

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL  
MUNICIPAL YEAR 2015-16**

**HEALTH & WELLBEING SCRUTINY  
COMMITTEE**

**2<sup>ND</sup> SEPTEMBER 2015**

**REPORT OF THE GROUP DIRECTOR,  
COMMUNITY & CHILDREN'S SERVICES**

**Agenda Item No. 4**

**DIRECTOR OF SOCIAL  
SERVICES ANNUAL REPORT  
2014/15**

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**1. PURPOSE OF THE REPORT**

- 1.1 The Welsh Assembly Government published Statutory Guidance in June 2009 regarding the Duties and Accountabilities of Directors of Social Services in Wales. Amongst the Guidance was a requirement for the Director of Social Services to publish an Annual Report on the delivery, performance, risks and planned improvements of the Social Services function in the Council.
- 1.2 As required within the Guidance, the draft Director of Social Services Annual report has been subjected to formal consultation, involving scrutiny by staff and stakeholders..
- 1.3 Following amendment resulting from the consultation process, a final version of the report is now presented to the Health and Wellbeing Scrutiny Committee for formal approval prior to publication.

**2. RECOMMENDATIONS**

It is recommended that:

- 2.1 Members scrutinise the outcome of the Consultation process and approve the Rhondda Cynon Taf Director of Social Services Annual Report.

**3. BACKGROUND**

- 3.1 The Welsh Assembly Government issued Statutory Guidance in June 2009 regarding the Duties and Accountabilities of Directors of Social Services in Wales. Under this Guidance each Local Authority in Wales is required to appoint a Statutory Director of Social Services.
- 3.2 In Rhondda Cynon Taf, the duties of the Director of Social Services are located within the role of Group Director (Community & Children's Services).

3.3 Amongst the duties laid out in the Guidance is the requirement for the Director of Social Services to produce an Annual Report.

3.4 The Guidance states:

*“The Director of Social Services must report annually to their Council on the delivery, performance and risk as well as plans for improvement of the whole range of Social Services functions. The report will have an important role in the development of the Council’s overarching Improvement Plan (WPI). The report and the underpinning evidence will inform the development of the CSSIW work programme for the authority including the overarching authority wide regulatory plan. It will be important that the report and underpinning evidence is shared at appropriate points in the cycle with CSSIW.”*

3.5 Each Authority has discretion as to the format of the report but it must be published as soon as possible after the end of the financial year to which it refers; report performance and risk and set out plans for improvement

3.6 This is the fifth Director of Social Services Annual report published in Rhondda Cynon Taf and has been subjected to a formal consultation process.

#### **4. CONSULTATION PROCESS**

4.1 The draft Director of Social Services Annual Report was circulated to staff and stakeholders of Community & Children’s Services, the timeframe for submission of responses being within a four week period.

4.2 Responses were limited, although the feedback received from Staff and Service Users stated that the draft Director of Social Services Annual Report was not considered ‘easy read’ and statements made therein were unclear.

4.3 The draft Director of Social Services Annual Report has been amended to improve its layout and presentation in response to this feedback.

4.4 A record of all comments received will be kept for the purpose of the CSSIW inspection of our work supporting the Director of Social Services Annual report.

#### **5. CONCLUSION**

5.1 All comments received were considered by the Director of Social Services and staff working on the Director of Social Services Annual Report and appropriate changes made.

5.2 Feedback was constructive and influenced change

5.3 Detailed action plans to support delivery of the Director of Social Services Annual Report are included within the Business Plans of the individual Services which form the Community & Children’s Services Group.



## **Appendix 1**

### **Rhondda Cynon Taf County Borough Council**

### **Director of Social Services Draft Annual Report**

**2014/15**

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## **PART ONE: Overview from the Director of Social Services, Giovanni Isingrini**

As Director of Social Services for Rhondda Cynon Taf, part of my duty each year is to report on the performance of the Council's Social Services.

Rhondda Cynon Taf's Social Services provide a range of services across the County Borough that protect and support vulnerable children, young people, adults, families and carers. Though we face continued challenges from the increase in demand for our services, and a reduction in the money we can spend, I am pleased to report that thanks to the hard work of our staff and of our partners our performance in 2014/2015 has been generally good. However, I am also clear that there are areas where we need to continue to improve and that we need to modernise our approach.

Helping people to be safe, independent and free from poverty is our aim as we know that this is key to ensuring people's long term wellbeing. We cannot achieve this on our own and the partnerships we have created with others such as the Health Board, the Police, other Local Authorities and the voluntary and private sector are essential to making sure our services are effective and sustainable.

In 2013, Welsh Government introduced a Strategic Framework for Welsh Language Services in health and social services called "More than Just Words". The framework sets out the current position and what is needed to improve services for those who need or choose to receive their care in Welsh. Supporting action plans have been developed which detail the steps needed to strengthen Welsh Language services. Work continues with this important initiative.

As stated earlier there is certainly always room for improvement but I am pleased to report that our inspectors raised no serious concerns with regards to the way the Council manages services and their annual report stated that "*The council has outlined realistic savings and has demonstrated strategic financial planning to meet current and future budgetary pressures. In adult services, advances have been made in reshaping service provision. Further change in adult service provision plus an anticipated re-modeling of children's services are planned for 2015-16. This is planned to align services to the requirements of the Social Services and Wellbeing (Wales) Act ('the Act') and as a response to the current economic challenges*".

You can access the full report at <http://cssiw.org.uk/our-reports/local-authority-report/2014/rhondda-cynon-taf-performance-report/?lang=en>.

Last year we set out the following priorities for our services

### **ADULT SERVICES**

Priority 1: To safeguard adults whose circumstances make them vulnerable, ensuring they are treated with dignity and respect and are protected from avoidable harm.

Priority 2: To promote wellbeing, independence, choice and control of adults who need support, and increase efficiency through developing preventative approaches and exploring greater integration of health and social services.

## CHILDREN'S SERVICES

Priority 1: Make sure children, young people and families access appropriate support as early as possible to help them maintain their quality of life, prevent problems escalating and reduce the demand for high cost, specialist support services

Priority 2: Improve assessment, planning and decision making for those children who will require long term permanent care

Our performance in meeting the priorities we set ourselves is set out in parts three (adults) and four (children) of this document alongside the priority actions for those service areas for 2015/16. I would however like to point out some of our highlights for 2014/15:

- We have created a 'Multi Agency Safeguarding Hub' (MASH). This is a way of making sure that we share information with our partners (e.g. The Police, The Health Service, Education etc.), so that concerns about possible abuse to adults of children can be dealt with as quickly and effectively as possible, to make sure they get the help they need as soon as possible to keep them safe.
- We have also created, with others, the 'Vale, Valleys and Cardiff Adoption Collaborative' which is based in Pontypridd and this will streamline the adoption process across local authority boundaries, and improve the service for both children and prospective parents.
- We reduced the number of people waiting for specialist assessments for equipment and adaptations by 61% which means that we are more able to fulfill our commitment to help regain and maintain their independence.
- We have continued to successfully recruit more foster carers, which means that we have better care options locally for our vulnerable children.
- The Rhondda Cynon Taf and Merthyr Tydfil Youth Offending Services have been joined up to provide one service across both areas (Cwm Taf area).
- We continue to expand the good practice in caring for people with dementia. The 'Butterfly project' (a nationally recognised approach) has helped us achieve a noticeable difference in the quality of life for people with dementia in our own residential homes. In 2014/15 we expanded this approach to two independent homes operating in the borough.

However, it is clear that continuing with traditional models of service is not an option and the new approach set out in the Social Services and Wellbeing Act is what we are now seeking to deliver. The financial challenges we face are significant and unless we transform our approach we will see resources increasingly targeted only at those with greatest need. But, if we restrict the number of people receiving support to only those with the highest needs, without putting in place adequate preventative strategies, this is unlikely to be sustainable in the long term.

We will therefore remodel children's services and further refine the adult services operating model during 2015/16 to strengthen preventative and early intervention services, act to prevent crisis and deterioration earlier and reduce the demand for our more invasive and expensive service options. We must reduce the dependency on institutional settings and support people to maximise their independence.

More information about this new Act and the preparations we are making with our partners across the Cwm Taf region to meet its requirements are outlined in Part Two.

Giovanni Isingrini

## **PART TWO: The Social Services and Wellbeing (Wales) Act 2014**

The Social Services and Well-being (Wales) Act received Royal Assent and became law on 1st May 2014. It will come into effect from April 2016.

The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales

The fundamental principles of the Act are:

- *People* – putting an individual and their needs at the centre of their care, and giving them a voice in and control over reaching the outcomes that help them achieve well-being.
- *Well-being* – supporting people to achieve their own well-being and measuring the success of care and support.
- *Earlier intervention* - increasing preventative services within the community to minimise the escalation of critical need.
- *Collaboration* – strong partnership working between all agencies and organisations

The Social Services and Wellbeing (Wales) Act 2014 requires transformational change and provides a number of detailed requirements to underpin the broad spirit of its intent.

We have already put in place a formal Partnership across the Cwm Taf region to ensure the requirements of the Act are implemented effectively. The Cwm Taf Social Services and Wellbeing Partnership Board and associated executive leadership arrangements were put in place in January 2015 to include Rhondda Cynon Taf and Merthyr Tydfil Local Authorities, Cwm Taf Health Board, the third sector and others.

In 2014/15 each partner organisation completed a wide ranging self assessment to consider how well placed they were against the requirements of the Act. In part this demonstrated sound foundations in lots of the areas that the new law covers, but it also identified areas where a lot of work is required.

These priorities are set out in the Cwm Taf Social Services and Wellbeing Implementation Plan but in summary the priorities are:

- To better understand the Care and Support needs of the Cwm Taf population, by completing a comprehensive population needs assessment by April 2017.
- To ensure that people in Cwm Taf are able to access information, advice and assistance to a consistent standard across the Cwm Taf by April 2016.
- To develop a strategy that will improve our local community capacity and resilience and help people meet their wellbeing needs through less formal service arrangements.



- To make the required changes to our assessment and care management arrangements to update our eligibility criteria and focus on personal wellbeing outcomes by April 2016.
- To make the transfer between health and social care services for adults more streamlined by further improving the integrated assessment and access to services particularly to prevent hospital admission and support hospital discharge.
- To look at how adults who need assistance in the community can access health and social care services through a single point and that they experience a seamless approach that meets their needs effectively through an integrated @ home service.
- We will ensure older people are able to access modern services that promote their independence, reduce reliance on long term services and emphasise choice and control by implementing a joint commissioning strategy for older people across the region.
- We will improve the lives of people using mental health services, their carers and their families by working in partnership in Cwm Taf to implement the Welsh Government 'Together for Mental Health' Strategy across the regions.
- We will ensure people in the Cwm Taf region receive sustainable services delivered by a capable, confident and skilled workforce and that we ensure the service changes that we propose through our commissioning arrangements are supported by a comprehensive workforce strategy.
- We will ensure that children and families have access to effective support in the community to meet their wellbeing needs and avoid the risk of those needs escalating into situations that require more intensive and invasive interventions. We will therefore work in partnership across the Cwm Taf region to implement a children's strategy that will continue to emphasise preventative interventions.
- We will continue to ensure our Governance arrangements for safeguarding both children and adults are robust through the Regional Safeguarding Boards. We will also ensure arrangements are in place to implement the revised adult protection requirements under Part 7 of the SS&W Act from April 2016.
- We will measure our performance using the National Outcomes Framework and incorporate the underpinning structure of performance measurements and Quality standards for reporting from April 2017.
- We will ensure that our Social Care policies and procedures are reviewed and updated to address the new requirements in the SS&W Act.

Cwm Taf Social Services and Wellbeing Partnership Board - Implementation Plan 2015/16

## **PART THREE: Adult Services**

For information about our adult services please visit

<http://www.rctcbc.gov.uk/en/healthsocialcare/adultsandolderpeople/adultsandolderpeople.aspx>

### **1. Summary of performance**

In 2014/15 we identified that we would focus on the following goals:

1. Safeguarding adults who are vulnerable and make sure they are treated with dignity and respect and are protected from avoidable harm;
2. promote wellbeing and independence.

Overall our progress in these two outcomes has generally been good. To reach this conclusion we have considered a wide range of information available to us that includes current, trend and comparative data, complaints, feedback from the Regulators and our own self assessment.

The three key measures we had indicated would help to evidence success have been achieved. This means that more people are being supported to live independently in their homes for longer

These are:

Risk has been managed in more than 99.5% of adult protection referrals - This has exceeded the 96.1% target we set ourselves

74.73% of the care packages we put in place have resulted in people not needing longer term care - This has exceeded the 65% target we set ourselves

94.4% of short term reablement clients felt that a short period of reablement support had helped them to remain independent

Our most recent inspection report by the Care and Social Services Inspectorate Wales (CSSIW) can be seen in full at the following link. <http://cssiw.org.uk/our-reports/local-authority-report/2014/rhondda-cynon-taf-performance-report/?lang=en>.

This report sets out the challenges faced by the service and whilst it acknowledged the progress we are making in areas such as working in partnership with the Health Board, further expanding the Butterfly project (a best practice approach to caring for people with a dementia in a residential environment) and the implementation of the Multi Agency Safeguarding Hub, it also confirmed the areas for improvements including the need to:

- Ensure people's care plans are reviewed within set timescales
- Improve the quality assurance systems for the assessment and care management process
- Increase the number of adult carer assessment offered

These areas of improvement were incorporated into our plans for 2014/15 including the priority action plan for Supporting vulnerable adults and older people to live at home.

To follow is some further information on our progress during 2014/15 in safeguarding vulnerable adults, and helping people live independently.

## **2. Safeguarding adults who are vulnerable and make sure they are treated with dignity and respect and are protected from avoidable harm.**

We set out to develop a Multi Agency Safeguarding Hub (MASH) and it is up and running and was launched formally on 21<sup>st</sup> May 2015. It is too early to evidence the impact this service is having on our vulnerable residents but early indications are that we are able to respond more quickly to concerns and also put in place joint interventions more swiftly.

### **MASH - An example of how working better together delivers better results**

Mrs X is a lady in her 70s who has been married to Mr X for over 50 years. They have an adult daughter, who lives locally but has not been in contact with for a number of years. However, Mrs X recently contacted her daughter because, following an initial visit to A&E, she was admitted to hospital for the treatment of injuries, including multiple fractures to her hands and ribs. Mrs X had disclosed to hospital staff that she had been assaulted by her husband. Mrs X's daughter subsequently maintained that both she, as a child, and her mother had experienced regular violence at the hands of Mr X, but that Mrs X always refused to seek help or leave him.

A&E staff contacted the police visited Mrs X at A&E to take an account of what happened. Mr X was arrested and bailed with a condition to have no contact with Mrs X pending further enquiries. The arresting officers completed a Public Protection Notification (PPN) and submitted this to police colleagues at the MASH who were able to review this information, quickly access information on Mrs X's medical condition from the health service and engage with the Safeguarding Liaison Officer.

Mrs X stayed with her daughter following discharge from hospital. However, she learned that Mr X had also been admitted to hospital and in his absence, she returned to the marital home, supported by her daughter. Mrs X's case was referred for a Multi Agency Risk Assessment Conference and contacted by the Safeguarding Liaison Officer. Mrs X indicated that she was struggling with her personal care as a result of her injuries, and was referred for Reablement services that quickly put in services to meet her needs. Further discussion took place between police, the Safeguarding Liaison Officer and RCT's Adult Protection Officer to agree that the safeguarding actions that had been taken so far had been sufficient.

Whilst this case is continuing this account is intended to provide an example of how the MASH operates in practice and how working together will improve the service provided to the public

We had also intended to create a Safeguarding website and have it up and running in 2013/14 but this has been delayed and we now expect the Cwm Taf website to be available during this financial year.

In terms of strengthening quality assurance approaches to ensure confidence that agreed standards were being achieved, and the needs of the people we support were being met, we have not made the progress we wanted to in this area. Although our managers audit the work in individual case files on a regular basis this hasn't been as consistent as it needs to be, and we need a more systematic approach in place.

Many people can only stay in their own homes with the help of Carers so we wanted to make sure that Carers are recognised as soon as possible to make sure they have the right information and support they need to help them in their role. One in ten of our residents is already a carer and we currently support over 2,300 carers through our Carers Project.

You can find out more about the carers project and the range of services it offers here:

<http://www.rctcbc.gov.uk/en/relateddocuments/publications/communitycare/carers/carerssupportprojectfactsheet.pdf>

We also distribute a carers newsletters throughout the year to update carers on events, news and opportunities from a wide range of sources you will find the most recent newsletter here

<http://www.rctcbc.gov.uk/en/relateddocuments/publications/communitycare/carers/carersnewsletter/carersnewsspring2015.pdf>

We also want to make sure that everyone who works for the Council knows and understands how important carers are and we have delivered face to face awareness raising sessions to around 900 of our staff to achieve this.

However, our recording of offers of assessment to carers is not good enough and this year demonstrated that we continue to perform poorly in comparison with the rest of Wales.

A key priority for adult services is to address the needs of people who suffer from dementia as they are amongst the most vulnerable and the care they receive has a profound impact on their quality of life. We want to provide the best possible care to those people suffering with dementia who live in our residential homes and so we have worked to achieve the good practice requirements of the Butterfly project

<http://www.dementiacare matters.com/pdf/ButterflyCH2015.pdf>

Clydach Court in Trealaw and Dan y Mynydd in Porth were initially awarded the highest possible standard for applying the standards of the Butterfly Project and continue to improve the care of their residents with dementia with the friends and family of those living in these care homes observing a noticeable difference in the outlook and behaviour of their loved-ones.

*"It's like a happy family - I love it here! I've seen the difference as my dad was here before the Butterfly project was started when people were bored. Now it's a joy to visit. I never worry at all when I walk out the door and look forward to coming back!"*

Daughter of a service user Dan y Mynydd

Last September we also introduced the Butterfly project into Cae Glas in Hawthorn and in January 2015 we were pleased to support the two independently run care homes Rhondda Care Home in Ystrad and Ty Pentwyn in Treorchy introduce the Butterfly approach.

### 3. Promote wellbeing and independence

Our Reablement service continues to help to get people back on their feet. The service which lasts for about 6 weeks helps people to regain their independence so that they have less need for ongoing care.

For the third year running, fewer people that completed the reablement programme needed any ongoing services when the programme ended.

Between April and March 2015, we asked over 1,100 people that received a reablement service whether they felt we had helped them to remain living independently at home 94% of the 219 responses said that we had - this is more than last year (91.13%)

What people said

"The service received from all ladies was excellent. I couldn't have survived without it"

"Thanks to everyone concerned I can now manage on my own"

"Without this support I don't think I would have been able to recover so quickly and then maintain my independence"

The use of the Intermediate Care Fund ensured that this service was able to respond to an additional 459 people last year equating to 6,326 additional hours.

This, amongst other services, has helped Rhondda Cynon Taf to be the best in Wales at supporting people 18-64 years in the community and to be above the Welsh average for supporting people in the community who are over 65.

Rhondda Cynon Taf residents access the reablement and intermediate care services provided by the Council through a single point of access. This makes sure that people are directed to appropriate services in a co-ordinated and timely way.

We know that most of the people who use these services also need ongoing treatment and help from the NHS. Sometimes the communication between us and the staff in the NHS is not as it should be and so we are currently working with the Health Service and others to see how we could bring our services together and how that will make it better for the people using the service

The use of new technologies is another way to help people live independently and manage some of the challenges that people experience when living in their own homes particularly if they live alone, have had a fall, or are experiencing memory problems.

We used the Intermediate Care Fund to pilot the use of standalone equipment which improves access to the service. We also introduced the 'Just Checking' system that has enhanced our assessments for people suffering with dementia as it has helped us to understand their routine behaviour within their own home and helped us to determine the most appropriate service to support that. Continued promotion of Telecare has led to a steady increase in referrals with a 15% increase in 2014/15 compared to 2013/14.

Mrs X is an 80 year old lady who lives alone in a terraced property. She lives and sleeps downstairs.

There are Telecare heat alarm systems in place in her home. Diagnosed with dementia in 2007, her speech is affected and she is unable to express her needs although she is independently mobile.

Mrs X currently receives a package of care of 3 calls per day and she also attends a day centre 3 times a week. There is substantial support from family who call daily and spend several hours there; also a neighbour calls in regularly. Concerns were raised about Mrs X's activities at night - was she distressed and pacing in her own home?.

The 'Just checking' system was installed at Mrs X's home and monitored over a 4 week period. The information provided by the system was easily accessible online and indicated that Mrs X was going to bed at a regular time following carer's intervention. It also showed that for the majority of time Mrs X remained in bed until the following morning when the carer arrived.

Over a 4 week period it was established that Mrs X was mainly settled at night and there was little activity.

As a result of this information and following discussions with the family and other professionals, it was agreed that there was no evidence that Mrs X was distressed and the risks were low. The family have peace of mind that Mrs X is safe and well at night and she is able to continue living at home

We want to give people the freedom to manage their own arrangements and pay their carers themselves using a direct payment and have commissioned the services of 'Dewis Centre for Independent Living for many years to support people with the responsibilities of a Direct Payment. Last year we expanded this support after we piloted a new scheme that provided additional support arrangements for people who need a bit of extra help managing the money.

This pilot was successful and benefitted both service users and the Council, it has therefore been incorporated into the Councils Direct Payments Policy.

This Direct Payments Policy was reviewed in 2014/15 with improvements and necessary updates addressed.

Data at the fourth quarter of 2014/15 identified that, of all the people in Rhondda Cynon Taf who received a reviewable service in the community, 13.02% arranged it themselves via a direct payment.

Direct Payments

L has a neurological disorder which she has had for approximately 15 years. At the time of her diagnosis her daughter was a toddler and her husband was working full time in a job which involved spending time away from home overnight. A small Direct Payment helped L to spend time safely with her daughter and enable her husband to carry on working, knowing she had support. She was also able to retain control over her own decisions and use the Direct Payments to provide her with flexibility when arranging her care. Over the years, L's health has deteriorated slowly and she is now dependent on others for all her care needs. Her Direct Payment has increased to accommodate changes to her health and to enable her to employ people who had come to know her well and who understood her illness. She was able to ensure that she had continuity of her own care and also had confidence that people coming into the home were familiar to her child. Unfortunately L's illness is now at a level that means her husband has had to reduce his working hours to help to care for her. The Direct Payment continues to assist her to meet her care needs and the presence of her small team of personal assistants, supplemented by the Independent Living Fund, means her husband is able to spend quality time with his daughter, carry on working and still be satisfied that L is receiving good quality care from people who are very familiar with her needs. This has helped L remain with her family and in her own home avoiding the need for residential care

To increase the amount of specialist community based housing accommodation and support available to reduce reliance on residential care we have been working with Hafod Care to create a new purpose built 42 unit extra care housing facility in Talbot Green. Construction will now be completed in the spring of 2016 which is slightly later than the October 2015 target date originally anticipated.

In addition a service review of our Adaptation and Community Equipment service has addressed the previously significant waiting list for equipment and adaptations reducing by 61% (Apr 2015) which means that more people will get the help they need when they need it.

What people said about our Disabled Facilities Grant work

'I am extremely grateful for all the work carried out. It has made my day to day living so much easier'

'My quality of life has improved'

"The people who helped with the decisions, and the building contractors were very professional and polite'

Throughout health and social care communities in Wales and other parts of the UK there is an increasing emphasis on finding ways to support people in ways that help them to retain their ability to live in the community, maximise their independence and give them choice and control over the services they receive. There is also an increased emphasis and requirement to engage people in preserving and improving their own health and wellbeing, supporting informal

carers and encouraging people to play an active role in decisions about their health and wellbeing.

We introduced a new operating model for adult services during 2013. This model has now been reviewed and alongside a better understanding of the requirements within the Social Services and Wellbeing (Wales) 2014, we are preparing plans to enhance this operating model as part of a wider adult Social Services strategy.

#### **4. Our Plans for 2015/16**

Our plan for 2015/16 will firstly be to address the requirements of the Social Services and Wellbeing Act and to pursue the priorities identified in Part 2 of this document.

Our plan for adult services will also focus on:

- Safeguarding adults whose circumstances make them vulnerable and make sure they are treated with dignity and respect and are protected from avoidable harm. This will include:
  - Building on the success of the Multi Agency Safeguarding Hub across the Cwm Taf region and
  - Making sure there are strong arrangements in place to safeguard adults, according to our legal requirements
- Giving adults and older people who need support greater choice and control, within available resources, through prevention and greater integration with health. This will include:
  - Continuing our work on the Social Services and Wellbeing (Wales) Act so that we make sure our duties are delivered jointly with the Health Board.
  - Providing services that help people to safely regain and keep their independence.
  - Empowering people to have great choice and control, focussing on preventing long term illness.
  - Redesigning and modernising our services, including the Learning Disability Service, to support people to be independent and manage our resources.

#### **How will we know if we have made a difference?**

- At least 99.50% of adult protection referrals completed will have the risk managed.
- At least 66% of care packages completed will result in the client requiring no ongoing services, at the point of completion.
- At least 95% of people that are helped by a reablement package feel that we helped them to remain independent.
- At least 86% of carers will be offered an assessment in their own right, our current performance is 76%.



- We will support more people aged 65 or over in the community, increasing to 83.8%
- We will support fewer people aged 65 or over in care homes, reducing the percentage from the 24.46% achieved this year to 23%

## **PART FOUR: Children's Services**

For information about our children's services please visit  
<http://www.rctcbc.gov.uk/en/healthsocialcare/childrenandyoungerpeople/childrenandyoungerpeople.aspx>

### **1. Summary of performance**

In 2014/15 we identified that we would focus on the following goals:

- Providing children and their families with the support they need as early as possible to help them maintain their quality of life, prevent problems escalating and reduce demand for high cost, specialist care.
- Improve assessment, care planning and decision making for those children and young people who will require long term permanent care in accordance with Legislative requirements.

Our evaluation tells us that performance overall is getting better but that the speed of change needs to be accelerated if outcomes for children at risk are to be further improved and in order to provide a flexible and affordable range of high quality placements that meet children's needs.

We have come to this conclusion because:

A number of key measures are showing steady year on year improvement, most targets have been achieved and 60% are better than the 2013/14 Wales average with 93% being better or similar to last year's performance. However some are far from where we would wish them to be and remain amongst the lowest in Wales and are noted as needing improvement

The overall number of children 'looked after' by the Council and on the child protection register are still high but the figures have reduced. We must support families to stay together whenever it is safe to do so as children are most likely to thrive and achieve good outcomes when cared for within their own families but our numbers remain high in comparison with other areas in Wales.

Demand for Children's Services is increasing and a small increase in the need for high cost residential placements for young people with complex needs led to an overspend in the allocated budget. Significant work is underway to manage demand and need more effectively and create more cost effective service delivery arrangements.

Demand for Children's Services during April 2014 to March 2015 can be demonstrated as follows :

- 3,102 referrals were received in respect of children & young people requiring our help & support
- 954 Core Assessments were completed during the year
- 449 children were on the Child Protection Register as at 31/3/2015.
- 228 children became 'looked after' during 2014/15

We were last inspected by the CSSIW in May 2013 and you can access a copy of the inspection report at

<http://cssiw.org.uk/docs/cssiw/report/131115rctchildrenen.pdf>

To follow is some further information on our progress during 2014/15 against the two goals we set ourselves.

**2. Provide children and their families with the support they need as early as possible to help them maintain their quality of life, prevent problems escalating and reduce demand for high cost, specialist care**

We need to shift the focus of our services to support families to care for their children at home whenever it is safe to do so and to help them achieve their full potential and improve their overall wellbeing and quality of life.

During the last three months of 2014/15 the number of children on the register reduced significantly and a similar picture is evident with regards to children becoming 'looked after' where numbers started to fall in the last quarter of the year suggesting that the review of the placement panels to provide a rigorous challenge to decision making and managing risk are proving effective.

In order to tackle growing demand and to help families to access earlier support a critical action for us was to improve our capacity to prevent the need for statutory intervention by co-ordinating early intervention and prevention services more effectively.

We have developed an Early Intervention and Prevention Strategy for Children's Services and brought early years, prevention and early intervention services under the leadership of one Head of Service. This has informed a wider remodelling of children's services and is expected to enhance the effectiveness of preventative services as part of a whole system approach in the future.

The Team Around the Family (TAF) model aims to make best use of the total resources available to assess the needs and to co-ordinate services for vulnerable families in need of our support. This TAF service is delivered collaboratively with a wide range of partners to help children and families early on and manage their needs outside of the statutory children's services provision.

During 2014/15, the impact of the TAF Service was examined as it was not having the impact we had anticipated. A revised model based around three hubs (Rhondda, Cynon and Taf) will be operational from April 2015.

## Case Study

This case study demonstrates how the Team Around the Family (TAF) assessment and support planning enables a wide range of support to be co-ordinated and delivered to meet a families needs - avoiding an escalation into crisis

The family of five is made up of

Dad - who was made redundant;

Mum - who suffers spinal damage following an accident

Eldest daughter - recently left home to attend university, but finding elements of student life challenging due to her dyslexia and dyspraxia.

15 year old daughter - has poor mental health and is socially isolated.

Youngest daughter - acts as a carer to both her sister and mum and has enuresis

The family were in significant rising debt and were under threat of losing their home, which was not appropriate for the family's needs, particularly with regards to Mum's disability.

To support this family a number of agencies were engaged through the TAF process to co-ordinate support, including:

Adult Services - ensured the house was adapted to support Mum's independence. The Community Occupational Therapist is also working alongside Mum to plan for changes in her needs as she gets older

The Parent and Carers Network is supporting Dad and he is on the waiting list for counselling from First Response.

Low cost Legal and financial advice was secured through TAF alongside support from RCT homes to understand their financial position and circumstance and determine a way forward to resolve and challenge some of their debt

CAMHS and Eye to Eye Counselling are providing support to the 15 year old daughter to help her manage her mental health problems and self harm. The Youth Engagement and Participation Service have also supported her access after-school activities and opportunities to socialise to help her build her social network

Housing Solutions are supporting the family to look for alternative accommodation.

School nursing and the Enuresis clinic are helping the youngest child with her condition and the Young Carers service are providing support within her own right.

The eldest child attending university is receiving support from Citizens Advice Bureau to explore whether she is entitled to financial support as a full time student with additional learning needs and subsequent budgeting support to manage her student benefits/loans. She is working with the Disability Student Support Officer in the University to ensure appropriate support is provided on campus and ongoing support is being explored to look at a support mentor at the University so that help/advice and support is more accessible for her as and when required.

### **3. Improve assessment, planning and decision making for those children who will require long term permanent care in accordance with legislative requirements**

We worked with the Institute of Public Care (IPC) at Oxford Brookes University to develop a new operating model for Children's Services. The model was reported to and approved by Cabinet on 12<sup>th</sup> February 2015. This report can be found at <http://www.rctcbc.gov.uk/en/councildemocracy/democracyelections/councillorscommittees/meetings/cabinet/2015/02/12/reports/agendaitem2-childrensservicesmodel.pdf>

The revised operating model will enable children, young people and families to access appropriate support as early as possible, to help them maintain their quality of life, prevent problems escalating and reduce the demand for high cost, specialist support services.

Our objective is to ensure that children, young people and their families will be supported to help themselves to achieve their full potential and thereby improve their overall wellbeing and quality of life. In order to achieve this we will need to:

- Improve our capacity to prevent the need for statutory intervention by co-ordinating preventative and early intervention services for families in the greatest need more effectively.
- Ensure that the current Team around the Family (TAF) model makes best use of the total resources available to assess the needs and to co-ordinate services for vulnerable families in need of our support

The first phase of implementation of the new model will commence in April 2015 with the Children's Services element of the MASH and the remodelling of the Intake and Assessment Teams. Further phases will follow and the full remodelling will be completed by March 2016 in readiness for the implementation of the Social Services and Wellbeing (Wales) Act in April 2016.

The Multi Agency Safeguarding Hub (MASH) is up and running and was launched formally on the 21<sup>st</sup> of May 2015. It is too early to say how this service is directly affecting our vulnerable residents but early indications are that we are able to respond more quickly to concerns and also put in place joint interventions more swiftly.

The pathway has now been agreed for Children's Services and referrals will progress through a threshold and risk management system. In line with our aim that more families receive early help and less statutory intervention, staff working in the MASH will, where appropriate, divert the referral to universal services or TAF.

It is anticipated that referrals progressing through the MASH will benefit from the improved communication arrangements by improving both the response times and the quality of the response across all agencies.

In order to improve performance and quality assurance in assessment and care planning arrangements we reviewed and revised our Assessment and Care Planning Performance Improvement Panel and realigned its purpose to focus on:

- Securing significant improvement in compliance with national standards and guidance in relation to assessment and care planning.
- Improving the effectiveness of the statutory reviewing process.
- Raising the quality of assessment and care planning.
- Improving the capacity of the service, with its partners, to focus child protection processes more effectively on supporting those at risk.
- Initiating an effective performance management culture across the service.

Whilst some areas continue to require improvement the panel has had a positive impact on nine areas of focus with improvement noted in the following areas:

- The % of referrals during the year that were allocated to a Social Worker for Initial Assessment
- The % of referrals during the year that were allocated to a someone other than a Social Worker for Initial Assessment
- The % of referrals during the year that did not proceed to allocation for Initial Assessment
- The % of referrals that are re-referrals within 12 months
- The % of initial assessments where there is evidence that the child has been seen alone by the Social Worker
- The % of initial assessments that were completed during the year where there is evidence that the child has been seen by a Social Worker
- The % of initial assessments where there is evidence that the child has been seen
- The % of reviews of child in need plans carried out in accordance with the statutory timetable
- The percentage of statutory LAC visits due and carried out within timescales

We have also introduced new Safe Arrangements for the Care of Children (SACC) from January 2015 that has strengthened the decision making process for children at risk of being 'looked after'

**Case Study - Children's services.**

Two young carers were referred who were caring for their Mum.

Mum was waiting for a heart and double lung transplant and was very weak. She couldn't walk to the front door, couldn't get upstairs and often needed to use her oxygen tank. Mum was relying on her daughters to do everything for her.

They were carrying her upstairs, taking it in turns to stay awake at night to ensure she was breathing, helping her to wash and dress and doing the household chores, all while trying to attend school.

The family wasn't aware that they could have any support and were wary of people coming into the home. School staff had become aware that things were difficult at home but weren't aware of the extent of caring being carried out.

The assessment worker gradually built a relationship with the family and supported Mum through an assessment of her needs. Since then, a stair lift has been installed, Telecare has provided sensors and monitors, direct payments have been set up so that Mum has a PA to help her and the girls are receiving the emotional support they need.

Risk is now more effectively considered particularly with reference to the alternative support options available.

A senior officer review of outcomes reinforces quality assurance and facilitates a more robust decision making approach. However, we acknowledge that further work is required to develop a robust quality assurance system.

We have made improvements in relation to the three key measures we indicated would help to evidence success:

74.72% of initial assessments completed involved a social worker seeing the child, exceeding the year- end target of 70%.

60.05% of initial assessments were completed in 7 working days which is an improvement on our 2013/14 position

Almost 63% our Looked After Children in Foster Care were placed with in- house carers as at 31/03/15, exceeding the year- end target of 61%

To make sure that our business processes and information systems were fit for purpose, reducing bureaucracy to free up social work time for direct work with families we implemented, in conjunction with the South East Wales SWIFT Consortium, a new combined initial and core assessment (single assessment). This new approach will reduce duplication of recording and will hopefully alongside other activity reduce the timescales for completing assessments.

In terms of the need to recruit, develop and retain a highly motivated and skilled workforce, which is responsive to the needs of children, young people and their families we developed a workforce strategy in partnership with practitioners, technical specialists and managers that has resulted in better retention of staff and recruitment into vacant social worker positions.

These developments have contributed to improvements in the timeliness of completing initial and core assessments, and helped to increase the number of qualified social workers available to work with vulnerable children and families.

We have reviewed our induction processes for new staff recruited into Children's Services which will ensure all staff understand the cultural change we are implementing as part of the remodelling of children's services.

We said we would agree and implement a model for services for young people aged 16 years old and over, that ensures a consistency of approach and achieves the best possible outcomes for the young person involved.

This work will be implemented as part of the remodelling of Children's Services during 2015/16.

We have also been working with an external provider to increase the number of in-house foster carers. The recruitment of new foster carers remains challenging however 21 new mainstream foster carers have been recruited during the year, the highest number since 2011/12. Also the recruitment process has been improved to reduce the time it takes to approve new carers.

Adoptive parents are able to provide a long term and stable family environment for children; we worked towards our goal of achieving permanent families for children unable to remain in their birth families by recruiting 49 new adoptive parents in the year exceeding our target of 40.

The Regional Adoption Service, 'Vale, Valleys and Cardiff Adoption Collaborative', will be operational in 2015/16. Based at Ty Pennant, Pontypridd, the Regional Adoption Collaborative will, by way of specialising in recruitment, assessment, 'family finding' and adoption, support further increased adoptive placements for the four Councils from 2015/16.

The Vale, Valleys and Cardiff Regional Adoption Collaborative is one of the five collaboratives which form part of the National Adoption Service in Wales. The requirement to collaborate is intended to provide a pathway for creating an effective and responsive National Adoption Service. It is anticipated that this will ensure more effective recruitment and support for adoptive placements and reduce delays for children waiting for adoptive placements.

The number of children achieving permanence via Special Guardianship Orders has continued to increase, with 51 Special Guardianship Orders being granted during 2014/15. This has continued the year on year increase in the number of Special Guardianship Orders granted since 2011/12 with a significant increase over the last year from 32 in 2013/14 to 51.

We continue to make changes behind the scenes and have reviewed and challenged the commissioning mix of 'looked after' children placements in order to achieve the best outcomes for children and young people and the best value in the use of resources for the Local Authority.

#### **4. Our Plans for 2015/16**

Our plan for 2015/16 will firstly be to address the requirements of the Social Services and Wellbeing Act and to pursue the priorities identified in Part 2 of this document.



Our plan for children's services will also focus on:

- Implementation of the MASH to help ensure that referrals are allocated to the appropriate service, as early as possible, to more effectively manage demand and need.
- Implementation of the revised operating model for Children's Services that will provide heightened focus on prevention and earlier intervention, including making better use of the TAF Service.
- The creation of more cost effective placements, such as adoptive parents; and Special Guardianship Orders.

**How will we know if we have made a difference?**

- At least 75% of initial assessments will involve a social worker seeing the child.
- At least 65% of initial assessments of children's needs will be carried out within seven working days.
- A reduction in the LAC population year on year.

## **PART FIVE – What do you think?**

If you would like to find out more about any of the information contained in this report, or share your views and experiences; then please get in touch.

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