying only for the care that people currently need.

We have been working with some residential care and nursing homes where there have been concerns about ensuring that people are safely cared for and this has been joint work with colleagues from ABHB. One of the homes announced its planned closure during the year and the transfer of residents to other homes was managed sensitively and successfully, again through joint work with ABHB, the staff of the home and regular contact with relatives of the residents. At present we have a restriction of new placements at one home, no more than one each fortnight and during 2011/12, there were 2 homes where we suspended new placements under the 'escalating concerns' policy. Both of these homes had the suspension lifted when they were able to demonstrate that they had improved the conditions that stimulated the concerns, often with our support and monitoring and the added involvement of CSSIW.

A good deal of the work is with people who live in their own homes or 'in the community' and this example provides a good illustration of the nature of the work that now takes place:

*'Mr L was a vulnerable adult taken in by a family who 'befriended' him. Sadly their motives were financially driven and all of his savings were spent by the family, amounting to tens of thousands of pounds. When alerted to his predicament, the adult protection team contacted the Police, who investigated the financial abuse and anticipated recommending prosecution. The team helped find Mr L a permanent home in sheltered accommodation and support to make a different life with new and reliable friends. Mr L has expressed his thanks for feeling and being safe'*

The city council also became part of the Gwent-Wide Adult Protection Board (GWBPB) during the year and in particular this will offer greater opportunity for learning after a Serious Case Review (SCR). Prior to us joining the GWAPB, I commissioned a SCR on a gentleman who was admitted to hospital from a local residential care home with severe signs of neglect and the results of that SCR will be made public in the Autumn of 2012. The GWAPB have now taken on responsibility for seeing this SCR through to its conclusion.

## **How well did we do it?**

The fact we instigated 'escalating concerns' procedures on two occasions shows that we take action where necessary. Similarly holding 236 strategy meetings brought together all key agencies in determining whether action was needed to protect a vulnerable adult and that is always the first step towards a greater sense of shared responsibility. Of these 236 meetings, only 26 progressed to a case conference, although of those, 17 took place with the vulnerable adult or his/her representative present, again a healthy sign that those people on the receiving end of services are beginning to be more fully involved in what we do and how we do it.

Gwent Police are now much more connected into adult protection procedures. We have to continually engage in discussions about the threshold for pursuing prosecution against alleged perpetrators of abuse, but that will always be a tricky conversation and it is often dependent on the quality of the evidence available and the preparedness of the victim to make a statement. We need to ensure that advocacy is always made available, when it will help a person to express their opinion and feelings, as this is one way of helping someone to make a statement. There is much better use made of advocacy with people with learning disabilities and that needs to be commonplace with all vulnerable people. Similarly we have to strengthen the involvement of health care practitioners in adult protection and GP's in particular.

CSSIW feel that we have to be more robust in recording decisions at strategy meetings so that there is absolute clarity about who is doing what and that the timescales are in place and understood, in completing an investigation. We also need to ensure that review meetings take place prior to a case being closed.

Whilst I have referred above to improvements in the city in our protection of victims of domestic abuse, the efforts made to highlight the problems faced by women, who are victims, has produced much greater coordination between agencies when dealing with domestic abuse. The Supporting People Team has secured long-term funding for a floating support scheme for women and men who experience domestic abuse and when appointed, the successful organisation will be able to support over 30 women and men at any one time. The domestic abuse daily teleconference is another good example of our improving efforts to share information in the best interests of the most vulnerable people.

## **Has it made a difference?**

We are still improving practice and processes, but it is clear that the greater number of referrals means that more people are aware of adult protection issues and how to obtain a response when they believe that someone is vulnerable and at risk of harm and/or abuse.

An increasing number of vulnerable people are becoming fully involved in our plans to protect them, although this is still in its infancy and will continue to receive attention. We have used independent advocacy more often and this will have given more people a real voice.

The restructuring of adult services and some additional capacity for the Adult Protection Team is also an important next step in ensuring that this area of work has the priority that is essential, if we are to respond to the growing awareness of adult protection issues amongst the public and across professional disciplines and agencies. Staff training has continued to ensure that more staff are competent and confident, the keys to offering the best possible service. I have also referred elsewhere to the establishment of a bi-annual meeting with front-line adult protection staff, in order that there is a greater understanding amongst senior managers and members of this growing area of work.

## **b) Offering support for older people**

The largest group of people with whom we work is older people and the benchmark for the quality of the service should always be 'how we all want to be treated in our later years'. Only by thinking about the personal impact on the person, can we better understand how services should improve. A great deal has been written about 'dignity in care' and it has been the subject of a review by the Older People's Commissioner for Wales, asking searching questions of NHS as well as local authorities. This has raised questions about dignity and respect and reminded us of the increasing expectations of people, as they approach a time when they may need care and support. Helpfully we have made use of the 'Dignity in Care' training and 102 staff have undertaken the training as well as 17 service users

Locally the four extra-care housing schemes are good examples of those higher expectations, with high quality accommodation, self-contained with en-suite facilities and care and support when it is needed, with people as tenants not residents and all of the rights that it brings. Two of the schemes now offer activities, including lunch, for older people living in neighbouring communities in the city.

### **How much did we do?**

Providing information is an essential part of giving people choices and we again supported the Senior Citizens' Information Day in October 2011 and over 700 people attended. Many services of the city council were present as well as a number of voluntary agencies. We have already agreed to provide funding for the event in 2012. There is a web page on older people's services and we have also supported the Senior Citizens Forum with over 200 people attending the four public meetings to make sure that their voice is heard.

Even where it is older people who are not receiving any services as yet, it is invaluable to hear people's views about their aspirations for themselves and others.

The Lighthouse Project and WRVS both provide valuable support to vulnerable people, many of them older people and up to 50 volunteers are involved in visiting people at home to add to the support that they may receive from professionally qualified staff. The Lighthouse Project supported 264 people to remain independent in their own homes and over 45% were over 55 years old. The project also assisted another ten people to obtain computers and be trained in basic literacy, as part of the E-Inclusion scheme.

Many volunteers working with a range of local agencies will themselves have already retired and it offers continuous and productive activity for people after full-time work. In addition the community support service for Age Cymru Gwent also visits vulnerable older people in their homes.

We have also done some interesting work with the Dept. of Works and Pensions, where the Pensions, Disability and Carers Service invited a number of agencies to refer people who needed face-to-face support with the aim of maximising their income and helping them to maintain their independence and quality of life. By the end of March 2012, 46 visits had been made. In addition, Job Centre Plus ran an event, planned with the city council, to promote the value of older workers. 87 people attended and 51 went on to work or further training. The Gwent Frailty Programme is a fundamental change to services available across health and social care, offering clinical assessment and treatment in people's own homes as well as care and support, to both prevent inappropriate admissions to hospital as well as ensure people move back home from hospital as soon as possible. In Newport we have seen over 2000 people as part of the Frailty Programme and currently have very few people whose discharge is delayed from hospital, i.e. on 21<sup>st</sup> June 2012, there were only 6 people from the city delayed due to social care reasons.

Telecare is an important part of the shift to support more people living and staying at home and we are currently supporting 83 people with Telecare, 9 of whom are having a telehealth service, and our plans are to take that to 1000 people over the next two years.

The growing number of older people will mean that we will receive more requests for help and support. We have reorganised the front end of the service to ensure that we avoid duplication, offer a service more quickly and where appropriate, refer people on to other support services.

### **How well did we do it?**

We have made contact with an increasing number of older people and that will always be an essential step and for those who have used the Information Station, it will have been a service of which the city can now be proud. We have to continue to learn from people's experiences and make any changes quickly to show people that we have listened.

We have reduced 'delayed transfers of care' to 5.8 per 1000 of the population from a previous target of 8.5. We have continued to work with ABHB to ensure people are discharged from hospital in a timely fashion, whilst listening to individual choice for longer term care arrangements. There are increasing pressures to discharge people from hospital as care arrangements shift to community settings. We do however face challenges in the supply of long term residential and nursing home placements in the city and this could have some impact in this year.

We completed 1608 reviews of people's care plans, the majority of which were for older people and we were only 10 short of our target, but substantially more than the previous year. We have taken steps to improve this further, with the creation of a Review team as part of our structural changes.

The Frailty Programme is a success, helping people to see that it is possible to manage at home without the need for a hospital admission with all that it brings. The 'patient stories' are a real testament to the success of the workers and one of the specialist nurses remarks: *In my short experience with the CRT, I have received more praise for the service from people with whom I have worked than I could have wished for. All of my cases and their families state that they wish to decline hospital admission and are fully supportive and appreciative of the Frailty service.*

Whilst it is encouraging that, in the city, we have had over 3300 referrals in 2011/12, we are aiming for 500 referrals per month, as there is evidence that this figure would better reflect the anticipated need.

In one of the extra care schemes there have been some changes made to meal times so that people can stagger their lunch time, invite relatives to join them and offer more choice to the tenants. This has been joint work between the domiciliary care staff working there and Linc Cymru and it is hoped to cascade this to other schemes.

### **Has it made a difference?**

Increasingly we are offering people more choice and the fact that we are supporting more people in their own homes and reducing the number of people supported in residential care and nursing homes supports and illustrates that aim is being achieved. Appendix !to this report shows in table and graph form the trends over the last few years in supporting older people in residential care and nursing homes.

Older people are recognised as an important group that can no longer be ignored; they have a right to good information, a right to continue to be productive, either in paid work or other activities and a right to access all the benefits on offer. We have contributed to that through collaborating with other agencies and not simply concentrating on those people who are in receipt of social services.

### **c) Working with disabled people and people with sensory impairments**

The Information Station has featured throughout my report, because of its significance. It was so helpful that Newport Access Group were able to help with the planning, so that we could ensure that it was suitable for disabled people and offered the same access to information and services. The Access group members have been real partners, e.g. enabling city council staff to understand what is important for a hearing impaired person. As a result we have arranged basic British Sign Language (BSL) training for a number of staff working at the Information Station and intend to widen the scope of that training to include people from a variety of services and agencies. This is just one example but serves as a reminder of the need for equal access arrangements for the whole population and how we have to be continuously vigilant to seek out improvements.

#### **How much did we do?**

Disabled facilities grants (DFG) are an essential part of helping people to remain at home and we have not performed well over the past few years. People have had to wait for far too long for simple adaptations and equipment. In 2011/12, the occupational therapy team completed 910 assessments and this included all those people who had been waiting for an assessment for a DFG. Cabinet approved changes to the policy and that now allows us to offer loans rather than simply grants, using the equity in people's homes as security for the loan. A number of other changes will see a dramatic improvement in the time that it takes from asking for an adaptation to installation. We have been the poorest performer in Wales with an average time of over 630 days. That has already reduced in the current year to below 500 and the plan is to reduce it over the next two years to under 9 months.

For people with visual impairment, Sight Support has been instrumental in offering people the chance to discuss their needs and contribute to the planning of services. Over 180 people attended the three consultation events. Sight Support provides a range of services for visually impaired people to live independently for as long as possible whilst reducing the risks of isolation and loss of confidence. The key is being able to meet others with sight loss who have made the successful transition. Currently 35 people attend their local club, 20 people attend the young persons' group, 10 attend a 'walking group' and 15 attend a group specifically for people from minority ethnic communities. The 'Ringaround' service has provided 850 packages of emotional support. They also offer 'Middlestep' course and two have taken place enabling people to access intermediate assistance rather lose confidence once sight loss has been diagnosed. These group courses give people the chance to be involved in mutual support. Sight Support has a welfare rights service that has raised over £2 million for people in disposable income and some of that has come to local people. 650 people from minority ethnic communities attended a health fayre and 106 took advantage of eye health screening.

The Council's 'Access to Supported Employment' scheme has helped 30 people into employment and they are all disabled and/or with a sensory impairment.

People with a hearing impairment will receive a variety of the services mentioned above. Whilst there is no longer a single club for deaf people, since the closure of Ladyhill day Centre, there is provision for them to meet socially and we are in regular contact with their representatives to discuss how we might better meet their needs. Importantly the National Deaf Children's Society holds sessions at Serennu to coincide with the audiology clinic, providing parents with useful information and advice and good investment in the future.

## **How well did we do it?**

All documentation that is generated by OT's is now shared with and signed by service users, enabling people to challenge professional judgements about them if necessary and this should be common practice amongst all groups of staff. The OT service has also established a programme of more timely reviews for those people who are most at risk, to ensure that the service is responsive to their changing needs.

We continue to work with local housing associations in planning for the housing needs of disabled people and there were four properties specifically adapted for disabled people in the city in 2011/12.

Telecare features as a critical part of care packages for disabled people, particularly as it offers 24 hour coverage with access to a call centre and a response service provided by Newport City Homes.

Sight Support, as shown above, is a crucial part of supporting people with a visual impairment and offering specialist knowledge and common experience as a key ingredient.

Cabinet approved the changes to the policy to enable DFG's to be more accessible and that was a critical change to stimulate real progress in reducing the waiting time for adaptations and equipment to aid daily living.

Direct payments are now made available to 93 adults and to the families of 55 disabled children, offering more control to people to access the care and support they need when they want it and how they want it. Appendix I shows in table and graph form the developing trend in increasing the number of direct payment users.

## **Has it made a difference?**

Offering BSL training to more workers will mean that we will be better able to communicate with deaf and hearing impaired people and they will feel welcome in coming into our services. Four properties specifically adapted for disabled people means that they will be able to lead ordinary lives and we have to keep that as our goal. Keeping in more regular contact with the most vulnerable people either through reviews or offering people to have more mutual support, provides opportunities for people to have a voice and a responsibility for professional staff to listen to that voice.

The OT service will be managed by an Integrated Manager across the city council and ABHB and this will lead to people having greater continuity in their assessment and support since there will be no need to change OT, when leaving hospital in the future. These are changes that will take time, but we are creating the foundations for easier access and preventing people being given the 'run-around'. Both will make a difference to people's lives.

Direct payments continue to be a mechanism for people having greater control and we have to find ways of encouraging more people to taste that opportunity as it seldom leads to people feeling overwhelmed and more often gives people a real say in what happens.

### **d) Promoting ordinary and creative lives for people with learning disabilities**

A new strategy for people with learning disabilities was approved by cabinet/executives of all five local authorities and by ABHB. The local partnership board for mental health and learning disabilities has established that the lead agency for the integrated service will be local government and we are yet to set out proposals for how this will be structured. It is likely that one local authority will take the lead in a model similar to the Frailty Programme and this will be brought to cabinet for approval in Autumn of 2012.

## **How much did we do?**

A number of people with very complex needs, with learning and physical disabilities attend day care provision at Brynglas ATC and this is complemented by the services provided at Ringland day centre and Ringwood House and Baneswell Resource Centre. They are the backbone of the service, offering daily contact and reassurance, with efforts made by staff to ensure that the environments are stimulating and challenging. Brynglas has a radio service that regularly features on Newport City Radio ([www.newportcityradio.org](http://www.newportcityradio.org)) and a number of the students are involved in work-based projects or actually in employment with support.

We have three supported living schemes staffed by city council care staff and the buildings are owned by Newport City Homes. They accommodate 17 tenants who have a variety of needs and need a wide range of support. One of the schemes has an ageing tenant group and we are working with them and their families to consider how best to plan for their future, with them.

93 different people access the residential respite services on offer. Obviously these are essential services, offering a break in routine for the user and a well-needed break for their carer/s.

I have referred above to the work taking place on reviewing people who are placed in residential and nursing homes and supported living schemes. There are 33 people with learning disability who use direct payments and it shows the potential for people with learning disability to take control of their lives.

## **How well did we do it?**

The challenge in this area of work is to maintain aspiration and see people's potential. We are reviewing people in residential and accommodation setting to ensure that we continue to offer them what they need and exploit their potential to grow, develop and live more independently. This will always be done safely and in accordance with their wishes, but we have seen so many times that people's potential has been limited by the setting that they have constantly used.

We want to activate the same potential in our day care settings and in some cases make sure that we are offering a service 'fit for the future' and our staff are equally keen to explore that. The supported living service published its first newsletter with the tenants playing a huge part in the newsletter's production, showing skill and enthusiasm in sharing their experiences, much of which other people can take for granted.

Person-centred planning still features as a core part of practice across the service, harnessing people's needs and wishes and at best inviting people to express their personal aspirations and how they will fulfil them.

## **Have we made a difference?**

We have kept people safe, but we have to do more than that. Whether it is through offering people the chance to use direct payments, or offering people the chance to find real work, albeit with support or in a supportive environment, we have to keep pushing out the boundaries. Vision 21 has shown the way with their social enterprise café at Belle Vue Park and Roots, a gardening project linked to Bettws allotments. Malpas Court Social Enterprise operates the café at Fourteen Locks. We have to follow their examples and will do so.

### **e) Aiding the recovery of people with mental health problems**

We also have a new joint strategy for people with mental health problems, similarly approved by the five local authorities and ABHB. The lead agency will be ABHB and we are developing a plan for the structure of the service and this will be brought to cabinet in Autumn 2012. The aim set out in the strategy is to aid people's recovery and that means offering access to the full range of services that contribute to everyone feeling OK, e.g. decent housing, work or

productive activity if unpaid, leisure opportunities, access to transport and a decent income. This includes almost all services of the city council and many other services provided by voluntary sector agencies.

There is also a new national mental health strategy out for consultation, 'Together for Mental Health' with the same objectives as well as focusing on general mental well-being. In addition the new Mental Health Measure was passed by the National Assembly and that offers a guaranteed care plan, advocacy to anyone who is in secondary care, a right to re-access mental health services for a period of three years without going through one's GP, the establishment of a Primary Care Mental Health service. All of these developments have been welcomed by professional interest groups and user groups.

### **How much did we do?**

The service is now fundamentally integrated with a single manager. A number of mechanisms have been put in place to inform users and carers about the services available. GP's are now given more information that they are encouraged to share with their patients. Mental health awareness training is offered to other workers, so that they are more comfortable working with people who present mental health problems and there is a pilot project working on health promotion for service users, recognising the impact that mental health problems can have on people's physical well-being.

Arrange of service user forums are in place, as well as involving people in service planning and there is now a single point of access to the service, appreciated by all other services. Urgent referrals to the Community Mental Health Teams are normally seen in 48 hours and about 80% of routine referrals are seen within 4 weeks. A duty desk system is available for GP's, service users and other 9-5 on five days per week. After assessment people have access to short psychological interventions within 4 weeks. Since all of these changes were put in place there have been no complaints from GP's, whereas previously complaints were common. Kensington Court is now fully integrated into the mental health service and moving towards offering a recovery approach to the 70 people who use the centre and those that follow them. This is an important statement since it shows that people are expected to move on and develop their potential.

94% of reviews have been completed by the Assertive Outreach Team and overall 72% of reviews have been completed against a target of 65%. Hafal have been commissioned to offer support to carers and this works really well with the team members well informed about the needs of carers as a result. Direct payments are considered regularly but there are still only 9 people with mental health problems who have taken up the use of direct payments.

In the team working with older people with mental health problems, they are working with 282 people placed in either nursing or residential care, an additional 8 people who are self-funding in those settings and 10 people who are in supported living settings.

### **How well did we do it?**

The team has been shortlisted for one of the 'NHS in Wales' awards for offering a seamless service and whether or not the team wins, it is clear that a seamless service is now on offer. Professional differences are not used to divide the service, more to offer a wider range of experience and skill to service users. Users are more fully involved and have access to decent information and a great effort has been put into building stronger links with GP's, so essential, when we know that only a small proportion of people with mental health problems go anywhere, other than to see their GP.

Staff supervision has a priority, so that care plans are regularly monitored and a psychiatric liaison service has been developed with general hospitals. This will boost the confidence and competence of staff on general wards to deal effectively with people with mental health problems, particularly older people with dementia.

## **Have we made a difference?**

Undoubtedly the changes have made a difference, recognised by the team's shortlisting for the NHS in Wales award. The work with users and carers has been instrumental in shifting the focus towards recovery and the focus on training and employment suggests that there is a deep understanding of the principles and application of recovery. Much emphasis now goes towards healthy living, helping people to realise the changes that they have to make towards recovery, which is now widely acknowledged as an *'individual and personal journey'*, rather than an ideology.

The service is in a very good place as we await the full implementation of the Measure with its focus on listening to people, accepting that people have choices to make about their lives and that people need easier access to services when they need them.

### **f) Supporting carers, because it makes sense**

I have referred to carers throughout the report. They have a fundamental part to play in the life of the 'cared-for' person. Equally they have the right for their own needs to be considered, often very different from those of the person for whom they care. If they are the parent or spouse, this can be a sensitive area to discuss.

It makes sense that we do support carers since a number of studies have shown how dependent the state is on carers maintaining their responsibilities or duty. Often a small amount of care and support from a public sector agency goes a long way to sustaining a carer, without suggesting that is a reason to exploit their sense of duty.

## **How much did we do?**

Newport Carers Forum is becoming a more important vehicle for supporting carers. Membership is still limited at 25 and links are being explored with Torfaen Carers' Forum to share resources and develop a stronger voice. I will report on the outcome of that next year. The Carers Forum has a website and endeavours to reach out to other carers though that medium by spreading the word but have acted as an advocate for two carers and their intervention proved successful.

The Carers Forum sent out a survey questionnaire to 49 carers and that highlighted that 27% did not understand their right to a carer's assessment and 20% did not know how to access one. Although a small survey, it may illustrate that we cannot make any assumptions about people's knowledge of a system that is supposed to support carers.

A new Carers Assessment worker will shortly be appointed as part of the restructure of Adult Services and be located in the Review Team. This will provide the chance for people to have contact with someone with specialist knowledge about their needs and therefore a focus away from the cared-for person.

254 carers have been their needs considered as part of the assessment of their cared-for person and 142 have been involved in having their own particular needs recognised.

We commission services for carers from a number of other agencies including: Age UK Cymru, Alzheimers Society, Barnados, Crossroads, Hafal. We are exploring with our voluntary sector partners the potential for a single contract for carers' services in the city but not to reduce the diversity of the services but to ensure that we do not duplicate services on offer. The Memory Café offers support for up to 70 people with a monthly meeting/activity and lunch.

The city council has been successful in securing a lottery grant for a Carers Pathway Project. This will help carers to develop essential skills, access training and employment opportunities and will work with 35 carers per annum. I will report fully on this project next year.

## **How well did we do it?**

With limited resources, one carers' coordinator and a contract for Carers Contact, a limited but successful carers' information service, we are nevertheless seeing real developments in services available for carers. The Memory Café at Belle Vue Park Pavilion, run by Alzheimers Society and supported by a small grant from the council, now meets twice each month and provides essential support for carers and for the person with dementia. The costs are minimal when compared to the value for the people who attend.

## **Have we made a difference?**

A resounding 'yes' is the answer and the plans for a carers assessment worker can only help to have more impact on people's lives through ensuring that people have an assessment of their needs in addition to the needs of the cared-for person. We have contributed to improving people's lives by recognising that carers feel easier accessing services from voluntary agencies and thereby supporting those agencies. The carers survey reported that social services provide in the region of 29% of the support that they need, but only 22% of those responding said that they felt adequately supported. This is an area where there cannot be any complacency as every little helps to support someone who is prepared to carry out caring responsibilities out of duty, love or responsibility.

## **g) Concluding remarks**

My overall judgement is the same as last year: I believe that the foundations are still strong enough to sustain good practice in social services. A good many of the changes planned in the Social Services Bill will sit easily in Newport, since we have progressed integration of services as a way of guaranteeing better outcomes for people.

This report has focused on 'improving outcomes' and I believe that I have demonstrated that there have been improvements in people's lives. I am stating the obvious when I point out that there are innumerable challenges for us to face; the financial circumstances, the growing demand for services, and the fact that we still need to modernise some services, particularly those for people with learning disabilities.

We have made some radical changes over the last three years, in an effort to 'improve outcomes at reduced cost'. Our aim is to consolidate the changes made already, the Administrative Review, the End to End process review, the continuing shift towards integrated services and the success of the Integrated Family Support Team and the Gwent Frailty Programme.

Our aim has to be to balance the budget, make stronger connections between schools and Children's Services and support the new managers for the End to End process, integrated occupational therapy services and integrated learning disability services. All will feature as challenges to which we have responded in my annual report next year.

Graphs/Tables to support the Annual Report of the Director of Social Services Annual Report

**1. Stability of Placements**

The percentage of Children Looked After (LAC) on 31st March who have had three or more Placements during the year.

Graph 1



Table 1

	Actual	Target
2008/09	16.2%	8.0%
2009/10	12.5%	8.0%
2010/11	8.5%	7.5%
2011/12	8.3%	7.0%
2012/13	6.2%	9.0%

## 2. School Changes

The percentage of Children Looked After (LAC) at 31st March who have experienced one or more changes of School, during a period or periods of being Looked After, which were not due to transitional arrangements, in the 12 months to 31st March.

Graph 2



Table 2

**Last 4 Years by Year** | Data chart | Sub-measures

	Actual	Target
2009/10	8.2%	5.0%
2010/11	7.6%	5.0%
2011/12	7.1%	5.0%
2012/13	6.5%	9.0%

### 3. Direct Payments

The rate per 10,000 Adult clients (aged 18+) supported in the Community who receive a Direct Payment.

Graph 3

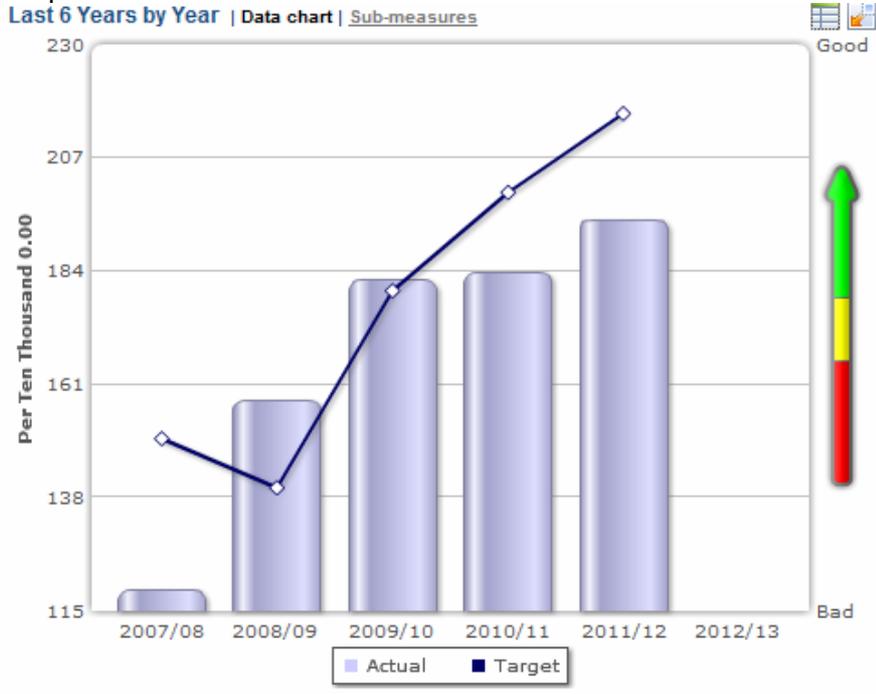


Table 3

Last 6 Years by Year | Data chart | Sub-measures

	Actual	Target
2007/08	<b>119.14 per 10,000</b>	<b>150.00 per 10,000</b>
2008/09	<b>157.75 per 10,000</b>	<b>140.00 per 10,000</b>
2009/10	<b>182.15 per 10,000</b>	<b>180.00 per 10,000</b>
2010/11	<b>183.67 per 10,000</b>	<b>200.00 per 10,000</b>
2011/12	<b>194.46 per 10,000</b>	<b>216.00 per 10,000</b>
2012/13	--	--

#### 4. Older People Supported in Care Homes

The rate of older people (aged 65 or over) whom the Authority supports in Care Homes per 1,000 population aged 65 or over at 31st March

Graph 4



Table 4

	Actual	Target
2007/08	25.57 per 1,000	30.50 per 1,000
2008/09	22.64 per 1,000	30.50 per 1,000
2009/10	19.03 per 1,000	25.00 per 1,000
2010/11	19.19 per 1,000	24.00 per 1,000
2011/12	19.59 per 1,000	23.00 per 1,000
2012/13	--	--